

Council Public Meeting - 24 July 2024

PUBLISHED
17 July 2024

Council

Manchester

Agenda

Main meeting

Wednesday 24 July 2024 - 10:45 – 15:00

- | | | |
|----------------|-----------|---|
| 10:45 – 10:48 | M1 | Chair’s business |
| <i>3 mins</i> | | |
| 10:48 – 10:50 | M2 | Minutes of the meeting on 6 June 2024 |
| <i>2 mins</i> | | |
| 10:50 – 11:10 | M3 | Chief Executive’s report |
| <i>20 mins</i> | | |
| 11:10 – 11:25 | | Break |
| <i>15 mins</i> | | |
| 11:25 – 11:45 | M4 | Financial update |
| <i>20 mins</i> | | |
| 11:45 – 11:55 | M5 | Safeguarding Annual Report |
| <i>10 mins</i> | | |
| 11:55 – 12:25 | M6 | ED&I Annual report |
| <i>30 mins</i> | | |
| 12:25 – 12:40 | M7 | Report of the Audit and Risk Committee |
| <i>15 mins</i> | | |
| 12:40 – 12:45 | M8 | Any other business |
| <i>5 mins</i> | | |
| | | Below-the-line items* |
| | M9 | Council forward work programme |
| 12:45 – 13:30 | | Lunch |
| <i>45 mins</i> | | |
| 13:30 – 15:00 | S3 | Safeguarding training for Trustees |
| <i>90 mins</i> | | |

***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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To approve

Minutes of the meeting on 6 June 2024

Members present

Carrie MacEwen, Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Paul Knight

Deepa Mann-Kler

Douglas Millican

Raj Patel

Suzanne Shale

Jeeves Wijesuriya

Alison Wright

Others present

Charlie Massey, Chief Executive and Registrar

Anthony Omo, Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Neil Roberts, Director of Resources

Paul Reynolds, Director of Strategic Communications and Engagement

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item 2

Minutes of the meeting on 6 June 2024

Chair's business (item M1)

- 1 The Chair welcomed members of Council, the senior management team (SMT) and observers to the meeting.
- 2 No apologies were noted.

Minutes of the meeting on 18 April 2024 (item M2)

- 3 Council approved the minutes of the meeting on 18 April 2024 as a true record.

Chief Executive's Report (item M3)

- 4 Council considered the Chief Executive's Report.
- 5 Council received an oral update and noted that:
 - a The BMA Junior Doctors Committee had agreed to talks with Government, however those talks may now be on hold with the announcement of a General Election. The GMC continues to engage with the BMA over action by doctors and the risk of doctors failing to meet the standards set out in Good Medical Practice as a result of industrial action.
 - b The Infected Blood Inquiry has published their report. There are some criticisms over the GMC's historical handling of Fitness to Practise cases related to this and we are continuing to review the report.
 - c The spring round of UK Advisory Forum (UKAF) meetings has been completed. They were all very successful and well attended by senior leaders and politicians from the three devolved nations. The GMC is the only four country regulator and these meetings demonstrate how the GMC is able to bring stakeholders together for important conversations.
 - d The main elements of the initial compliance process for the Medical Licensing Assessment have concluded with every school being compliant. There were some issues with three schools administering the Medical Schools Council Applied Knowledge Test (MSC AKT) but those have now been resolved and we are liaising with the MSC to correct these issues.
- 6 Council received an oral update on finances and noted that:
 - a GMC finances are in a good position with an operating surplus forecasted to be £0.9m ahead of budget by the end of 2024.
 - b Investments continue to perform well compared to the benchmark performance. The slight decline during quarter 1 of 2024 is being monitored by the Investment Committee.

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Minutes of the meeting on 6 June 2024

- 7** During the discussion, Council noted that:
- a** It was felt the UKAF meetings were a great opportunity and were generally positive meetings. The work by the local devolved offices in arranging the meetings was acknowledged.

Trustee's annual report and accounts 2023 (item M4)

- 8** Council received the draft Trustee's annual report and accounts 2023 and draft letter of representation.
- 9** Council noted that:
- a** Some new graphics had been included this year, for example a flow chart explaining the Fitness to Practise process. These were commended.
 - b** Once the reports have been laid before Parliament, they will be published on the GMC website in both English and Welsh.
- 10** Council approved Trustee's annual report and accounts for 2023, and the draft letter of representation.

Fitness to Practise statistics report (item M5)

- 11** Council received the Fitness to Practise (FtP) statistics report for 2023.
- 12** Council noted that following a stable trend since 2017, there was a rise in enquiries received in 2023. These were mostly from members of the public and no obvious trends or cause could be identified. It appears, other regulators have also seen a similar trend.
- 13** During the discussion, Council noted that:
- a** Cases closed but referred to the responsible officer usually relate to something the GMC feels the doctor should reflect on during their appraisal, for example, rudeness.
 - b** Many enquiries received from members of the public are not for the GMC to consider, and work has been undertaken to help signpost members of the public to the correct organisation at the point of making an enquiry.
 - c** It is hard to assess whether an increase in enquiries from members of the public could be driven by dissatisfaction with the NHS, or if closing enquiries with no further action causes dissatisfaction. However, there are only a low number of complaints or requests for a Rule 12 review received.
 - d** Although there appears to be a disproportionate number of men referred, research has shown gender is not the only factor for the higher number of male referrals. The team

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Minutes of the meeting on 6 June 2024

will consider whether a comment could be added or whether this would be better dealt with in other reports once analysis can be undertaken.

- e Council asked for assurance that the assertion made in the footnote to paragraph 33, that ‘being older or having graduated outside of the UK related to receiving more serious outcomes at the MPTS. However, we showed that this was instead due to older doctors and non-UK graduates attending their MPTS hearings less often than younger or UK-graduated ones.’, was correct and consideration should be given to changing the word ‘instead’.

14 Council approved the Fitness to Practise (FtP) statistics report for 2023.

Report of the MPTS Committee (item M6)

15 Council received an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in December 2023 and the draft MPTS Report to Parliament 2023.

16 Council noted that:

- a The MPTS case load has returned to pre-pandemic levels, and 2023 saw a 22% drop in referrals.
- b In 2024, the MPTS will be launching an appointment campaign for legally qualified chairs (LQC). It is anticipated the MPTS will see fewer but more complex cases and it is felt more experienced LQCs will be required. There is also a planned appointment campaign for medical tribunal members later this year.
- c Outcomes remain consistent though there has been a slight increase in suspensions rather than conditions.
- d The MPTS are looking at ways to make it clearer to the profession which factors can lead to erasure and that it is not usually single clinical issues, but factors such as dishonesty.

17 During the discussion, Council noted that:

- a Doctors who do not have a licence to practise can still be given conditions, though these would not relate to clinical practice.
- b It was suggested adding percentages to the paragraph of context on page 15 of the report to Parliament would be more impactful.

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Minutes of the meeting on 6 June 2024

Freedom to Speak up guardian annual report (item M7)

18 Council was asked to note the Freedom to speak up (F2SU) guardian annual report.

19 Council noted that:

- a** The report draws on many data sources and has included exit interviews for the first time.
- b** Although the volume of concerns being raised is down, people survey results show a reduction in confidence in speaking up. Targeted engagement with teams and conversations with Assistant Directors are being undertaken to investigate this further.
- c** A route for reporting anonymously is being investigated and it is hoped this will encourage more colleagues to speak up.
- d** The pool of F2SU champions is being expanded to ensure they are as accessible as possible.

20 During the discussion, Council noted that:

- a** Dealing with conflicts is a part of the GMC training offer for staff and F2SU guardian and champions are involved in putting the training together.
- b** The statistics suggest six percent of staff did experience reprisals after raising concerns. Clarification will be provided as to if those six percent did face reprisals for raising a concern, or whether the data was not provided.
- c** The trend of staff being able to take action themselves after raising a concern, is encouraging.

Any other business: (item M8)

21 Council noted below the line item: M9 – Council forward work programme.

22 Council noted that its next meeting is scheduled for 24 July 2024 in Manchester with a seminar on the evening of the 23 July 2024.

Signed

Carrie MacEwen, Chair

Date

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 analysing responses to our consultation on our proposed rules, standards and guidance for the regulation of physician associates (PAs) and anaesthesia associates (AAs). ● Following the general election on 4 July, we are engaging relevant stakeholders and assessing the impact on our work.
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive's report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Katherine Ince, Head of OCCE, Corporate</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

General election response

- 1** Following the election of the new Labour government on 4 July, Wes Streeting MP was appointed Secretary of State for Health and Social Care on Friday 5 July. Karin Smyth MP and Stephen Kinnock MP were confirmed as Ministers of State for Health and Social Care respectively on Monday 8 July. Andrew Gwynne MP and Baroness Merron have also been appointed as Parliamentary Under-Secretaries.
- 2** Key advisory appointments within the Department of Health and Social Care (DHSC) were announced on 10 July. Paul Corrigan (former adviser to Alan Milburn in the previous Labour government) has been appointed as a Strategy Adviser at DHSC. The former King's Fund's Director of Policy, Sally Warren, has announced she will be taking on a new senior role at the DHSC, leading development of the new ten-year health plan. On 11 July, it was announced Lord Darzi would lead an independent review into NHS performance. We will contribute our data and insights to this work.
- 3** We have written a congratulatory letter to the new Secretary of State to seek a meeting, highlighting that a change in government represents a renewed opportunity to strengthen cross-system collaboration and collective leadership. In addition, we are keen to maintain the momentum on regulatory reform, so we have also added our name to a joint letter from the Chief Executives of Regulatory Bodies, calling for this programme of work to be continued by the new government.
- 4** Over the coming months we will use our data and evidence to speak to the challenges being faced by the health services and patients across the four countries of the UK. We will offer analysis and insight for workforce planners and policy makers, as they develop their approach to improving retention and good safe patient care. We will soon publish the results of our annual survey of trainees and trainers, to help educators and employers tackle issues in training environments. We will also launch our report looking at doctors' workplace experiences, and provide our annual update on the progress that we and others across the system are making in meeting our targets to tackle persistent areas of inequality.

Regulatory reform and regulation of PAs and AAs

- 5** We are on track to begin regulation of PAs and AAs in December 2024, as required by legislation. Alongside analysing the responses to our recent consultation on rules and standards, we are close to completing development of the processes, policies and systems needed for PAs and AAs to apply for registration.
- 6** Working groups are focused on updating webpages and the language we use to describe our work once we become a multi-professional regulator.

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Chief Executive's report

- 7 We have asked course providers to update their courses, including their syllabus and assessments, using the relevant curriculum as a guide, and we are checking that this has been done appropriately through quality assurance activities. They are also finalising updated guidance for PA and AA students on professional standards and developing a process for approving PA and AA curricula.
- 8 Outreach colleagues are developing sessions to help PAs and AAs prepare for regulation and will run webinars for students during the summer period. They are also taking opportunities to reinforce messages with employers about the importance of good clinical governance for these professions.
- 9 The external environment remains challenging, with ongoing debate about the roles played by PAs and AAs in the health service, and their future regulation.
- 10 On 22 May the British Medical Association (BMA) published its own guidance on how doctors should approach supervising PAs and AAs. We made our concerns about the BMA's approach and aspects of the guidance clear to them ahead of publication and some changes were made as a result.
- 11 Following the publication on 21 May of the recommendations of the Royal College of Physicians' (RCP) short-life working group on the role of physician associates, we wrote to the College to express our concerns around the recommendation to close the PA voluntary register to new entrants with immediate effect. The RCP Council voted against this recommendation on 4 June and agreed that the voluntary register would close in December once statutory regulation by the GMC begins.
- 12 On 5 June we wrote to system leaders across the four countries providing an update on PA and AA regulation. The letter included information about our approach to regulation, working within competence, supervision, and the importance of robust clinical governance. In addition, we wrote to the President of the Academy of Medical Royal Colleges on 31 May setting out our position on scope of practice.
- 13 On 2 July we responded to the BMA's Judicial Review Pre-Action Protocol (PAP) regarding our decision to apply *Good medical practice* to PAs and AAs once they are regulated by us, as well as the use of the term 'medical professionals' within *Good medical practice* as a collective description for doctors, PAs, and AAs. We published a media [statement](#), which sets out our position. The BMA has since confirmed it is moving forward with its application for a judicial review.

The Medical Licensing Assessment

- 14 The initial compliance process has concluded, and we have received feedback from several schools that, whilst intense, the process has been valuable. Every school has had confirmation

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Chief Executive's report

that they have been found compliant with recommendations set out in their report for future improvements.

- 15** We have also confirmed that the Professional and Linguistic Assessments Board (PLAB) test meets the requirements, with a recommendation on the applied knowledge test (AKT) and requests for further information at the next submission. These reports have also been published and the first MLA compliant exams have been held, although PLAB will retain its existing name for the time being.
- 16** In addition to our work on the compliance process, we engaged with the Medical Schools Council (MSC) and the schools holding the national MS AKT this summer to understand their arrangements and contingency plans for any power or connectivity issues during the sittings. We wanted to see that relevant and reasonable steps were in, or being put into, place to avoid incidents and to mitigate and manage any issue should it arise.
- 17** The first live national MS AKT exams were held on 25-26 June 2024. The MS AKT consists of two papers held online over consecutive days and there was a connectivity issue during the first paper. This resulted in a 20-minute pause at all schools. The MSC's rapid response team, which will be convened for each MS AKT, was activated and resolved the issue to allow the exam to be successfully completed. MSC alerted us to the incident and explained the steps taken to solve the issue. The second paper the following day ran smoothly without incident.
- 18** Our review of the MLA content map has started, with the initial 12-week period of targeted stakeholder engagement open until 3 September 2024.
- 19** With the programme of work to implement the MLA concluding, the relevant workstreams have been formally closed and planning and initial work to transition the MLA into a business-as-usual function for the organisation is underway. Our initial focus is on the functions required and which teams they will sit with across the organisation, while also considering the future evaluation of, and reporting on the MLA. This has started with a priority to establish ongoing compliance mechanisms for medical schools and PLAB, as well as regulatory oversight of the MS AKT. We are also mindful of the impact on colleagues as MLA work transitions and moves.

Industrial action update

- 20** The Welsh government has agreed a pay settlement with the junior doctor, SAS doctor and consultant committees, following successful negotiations over the last two months.
- 21** In England, doctors in training were on strike from 7am on 27 June to 7am on 2 July. The BMA is balloting GP members on potential collective action in England, with the ballot open from 17 June to 29 July.

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- 22** Consultants in Northern Ireland suspended their strike action planned for 26 to 27 June. BMA NI junior doctors were on strike from 6-8 June.
- 23** SAS doctors in England have voted to accept the latest Government offer on pay.
- 24** In Scotland, pay talks are due to begin in August. In the meantime, the BMA in Scotland is proceeding with preparations for a ballot on industrial action over consultant pay.

Enhanced monitoring

- 25** There are currently 31 open enhanced monitoring cases, with conditions attached to GMC approval to deliver a programme of training at five sites.
- 26** The risks within general surgery training at Barnet Hospital, Royal Free NHS Foundation Trust remain high. We are continuing to work with colleagues from London NHS England Workforce, Training and Education (WTE) to monitor progress in this area.
- 27** There have been some changes in the senior leadership team at University Hospitals Birmingham NHS Foundation Trust, so we are working with them to ensure that they continue to address the risks within obstetrics and gynaecology training. We are working with West Midlands NHS England WTE team to monitor progress in the enhanced monitoring case in haematology (QA12251) and against the conditions we have set in obstetrics and gynaecology training. We also continue to feed into the governance structure set by the Integrated Care Board (ICB) to monitor the departments.

Parliamentary and stakeholder updates

- 28** On 25 April we led a session at the NHS Education for Scotland annual conference about our work with stakeholders to foster fair, supportive and inclusive cultures in Scottish healthcare.
- 29** We held our patient group roundtable on 30 April. We discussed the contribution of professional capabilities to patient care and safety and our *Guidance for decision makers when violence and dishonesty may represent a lower risk to public protection*.
- 30** Our spring meeting with the Academy of Medical Royal Colleges and Royal College Presidents took place on 22 May. We focused on our education and training priorities and our proposed accepted outcomes process for fitness to practise cases.
- 31** On 7 June, alongside our French and German counterparts, we chaired a meeting of the European medical regulators network hosted by the Medical Council of Cyprus. Representatives from the European Commission updated on the recognition of professions qualifications across Europe, and we presented our approach to sharing fitness to practise information with overseas regulators.

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Chief Executive's report

- 32** On 11-13 June, we jointly hosted a stand at the Scottish Parliament with General Pharmaceutical Council, General Dental Council, and Nursing and Midwifery Council. We engaged with 44 MSPs including Stuart MacMillan MSP (Scottish National Party) about patient access to services, as well as Sandesh Gullhane MSP, Shadow spokesperson for Health for the Scottish Conservative and Unionist Party.
- 33** We attended the NHS Scotland Conference on 10 June where the Cabinet Secretary for Health and Social Care, Neil Gray MSP, set out his plans for engaging patients, the profession and stakeholders on NHS reform.
- 34** We also attended the NHS Confederation conference on 12-13 June where NHS England Chief Executive Amanda Pritchard spoke of the important role associates will play and the need to work with the GMC to ensure they are well regulated and well supported.
- 35** On 18 and 27 June, we hosted data and insight sessions for officials from the Department of Health (Northern Ireland) and the Scottish Government respectively. Colleagues from our Data, Research and Insights (DRIH) team shared analysis and insights from our *The state of medical education and practice in the UK* publications and wider DRIH work looking at migration, and teamwork research. Feedback from these sessions has been overwhelmingly positive with officials saying they have a greater understanding of our data and how they can use it to inform workforce planning.
- 36** In June, we responded to the NHS constitution consultation. This is part of a process to complete a 10-year review, which was legislated for in the Health Act 2009. While the review does not directly impact the GMC, the proposed changes may impact those we regulate and the care that they provide to patients and other users of NHS services. Our response explains our role and highlights the proposals where we believe more detail or further clarification may be needed.
- 37** In response to the laying of the Assisted Dying Bill in the Scottish Parliament, we have met with several stakeholders to discuss the implications of the Bill on the profession. This includes a productive meeting with Liam McArthur MSP, who is the lead on the Bill.
- 38** We continue to engage with the Department of Health (Northern Ireland) on the recommendations in the Independent Neurology Inquiry (INI). The publication of a joint statement on the benefits of revalidation and appraisal is now expected in the coming months.

Inquiries and reviews

- 39** The Infected Blood Inquiry report was published on 20 May. We are engaging with the Inquiry to seek further information to help us assess possible fitness to practise concerns about individual doctors on our register. We are also engaging with key stakeholders in response to

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two recommendations relating to education: to take steps to ensure that lessons relating to clinical practice are incorporated in every doctor's training and ensure adequate training in blood transfusions. The inquiry also calls for a review of health regulation and is supportive of proposals to broaden the role of the patient safety commissioner. We plan to work with the incoming government to take forward relevant inquiry recommendations.

- 40** The independent review of the quality and safety of maternity services provided by Nottingham University Hospitals NHS Trust was the subject of an ITV documentary *Maternity: Broken Trust* on 9 June. We met with the Inquiry secretariat on 23 May and expect to finalise an information sharing agreement shortly. We are liaising with the Inquiry chair, Donna Ockenden, to encourage patients and their families to share information about their concerns.
- 41** We are continuing to liaise with the Thirlwall and Covid UK Inquiries following provision of written evidence. We may be asked to provide oral evidence to both in the autumn.

Equality, Diversity and Inclusion

- 42** We have published [information](#) to explain how we are responding to queries and concerns that have been raised linked to the conflict in the middle east. This follows a series of meeting with doctors' representative groups during which we reflected that it was important to highlight on our website some key points from our guidance, provide assurance about how we will handle concerns appropriately, and outline the support available to everyone affected.
- 43** We joined the Disability Confident Scheme and achieved committed status in 2021. After a few years and lots of hard work from colleagues, we are delighted to have been awarded level 2 – Disability Confident Employer. We provided evidence to support two main themes: finding the right people, and keeping and developing our people. One important activity was launching our Disability Confident Interview Scheme in 2022; where a disabled person applies for a job at the GMC and meets all the essential criteria for a role, they will automatically be offered an interview. Being a level 2 employer does not mean our work is done, and we will continue to develop further. Our level 2 accreditation lasts for three years, which gives us enough time to firmly establish our current work, before moving towards the third and final level – a Disability Confident Leader.

Enterprise resource planning system

- 44** Work to select a new enterprise resource planning (ERP) system is progressing as planned and a detailed evaluation of the market has been completed, working in partnership with Gartner, independent IT analysts. We expect to use this evaluation to make a decision on the approach

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within the next few weeks. Work is underway to review other organisations' ERP implementation projects, including case-studies of failed implementations and references, to learn from others' experiences, and use this to shape our approach. The internal project team and project board are in the process of being formed.

Operational performance

- 45** The *Good medical practice* review and Transition to Welsh Language Standards projects have both now formally closed and transitioned to business as usual after having successfully delivered their aims. These will be removed from our project reporting to Council going forward.
- 46** Our Medical Licensing Assessment (MLA) programme has progressed from amber to green as the MLA is on track to being delivered. We continue to actively mitigate against risks and manage dependencies, particularly around the potential for connectivity or online security incidents to impact delivery of assessments. This is being monitored closely through the Corporate Opportunities and Risks Register (CORR). Regulatory reform and regulation of PAs and AAs programmes continue to report as amber, the former due to uncertainty around timetables for reforms, and the latter to reflect the challenging external environment.
- 47** In May, Executive Board approved a refresh of our prioritised list of corporate change initiatives. As a result, we propose including four additional projects and programmes for corporate reporting: Education review; ERP Discovery (replacing Agresso) systems; Contact Centre transformation; Associate worker status; and Livelink to SharePoint migration. These will be added in the next performance update to Council.
- 48** We are reporting a minor miss for commencing 100% of Interim Order Tribunals (IOT) within three weeks of referral (96% in May), with one referral having needed longer in order to obtain legal advice. Additionally, we have begun reporting on our media sentiment measures as agreed in the last annual performance measures review, with data backdated to January. Targets have been met for both positive and negative coverage for most months over this period however in May we experienced low positive coverage (38%) which fell below our 45% target, likely because we did not issue any press releases over this period.
- 49** The annexed CORR includes an update to the detail of the 'Regulatory reform – potential delays introducing reform for doctors', to reflect the fact that the election has now been confirmed and a new government may bring with it a change in priorities, which could impact delivery.

Finance

- 50** Our finances remain in a strong position with our year to date operational surplus exceeding budget by £0.2m. This is a result of:
- a** Underspends on electricity at a number of sites with the invoices received from landlords falling significantly below the level anticipated.
 - b** Being offset slightly by income year to date falling behind budget on registration fees, with current trends indicating that volumes are likely to be more in line with 2023 levels rather than grow at the rate included in the budget and some expenditure in excess of budget to complete the PLAB fourth circuit build.
- 51** At an operating surplus level we're forecasting to be £0.5m ahead of budget by the end of 2024. While it remains highly indicative at this stage in the year, we do expect capital expenditure overspends, largely on the PLAB fourth circuit. This should be offset by underspends on electricity as noted in our year-to-date position, but also through additional overheads being funded by the DHSC due to increased MAPs activity in 2024.
- 52** At a total surplus level, we are seeing losses accrue on our investment portfolio up to the end of May. This is £0.6m behind budget, and is the driver of us falling £0.4m behind budget at a total surplus level to May 2024. However, given the volatility in our investments we have set the full year forecast to match budget and will monitor the trends as we progress through the year.
- 53** The key medium-term risk is the impact of high levels of inflation, and we will see the impact of this throughout the next few years.

Executive Board

- 54** The Executive Board met on 28 May and 24 June 2024 and considered the following:
- a** The Performance and Risk Report, to scrutinise our March-April 2024 performance.
 - b** A planning and prioritisation update.
 - c** The mid-year financial review, detailing our approach to the mid-year budget review process, resulting forecast and comparison to budget presented to Council in December 2023.
 - d** A recommendation on a bid for additional resource to support our pensions function.
 - e** Procurement and contract management policies that reflected new rules resulting from the Procurement Act 2023.

M3 - Annex A - Performance annex

Data presented as at 26 June 2024 (unless otherwise stated)

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

Indicator		Apr	May	Commentary
Operations	Decision on 95% of all registration applications within 3 months	99%	100%	IOT hearings: The target to commence 100% of IOT hearings within 3 weeks of referral was missed in May (96%) but met in April (100%). This was as a result of one referral missing the target due to additional work being required following legal advice and a decision being taken to request a later hearing date.
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	94%	98%	
	Conclude 90% of fitness to practise cases within 12 months	95%	96%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	Media coverage*: Although there were several issues in the media during May (such as the publication of the Infected Blood Inquiry, the suspension of Dr Sarah Benn and a series of articles in The Telegraph about the treatment of whistleblowers), our negative coverage did not exceed 15%. The target for 45% or more of our media coverage to be positive was however not met (38%), most likely because we didn't issue any press releases in that period.
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	NO Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	96%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	85%	82%	People: The rolling 12-month staff turnover was outside of our 8-12% target range for April (7.4%) and May (7.3%). Whilst the number of staff leaving the organisation has increased slightly, the low volumes of leavers during Q4 2023 is still impacting the rolling 12-month turnover figure.
	Contact Centre - Answer 80% of calls within 20 seconds	86%	83%	
	Positive media coverage of GMC (target 45% or above)	80%	38%	
	Negative media coverage of GMC (target 15% or below)	3%	6%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	35	35	
	75% of doctors intend to change practice following Outreach learning session	80%	82%	
Organisation	2024 Income and expenditure [% variance +/- 4%]	+1.27%	+0.34%	
	Rolling twelve-month staff turnover within 8-12%	7.4%	7.3%	
	IS system availability (%) – target 99.89%	100%	100%	

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

Indicator		2023						2024					
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Operations	Decision on 95% of all registration applications within 3 months	98%	98%	97%	97%	97%	97%	98%	98%	98%	99%	100%	
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	93%	97%	98%	98%	100%	96%	100%	100%	92%	94%	98%
	Conclude 90% of fitness to practise cases within 12 months	92%	96%	96%	94%	96%	97%	95%	96%	96%	97%	95%	96%
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	98%	97%	98%	97%	97%	97%	98%	97%	99%	98%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	100%	No Cases	No Cases	No Cases	100%	No Cases	No Cases	No Cases	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%	96%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	78%	79%	81%	82%	83%	82%	78%	85%	84%	81%	85%	82%
	Contact Centre - Answer 80% of calls within 20 seconds	85%	90%	89%	89%	85%	78%	84%	84%	87%	83%	86%	83%
	Positive media coverage of GMC (target 45% or above)								36%	61%	48%	80%	38%
	Negative media coverage of GMC (target 15% or below)								17%	10%	5%	3%	6%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	35	35	33	32.4	50	40	39	40	41	43	35	35
	75% of doctors intend to change practice following Outreach learning session	74%	77%	82%	78%	79%	78%	81%	77%	77%	81%	80%	82%
Organisation	2024 Income and expenditure [% variance +/- 4%]	-2.79%	-2.65%	-2.01%	-1.46%	-0.53%	-0.64%	+1.02%	+1.83%	+0.44%	+0.66%	+1.27%	+0.34%
	Rolling twelve-month staff turnover within 8-12%	9.2%	9.6%	9.3%	9.3%	7.7%	7.1%	7.0%	7.9%	6.8%	7.1%	7.4%	7.3%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	99.93%	100%	100%	99.96%	99.94%	99.97%	100%	100%

Corporate strategy delivery: priority activities forecast

April – December 2024 estimated investment (project team resource)

Our strategy 2021–25

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



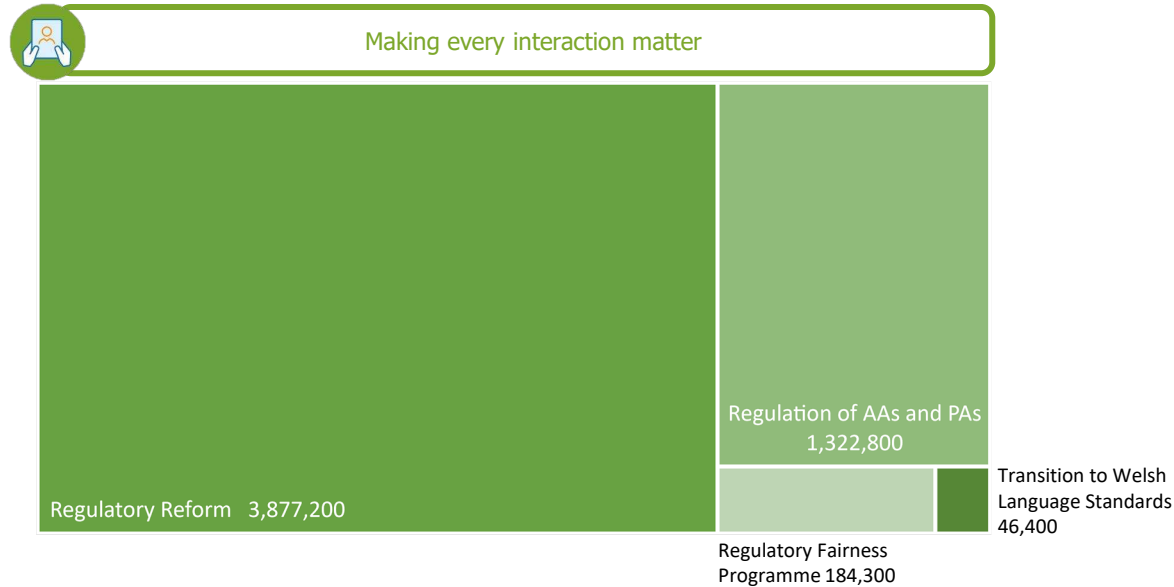
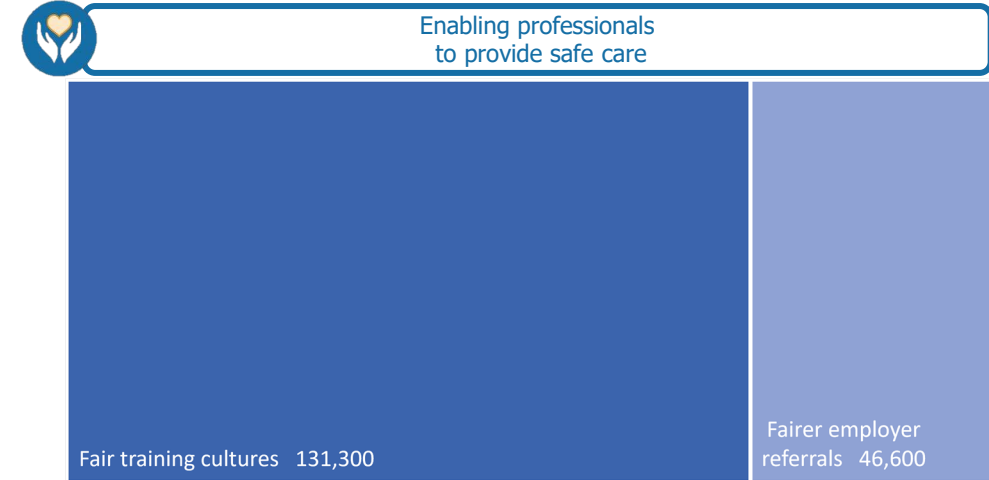
Committed project resource for remainder of 2024 by Strategic Aim



Themes	Project resource costs to deliver priority projects
Making every interaction matter	5,430,700
Developing a sustainable medical workforce	994,800
Enabling professionals to provide safe care	177,900
Total	6,603,400

Corporate strategy delivery: priority activities forecast

April – December 2024 estimated investment (project team resource)



Investing in our people

The majority of the benefits for this strategic theme are being delivered through operational work as opposed to change activity.

Cost for Regulatory Reform also includes estimated resource from enabling teams supporting the Project Management Office to deliver the programme
 Regulation of AAs and PAs resource is funded by DHSC and nil cost to the GMC



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

2024 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	<p>Why? To eliminate differentials in employer fitness to practise referrals</p> <p>When: by 2026 Who: Anthony Omo</p>		<p>We have reviewed the Persons Acting in a Public Capacity (PAPC) draft report and have requested additional data analysis to finalise this work. An internal comms article on Fairer Employer Referrals (FER) was published in May's InTouch newsletter.</p> <p>We have kicked off Phase 4 planning activities with the FER working group, and will seek sign off from Executive Board at the end of September.</p> <p>Policy resource has been secured to begin work on the review of our mechanisms for using RO referral form contextual information to support decision making. An initial meeting has been set up to confirm the scope of this later in June.</p>
Fair Training Cultures	<p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031 Who: Colin Melville</p>		<p>We presented our year-end stocktake to our programme board, providing them with an early opportunity to give their reflections before we take forward our annual impact review process in July.</p> <p>We held a working group with the NHS Medical and Dental Recruitment and Selection (MDRS) committee where we discussed the scoring criteria used to assess doctors' applications to specialty. Progress has been made on aligning these to the revised person specifications, and work will continue at MDRS to prepare these for use. We also discussed how the impact of these changes might be evaluated, and this is something the working group will continue to look at.</p> <p>We have a final draft of our exam preparation pilot evaluation out for stakeholder consultation, ahead of its publication.</p> <p>We continue to prepare for our annual stakeholders event on 19 June "Driving change: Delivering successful career transitions for all learners". This year, it is in partnership with the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, and the Medical Schools Council. This will bring together around 70 colleagues from both the undergraduate and postgraduate arenas and help align our efforts on the shared goal of tackling disadvantage.</p>
Review of Good Medical Practice (GMP)	<p>Why: Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on, and we will have launched an updated GMP.</p> <p>When: Complete by Q1 2024 Who: Colin Melville; Mark Swindells</p>		<p><i>This project has been successfully delivered and transitioned to business as usual. The impact and embedding of GMP will continue to be monitored locally.</i></p> <p><i>Due to its closure, GMP will be removed from the next performance report to Council.</i></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

2024 Priority change activities	RAG	Status
<p>Introducing the Medical Licensing Assessment (MLA)</p>		<p>The MLA Programme activities remain on track however there are dependencies we are actively managing, the main one being the risk of incidents such as connectivity or online security problems impacting the overall delivery of a complete MLA assessment. We have raised this as a risk on the Corporate Opportunities and Risk Register so that it can be monitored by Executive Board, Council and ARC.</p> <p>Following the completion of the initial compliance process on 1 May, all medical schools (MSs) have received their compliance recommendation reports on both the Applied Knowledge Test (AKT) and the Clinical and Professional Skills Assessment (CPSA) elements of the MLA. The finalisation of reports, Assistant Registrar decisions and publication remains on track to be completed for all schools before the end of June. For the Professional and Linguistics Assessments Board (PLAB), their report and decision has already been finalised and published.</p> <p>The review of the MLA content map was launched on 11 June, with an initial 12-week stakeholder engagement period open until 3 September. Communications and an online survey have been sent to a range of internal and external stakeholders, including medical schools and royal colleges, for participation. The review is to ensure that the content map - which sets out the core knowledge, skills and behaviours that could be tested in the MLA - is up to date and fit for purpose.</p> <p>Our focus continues to move to transitioning the MLA into a business-as-usual function for the organisation, with the closure of the MLA's previous governance group (Operational Monitoring Group) as well as several MLA implementation workstrands, which have reached completion.</p>
<p>Post-Brexit Registration Pathways</p>		<p>The Recognised Specialist Qualification (RSQ) pathway successfully launched on 15 May and the applications fees were also successfully added to the Relevant European Qualification (REQ) pathway. New timelines have been created to complete the remaining work related to the RSQ nominations and maintenance approaches. A project to implement the Swiss trade agreement (STA), which takes effect from 1 January 2025, has started being scoped and will fall under the remit of the Expanding Registration Pathways (ERP) steering group moving forward. The programme's lessons learnt and closure reports were circulated to the steering group for review, and the programme has now entered closure. The closure report will be submitted to the Q3 Planning Gateway.</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

2024 Priority change activities		RAG	Status
Regulatory Reform	<p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p>When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). Who: Shaun Gallagher; Tim Aldrich</p>		<p>The Regulating Anaesthesia Associates (AAs) and Physician Associates (PAs) consultation has now closed and we are in the process of analysing the responses received. The findings from the analysis will help us to identify where we may need to make changes to rules, guidance and standards and we are still on track to have these finalised by the end of 2024 when regulation of PAs and AAs begins.</p> <p>We are engaging with the Department of Health and Social Care around the timings for updating the legislation that will replace the AAPA Order and the Medical Act, however we do not yet have an agreed timetable for this work. The programme continues to report amber due to uncertainty over the timetable.</p>
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p>Why? To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p>When: End of 2024 Who: Una Lane; Clare Barton</p>		<p>The programme continues to report amber due to ongoing challenges in the external environment, but all key milestones are on track for beginning regulation in December 2024.</p> <p>Development of regulatory policy, process and systems continues at pace across all areas. As above, our consultation on GMC rules and standards for PAs and AAs closed on 20 May with around 3,000 responses received, and analysis is underway.</p>
Regulatory Fairness Implementation	<p>Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023.</p> <p>When: Q4 2024 Who: Shaun Gallagher, Claire Light</p>		<p>We are continuing with phases 3 and 4 of the programme which began in Q1 2024 and covers the development of directorate level plans to implement the actions that arose from the phase 2 workshops held with each directorate. Directorates are now in receipt of their consolidated high impact regulatory decisions (HIRDs) and assurance measures. A toolkit to support the implementation of soon to be drafted plans is due to be shared with colleagues on 8 July.</p> <p>Rollout of training for HIRD decision makers began in May and will run through until November 2024. Meetings have been planned for September to develop the approach to embedding this training for the long term.</p> <p>Following SMT approval on 13 May, the Regulatory Decision-Making Principles will go to the July Council meeting as part of the ED&I Annual Report, and will then also be published on the GMC website.</p>
Transition to Welsh Language Standards	<p>Why? We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p>When: Q4 2023 Who: Neil Roberts</p>		<p><i>This project has been successfully delivered and transitioned to business as usual. We will continue to monitor ongoing compliance with the Welsh Language Standards (WLS) locally.</i></p> <p><i>Due to its closure, Transition to WLS will be removed from the next performance report to Council.</i></p>



Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2023 (%)	2023 (Vol)	2024 ¹ (%)	2024 ¹ (Vol)	End of 2024	% points off 2024 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	430	36.6%	332	28%	+ 8.6	30%
	Interviews	20.1%	52	15.4%	28	23%	- 7.6	25%
	Offers	14.8%	8	10.5%	^Redacted	18%	- 7.5	20%
	Workforce	13.9%	90	13.8%	91	17.5%	- 3.7	20%
level of minority ethnic representation at Level 2+		12.6%	27	11.9%	26	16%	- 4.1	20%
level of minority ethnic representation at level 3		14.6%	63	14.7%	65	17.5%	- 2.8	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3%	2,370	50.0%	2,599	38%	+ 12.0	40%
	Interviews	30.7%	329	35.3%	366	33%	+ 2.3	35%
	Offers	23.2%	66	40.0%	150	28%	+ 12.0	30%
	Workforce	18.7%	317	18.8%	322	18%	+ 0.8	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2024		2.2%	-	Minority ethnic backgrounds (%)	White Background (%)	1.5%	% points between groups	1.0%
				9.9%	6.8%		3.1	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		- 2.9%	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				8.6%	10.3%		1.7	
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		83.3%	10/12	66.7%	8/12	12/12		12/12

¹ Rolling 12 month period used to the end of the reporting month (May 2024)

² Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity



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 and Expert Witnesses – Annual 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.

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

Counsel – our ambition: 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 an ethnic minority background.

Progress to date:

Since 2021, we have recruited 41 barristers to our list of counsel authorised to conduct cases on behalf of the GMC at MPT hearings:

- of the eleven new barristers added to our list in 2021, four were from an ethnic minority background (36%)
- of the eleven new barristers added to our list in 2022, three were from an ethnic minority background (27%)
- of the nine new barristers added to our list in 2023, two were from an ethnic minority background (22%)
- of the eleven new barristers added to our list to date in 2024, (the formal start of our 1 in 3 policy), four are from an ethnic minority background (36%).

Although we only formally commenced our initiative in 2024 (to allow chambers the time to recruit and develop talented people from an ethnic minority background) 32% of the barristers we have added to our list since 2021 have identified as being from an ethnic minority background.

We worked closely with chambers to support implementation of the ‘one in three’ initiative. The work includes:

- a review of chambers ethnicity data in 2021 to identify potential areas of improvement, with a further review planned for later this year to measure progress and inform our future ambitions/objectives
- taking positive action to instruct more black barristers on our litigation and employment work (areas where we had identified under representation)
- enabling chambers to introduce people (including people from an ethnic minority background), who are relatively new to the profession, to experience our work in the early years of their career. Hopefully putting them in an excellent place to immediately start acting for us when sufficiently experienced. This is something that we will further promote with chambers to encourage uptake.

We maintain an ongoing dialogue with the chambers we work with to help ensure that we can identify further opportunities to support and promote diversity of the barristers we instruct.

Other linked initiatives:

The solicitor apprentices we recruited in September 2021 through our social mobility programme continue to make good progress and have now successfully completed 3 years of their 6 year apprenticeship. All come from schools in Greater Manchester’s districts with the highest percentage of child poverty. We appointed four talented female students, three from an ethnic minority background.

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 July 2024 we will host around 25 year 12 students from across the North West at the MPTS hearing Centre and our Clinical Assessment Centre.



Counsel and Expert Witnesses – Annual 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.

When: Q1 2024 **Who:** Anthony Omo; James Stables (Counsel update); Darren Lightfoot (Expert update)

Experts – our ambition: To recruit quality Experts, and in doing so increase the diversity of our Expert pool.

Progress to date:

We have now completed the Expert recruitment exercise. All defined success criteria were met:

- inviting an applicant base which is more diverse than our current Expert group
- appointing a successful group which is more diverse than our current Expert group
- increasing the diversity amongst our Expert group.

We conducted an extensive outreach programme to publicise the campaign using available existing networks, SEDIAF, liaison with the BMA and MPS, attendance at the annual BAPIO conference, and individual calls with prospective applicants. We also structured the campaign in such a way as to remove as many potential barriers to application as possible.

Prior to the exercise, the Expert pool totalled 477. 105 (22%) of those Experts were non-white British. 52 (11%) of those Experts were female.

We have appointed 74 new non-white British experts. This represents:

- 59% of the total number of Experts recruited in the campaign
- a 70% increase in the number of non-white British Experts
- 30% of the total Expert pool .

	Pre-campaign	Newly appointed	Increase on existing
Non-white british	105	74	70%
female	52	30	58%

We have appointed 30 new female experts. This represents:

- 24% of the total number of Experts recruited in the campaign
- a 58% increase in the number of female Experts
- 14% of the total Expert pool.

	Pre-campaign	Newly appointed	Post-campaign
Non-white british	22%	59%	30%
Female	11%	24%	14%

Financial summary (May)

Financial summary as at May 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%			£000	£000
Operational expenditure	(61,504)	(60,614)	(890)	1%	(149,102)	(147,781)	(1,321)	1%
Capital expenditure	(3,643)	(4,107)	464	(13)%	(12,803)	(13,259)	456	(4)%
Total expenditure	(65,147)	(64,721)	(426)	1%	(161,905)	(161,040)	(865)	1%
Operational income	64,767	64,562	(205)	(0)%	164,693	164,291	(402)	(0)%
Operational surplus/(deficit)	(380)	(159)	221		2,788	3,251	463	

Financial summary as at May 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%			£000	£000
Investment income / (loss)	417	(228)	(645)	(155)%	1,000	1,000	0	0%
Investment management fees	(71)	(75)	4	(6)%	(290)	(293)	3	(1)%
Net investment return	346	(303)	(649)		710	707	(3)	
Total surplus/(deficit)	(34)	(462)	(428)		3,498	3,958	460	

Financial detail (May)

Expenditure as at May 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Staff costs	37,003	36,848	155	0%	90,713	90,827	(114)	(0)%
Staff support costs	1,594	1,445	149	9%	4,024	3,961	63	2%
Office supplies	673	642	31	5%	1,308	989	319	24%
IT & telecoms costs	2,682	2,598	84	3%	7,005	6,931	74	1%
Accommodation costs	3,942	3,394	548	14%	9,830	9,236	594	6%
Legal costs	1,591	1,722	(131)	(8)%	3,704	3,755	(51)	(1)%
Professional fees	1,233	1,228	5	0%	3,193	3,257	(64)	(2)%
Council & members costs	175	154	21	12%	471	445	26	6%
Panel & assessment costs	8,304	8,274	30	0%	21,205	21,030	175	1%
Associate fee changes	425	425	0	0%	1,020	1,020	0	0%
PSA Levy	382	384	(2)	(1)%	938	944	(6)	(1)%
Contingency fund	0	0	0	0%	1,126	821	305	27%
Gateway fund	0	0	0	0%	1,065	1,065	0	0%
Pension top up payment	3,500	3,500	0	0%	3,500	3,500	0	0%
Total operational expenditure	61,504	60,614	890	1%	149,102	147,781	1,321	1%

Income as at May 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Annual retention fees	48,985	49,017	32	0%	121,155	121,187	32	0%
Registration fees	2,392	2,037	(355)	(15)%	8,594	7,845	(749)	(9)%
PLAB fees	10,526	10,580	54	1%	26,744	26,809	65	0%
Specialist application CCT fees	1,166	1,275	109	9%	3,608	3,821	213	6%
Specialist application CESR/CEGPR fees	711	595	(116)	(16)%	2,068	1,830	(238)	(12)%
Interest income	833	955	122	15%	2,030	2,356	326	16%
Other income	154	103	(51)	(33)%	494	443	(51)	(10)%
Total Operational Income	64,767	64,562	(205)	(0)%	164,693	164,291	(402)	(0)%

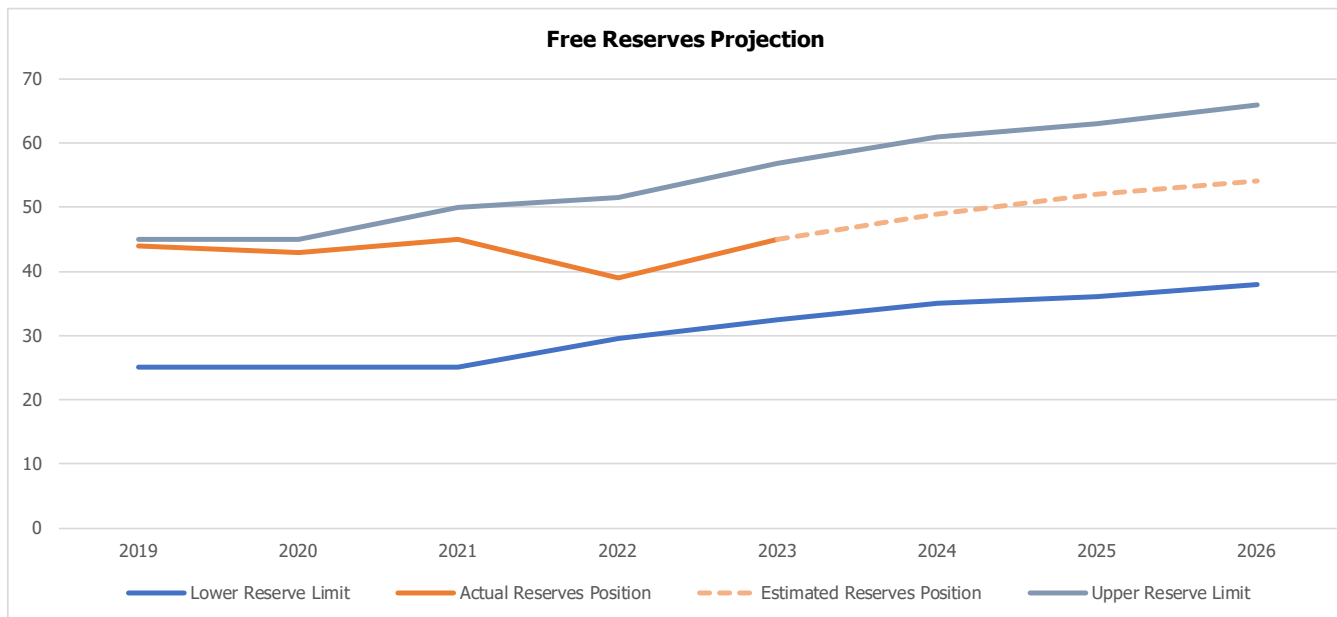
* The gateway budget was £2.5m, the amount allocated across directorates is £1.4m, therefore the remaining £1.1m is shown above, we are currently expecting the full amount to be allocated this year.

GMCSI financial summary (May)

GMCSI summary as at May 2024	YTD Budget	YTD Actual	Variance	
	£000	£000	£000	%
GMCSI income	231	129	(102)	(44)%
GMCSI expenditure	(192)	(148)	(44)	23%
Profit/(loss)	39	(19)	(58)	

Budget 2024	Forecast 2024	Variance	
£000	£000	£000	%
477	477	0	0%
(452)	(452)	0	0%
25	25	0	

Finance – financial stability monitoring



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Demand continues	PLAB 1 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10%
Register growth	4.5% per year	3.9%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£0.2m loss to May 2024	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - April 2024 - 2.3%	10% per year	6% per year
Staff vacancy rate	4.3% per year - based on budget values	4.2%	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	Aligned to April Pay Award (within amounts budgeted)	In year increase of 3%	In year increase of 1%

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

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

Finance – Investment Committee update

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

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

Performance Overall

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

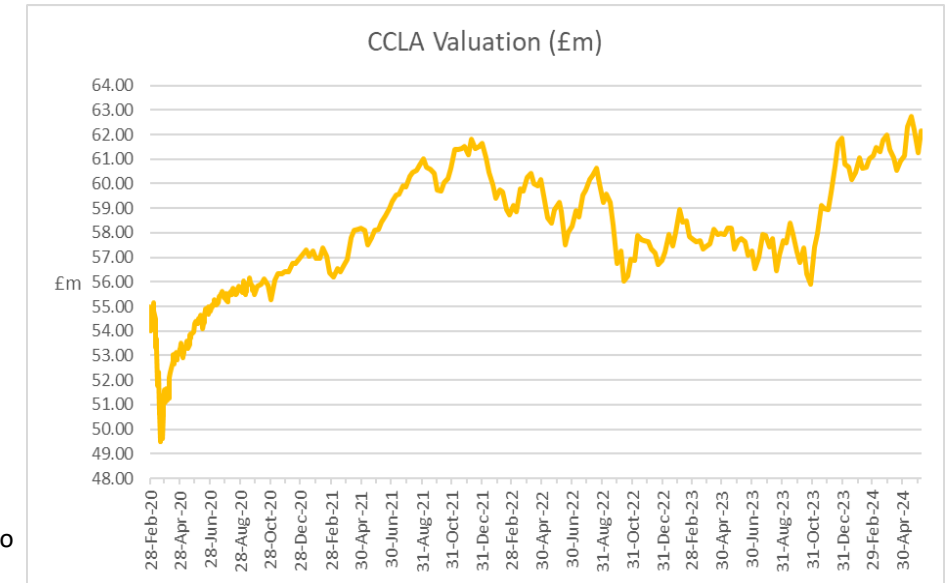
As at 30 April 2024	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	0.0%	5.0%	1.8%	3.5%
Target: CPI + 2%	3.5%	4.3%	8.7%	6.5%
Benchmark	(0.3)%	3.3%	(3.5)%	0.2%
Actual minus Target	(3.5)%	0.7%	(6.9)%	(3.0)%
Actual minus Benchmark	0.4%	1.7%	5.4%	3.3%

As the table shows over the 12 months to 30/04/2024 the portfolio has delivered a return of 5.0% and an average of 1.8% p.a. over the 3 years, which is below target over the 3 years but above in a 12 month period. However, when compared to the benchmark performance, which we also monitor against, the outcome is a consistently positive one, with outperformance of 1.7% and 5.4% p.a over 12 months and 3 years respectively. The 5 year average, shows us once again falling below target by 3.0%, but once again exceeding our benchmark group by some 3.3% p.a.

At this review date our investments were valued below the level of December 2023, generating a loss in our accounts. The most up to date valuation - June 7th - shows performance in excess of the 2023 year end position.

Holdings as at 7 June 2024 (reflected in the graph below)

	£millions	%
Total Equities	16.6	26.7%
Fixed Interest	25.6	41.2%
Property	3.5	5.7%
Infrastructure	6.3	10.2%
Other Income	0.8	1.3%
Private Equity	1.7	2.8%
Cash	7.6	12.2%
Total	62.1	100.0%



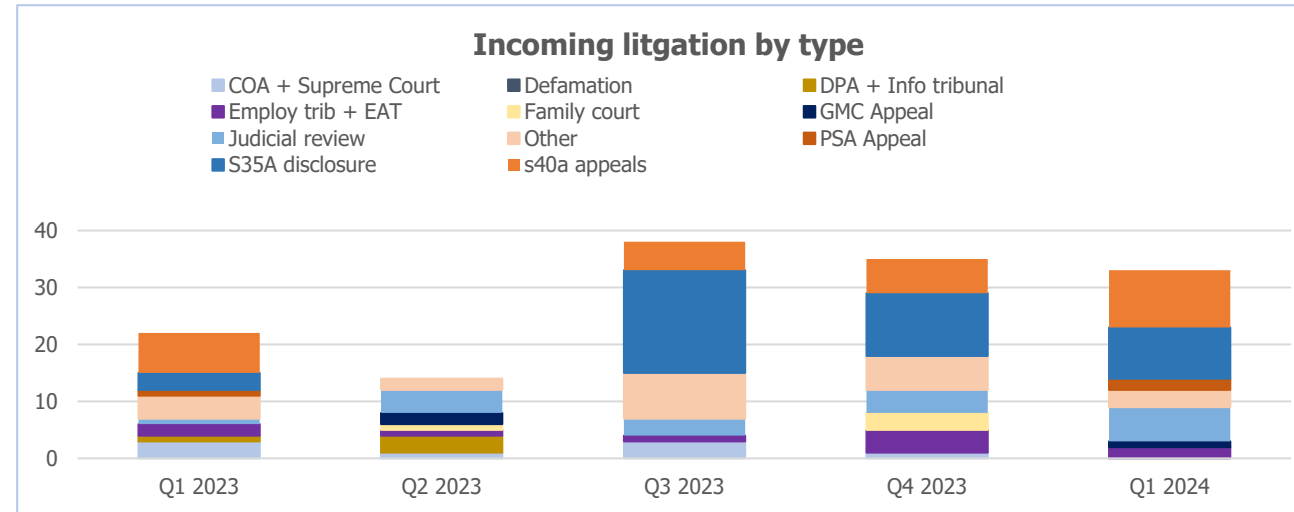
Litigation overview for Q1 2024

The graph on incoming litigation shows all new litigation records opened between 1 January and 31 March 2024.

Data was pulled on the first working day following the end of the quarter, for Q1 2024. This was 2 April 2024.

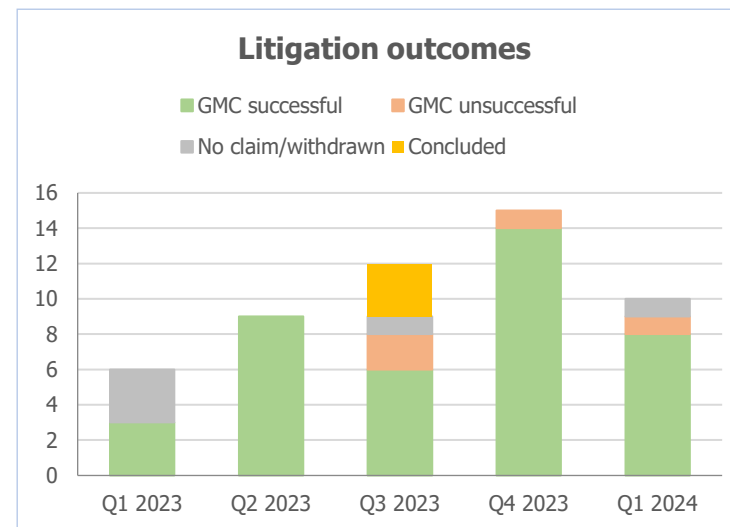
Total Open Litigation on 2 April 2024: 33

- of which 20 matters have had a claim served
- excluding costs matters/High Court Extensions



Key:

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



Concluded litigation: 10

8= GMC Successful

- X3 = s40 (doctor) Appeals
- X3 = Information Tribunal
- X1 = COA Appeal
- X1 = Other

1 = GMC unsuccessful

- X1 = s41a – 10 IOT Challenge

1= No claim/withdrawn

- X1 = Judicial Review – MPTS

Corporate Opportunities and Risk Register - June 2024

Risk ID	Title <small>Date Based</small>	Category	Detail	Owner	Materiality - Impact - Frequency - Recovery - Irreversibility - Time to Emit	Mitigation/Enhancement	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
54	IT Industry Cloud System Drive 28/11/2023	Technical	<p>Due to IT software vendors become more aggressive in their drive towards cloud, there is a risk that we are forced to move to cloud systems on vendor lifetimes.</p> <p>Due to our Finance and HR system provider withdrawing support for our on-premise system we will need to move our Finance and HR system to the cloud probably by the end of 2026. There is a risk that we will be unable to do the significant and complex work required for this migration in time, leaving us in an unsupported configuration and unable to receive product updates from 2027, such as new tax rules to apply to payroll.</p>	Neil Roberts	HIGHLY LIKELY MAJOR CRITICAL		HIGHLY LIKELY MAJOR CRITICAL		<ul style="list-style-type: none"> Immediate prioritisation of the work as a project led from within Enterprise Systems with scope, top level plan and significant risks being identified. Project streams will be prioritised and resourced within IS, HR and Finance with funding for resources requested where required. Work arounds and alternative approaches to migrating to Agresso cloud being investigated. We are planning our wider cloud migration strategy with KPMG support, factoring in the risk associated with vendors driving customers to the cloud. 	Medium
76	MLA first live exams contingency & scenario planning 20/05/2024	Technical	<p>If a significant incident occurs, such as connectivity or online security problems for the national MS-ART, this could affect the delivery of a complete MLA assessment for medical school students affected, which could risk escalating the PMQ being awarded by those medical schools.</p>	Golin Neville	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> From our initial MLA compliance process, every school has a set of recommendations for future improvement or a request updated information. For the MS-ART, these include areas regarding incident reporting and escalation, and exam security. We are in active correspondence with the MSC about their scenario, contingency and escalation planning. Issues will continue to be discussed at all levels between the GMC and HSC, including at a senior level through our joint Senior Oversight Group (SOG), and in relation to future oversight. 	UNLIKELY MAJOR SIGNIFICANT		<ul style="list-style-type: none"> We have engaged with schools through collective engagement sessions in May/June 2024 and through individual meetings with the nine schools who are sitting the MS-ART at the end of June 2024. We have worked with schools and the MSC on final adjustments and improvements in advance of the first live run of the MS-ART. This has included discussions around contingency planning and escalation routes should any issues arise on the day of the exam. We have asked the nine schools to keep us informed (via their QAMI contact) on the running of the live exam, and are attending the MSC exam board meeting post-live run. Internal scenario planning is ongoing with a view to establishing the GMC's position regarding the MSC's and schools' operational contingency plans for delivery of their MLA assessments. 	Low
53	PA/AA regulation - working with stakeholders 30/10/2023	Customer	<p>Our ability to effectively regulate PAs and AAs is partially contingent on certain key stakeholders working with us and delivering aspects of this work, particularly regarding our registration processes. If there continues to be significant opposition from doctors to increasing numbers of PAs and AAs in the workplace and the expanded role of the GMC, there is a risk that these stakeholders become reluctant to engage which threatens the effective delivery of regulation.</p>	Una Lane	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Regular liaison at senior level with relevant colleagues at the Royal College of Physicians, the Royal College of Anaesthetists, the Academy of Medical Royal Colleges, the Faculty of Physician Associates and the Association of Anaesthetists Associates. The Anaesthetists Association and Physician Associates Order (AAPO) has been approved in both the Edinburgh and Westminster parliaments, which settles in law that PAs and AAs are to be brought into regulation and that the GMC will be the regulator. Use of MPs Community of Interest to engage and involve PAs, AAs, doctors and other groups in regulatory development. We announced the alphabetical prefix for PA and AA GMC reference numbers and the future format of our public-facing registers on 7 March 2024, which was broadly positively received. Rebranded PA/AA web hub launched We have written to system leaders to update on progress towards regulation of PAs and AAs and clarifying our position on working within competence, supervision, clinical governance and the need for constructive debate Communication plan for run-up to regulation developed We have sought clarification from relevant partners regarding their delivery of aspects of the regulatory process 	UNLIKELY MAJOR SIGNIFICANT			Low
52	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	<p>NHS England's regional quality management workforce has continued to decline following the merger with Health Education England in 2023. This may impact has impacted the GMC's effectiveness in some operational processes that fulfil statutory functions in Education, and the impact may increase without NHSSE commitments to support our functions.</p>	Golin Neville	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Ongoing engagement with NHSSE stakeholders, including at senior leadership level. We are monitoring our resource requirements to ensure our standards are being met, including the option to act independently in cases where trainees need to be removed from training environments. We have enhanced our support offer to help NHSSE teams meet our data provision requirements for our National Training Survey (NTS) and Annual Review of Competence Progression (ARCP) collections. 	QUITE LIKELY MODERATE SIGNIFICANT		<ul style="list-style-type: none"> Share soft intelligence on regional challenges with NHSSE senior leaders in bilateral meetings and seek formal reassurance of support for GMC functions. Work with Statutory Education Bodies in all four countries to develop a document clarifying GMC requirements of postgraduate deans. 	Medium
207	Pension Deficit 21/08/2020	Financial	<p>Due to economic instability, both asset and liability value of the pension scheme have reduced (assets to a greater extent). This could lead to continued funding of the deficit from the employer. The funding position remains under review and Trustees will continue to liaise with the employer.</p>	Neil Roberts	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Trustees meet regularly and continue to take professional advice in relation to the existing deficit. The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. The Employer factors annual payments into the budget to cover the agreed funding arrangements. 	QUITE LIKELY MODERATE SIGNIFICANT		<ul style="list-style-type: none"> Strategy now set as part of triennial valuation - Trustees continue to receive updates on investment performance. The next triennial valuation date is 31/12/24. 	Medium
452	Regulatory reform potential delays introducing reforms for doctors 14/05/2023	Strategic / Policy	<p>There is a risk that external factors such as limited DHSC resources and the changes in the priorities of an incoming government will cause delays to the development of the next GMC order, which in turn will affect the timing for the implementation of reforms for doctors. This will lead to us needing to run two systems (one for doctors and one for PAs and AAs) and using workarounds for a longer period of time.</p>	Shaun Gallagher	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Continuing to reinforce the importance of DHSC prioritising the next GMC Order as soon as possible in our engagement with officials, politicians and their advisors, as well as maintaining an influencing strategy that keeps pressure up on this issue. Meeting held with the current Health Minister, to discuss and escalate our concerns. Two GMC lawyers have had their recommendations extended to assist with consequential amendments, to help speed up the progress of the development of the next GMC order. Proactive engagement with DHSC on planning for doctor reforms to minimise impact on busy teams. 	QUITE LIKELY MODERATE SIGNIFICANT	Council This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.	<ul style="list-style-type: none"> Meeting the new current Health Minister in due course, to discuss and escalate our concerns set out the case for regulatory reform. 	Low

120	ED&I compliance 17/02/2020	Strategic/Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and weakens confidence in regulation.	Shaun Gallagher	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 programme including the Strategic ED&I Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. Skilled ED&I team provide strategic advice across the GMC. Mandatory training for all staff and associates. Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway. Approach to a regulatory new Equal Opportunities Policy has been reviewed and published in April 2022. Staff learning and training needs to be delivered (or a BAU), as suppliers are in place and delivering against requirements. 	UNLIKELY SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. <p>Executive Board</p> <ul style="list-style-type: none"> ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. <p>Programme Board</p> <ul style="list-style-type: none"> Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations. <p>Internal Audit</p> <ul style="list-style-type: none"> Arrangements to operationalise delivery of external facing targets (2022, no rating). Efficacy of ED&I reporting (2022, green-amber for design, green for effectiveness). Regulatory Fairness Programme Board arrangements and governance (2023, green-amber for design, green-amber for effectiveness). ED&I steering group governance (2024, green-amber for design, green-amber for effectiveness) <p>Other assurance</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tisdell (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 FIP procedures (2014). 	<ul style="list-style-type: none"> Develop new decision making principles and 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 (this is already in progress as part of the regulatory fairness work. Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in discrete action plans by Q4 2024. 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 - This exercise has been completed for fitness to practice and has not identified differences. Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or require change in approach - this is integrated into the audit programme considerations and will be considered by the Regulatory Fairness board in 2024 following agreement on the final list of decisions in scope of this work - proposals will be finalised in Q4. Reviewing the impact of launching new templates and guidance on quality impact assessment and strengthening the tracking and oversight (through ED&I SG) throughout 2024 and managing phased introduction of the use of the new templates. Regulatory fairness implementation programme considering future assurance measures across specific high impact regulatory decisions. Future assurance measures will form part of discrete action plans and progress reported to council in Q3 2024. Reg Fairness Council report - October 2024. 	Low
148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Nassey	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. Fourth PLAB 2 cohort opened to help manage demand from International Medical Graduates seeking registration. Digital ID checking in place to verify new registrars' identities accurately and efficiently. 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of performance metrics through the quarterly CEO report. <p>Executive Board</p> <ul style="list-style-type: none"> Review of performance metrics through the bi-monthly Performance and Risk Report. Risk deep dive (Nov 2020, Feb 2022, Nov 2022, March 2023, May 2023). <p>Internal Audit</p> <ul style="list-style-type: none"> Legal Services (May 2022, green-amber). Clinical Assessment Centre (2022, green/amber). Past COVID renewal FIP and MPTS (2022, green/amber). MPTS Continuous Improvement and learning (2022, green). Good Medical Practice (2022, green/amber). Safeguarding arrangements (2022, not rated). Registration services (2023, green/amber control design, green/amber control effectiveness). Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness). Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness). FIP usage arrangements (2023, green control design, green control effectiveness). Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). <p>Other assurance</p> <ul style="list-style-type: none"> Covid learning review (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people. Temporary registration implementation: The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. Present all risk standards of good medical regulation in 2023. <p>Notes and behaviours (2019, green/amber control design, green/amber control effectiveness).</p> <ul style="list-style-type: none"> Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness). 	<ul style="list-style-type: none"> Develop new decision making principles and 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 (this is already in progress as part of the regulatory fairness work. Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in discrete action plans by Q4 2024. 	Low
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain: an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure; and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	MAJOR CRITICAL	<ul style="list-style-type: none"> Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. We have processes in place to identify and manage key staff risks. We consider recruitment market surveys and data to identify potential skills shortages. Our Health and safety policies and procedures are robust in regards to our workforce. Clear financial management practice and controls and safeguards including annual investment (GMCIS), fraud policies and pensions. New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively. Routine monitoring and reporting of operational performance and the volume and complexity of our work. Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions. We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation. The Investment Committee oversees the investment portfolio, supported by professional advisors and fund managers. We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels. We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation. We have business continuity champions and robust business continuity plans in place that are tested regularly. We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants Annual training and exercise sessions are delivered for all incident responders. We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities. We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres, backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure. Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of annual budget and Annual Accounts. <p>Executive Board</p> <ul style="list-style-type: none"> Executive Board regular review of finance, HR, project and operational performance and risks. <p>Internal Audit</p> <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). Recruitment (2022, green/amber). ED&I internal target progression (2022, green/amber control design, green/amber control effectiveness). <p>Notes and behaviours (2019, green/amber control design, green/amber control effectiveness).</p> <ul style="list-style-type: none"> Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness). 	<ul style="list-style-type: none"> Develop new decision making principles and 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 (this is already in progress as part of the regulatory fairness work. Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in discrete action plans by Q4 2024. 	Medium
150	Ability to work with others 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	MAJOR CRITICAL	<ul style="list-style-type: none"> Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEO RB) Group). Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our regulation, co-ordinated through use of Engage system by external affairs, policy and operational teams. Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT. Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement. Relationship stocktakes on annual basis with Chief Executive and directors. Relationship plans with external stakeholders are mapped and refreshed annually. 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (including four country updates) (June 2023). Seminar: Findings of our interim perception survey (December 2023) Seminar: General election preparations and our strategic engagement approach (April 2024). Annual update on communications and engagement (including four country updates) (June 2023) <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022). <p>SMT</p> <ul style="list-style-type: none"> Paper on General Election considered by SMT in February 2024. <p>Internal Audit</p> <ul style="list-style-type: none"> 13-wide stakeholder relationships (March 2022, Control design - Green, Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021, Green-amber). <p>Other assurance</p> <ul style="list-style-type: none"> Bi-annual health assessments by our external relations teams of GMC's major relationships, next assessment Q1 2024, results due 3 May 2024. 	<ul style="list-style-type: none"> Feedback for our 2024 perceptions survey with stakeholders and audiences has commenced and we will receive the results later this year. We will deliver a seminar to Council about the results in December 2024. We have agreed to hold a seminar with Council about our approach to managing our relationships with stakeholders. This will likely be held in 2025. 	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	MAJOR CRITICAL	<ul style="list-style-type: none"> Crisis management policies (including crisis communications plan) & procedures; pandemic response plan. Business continuity champions and emergency response plans in place with regular testing. Mandatory e-learning for GMC staff and support from business continuity consultants. Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers - including emergency powers under section 18A of the Medical Act 1983 (Covid 19). Health and Safety (H&S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&S risk. Quality assurance of H&S management system provided through H&S audit process. 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Seminar on Business Continuity and Disaster Recovery - November 2022. <p>Executive Board (June 2021)</p> <ul style="list-style-type: none"> Unplanned Event Deep Dive - June 2021. <p>SMT</p> <ul style="list-style-type: none"> Paper on General Election considered by SMT in February 2024. 	<ul style="list-style-type: none"> Develop new decision making principles and 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 (this is already in progress as part of the regulatory fairness work. Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in discrete action plans by Q4 2024. 	Medium
200	Regulatory Reform 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	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. Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required. 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. 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). Using existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale. 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Provided an update on progress and programme timelines, an overview of our initial feedback on draft A&AO Order and plans for responding to DHSC's consultation when this goes live - 3 Nov 2022. Provided an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response - 14 Dec 2022. Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 3 Mar 2023. Council meeting to discuss final consultation response, ahead of this being agreed on by the Chair on behalf of Council - 27 April 2023. Delivered general Council webinar setting out our proposed approach to Education and Training, Registration and setting Fees for AAs and PAs, based on provisions in the updated A&AO. Further sessions delivered on FIP, Revision and Appeals - November 2023. Extraordinary Council meeting on 13 March 2024 to present the consultation package on rules, standards and principles for fitness to practise guidance. <p>Internal Audit</p> <ul style="list-style-type: none"> BDO spot checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2023 and Sep 2023. <p>SMT</p> <ul style="list-style-type: none"> Provided SMT with an update on the re-drafted AAPAO (received from DHSC on 20 Sep 2023), including an overview of our key concerns and points that we wish to escalate - 9 Oct 2023. Ongoing monthly updates as required by programme. 	<ul style="list-style-type: none"> Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. Be prepared to continue to escalate concerns to senior DHSC officials as appropriate. Final BDO spot check of 2024 is being concluded and will be shared with ARC in September. 	Medium

151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, professional 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 have influence within national and local systems. Contribution to government and system initiatives across four nations. Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). Contributing to meetings and networks across the UK and Europe. Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWG and PSIF meetings). Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making. 	QUITE LIKELY MODERATE	<p>Council:</p> <ul style="list-style-type: none"> Annual update on communications and engagement (incorporating extensive four country update) (April 2022). Seminar: Findings of our 2022 perceptions survey (December 2022). Seminar: Findings of our interim perception survey (December 2023). Seminar: General election preparations and our strategic engagement approach (April 2024). <p>Audit and Risk Committee:</p> <ul style="list-style-type: none"> Seminar: Building the trust and confidence of our audiences and stakeholders (January 2022). <p>SMT:</p> <ul style="list-style-type: none"> Discussion about health service winter pressures and GMC response (January 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber). IA horizon scanning rated green for both control design and control effectiveness. 	<ul style="list-style-type: none"> Detailed planning is underway for a campaign to improve perception of RFP following the results of the interim perceptions survey (2023). Update to be provided to Council as part of SCEA's annual update to Council in mid-2024. Planning for the 2024 perceptions survey with audiences and stakeholders is underway, with feedback due to commence in early June. Internal audit: review of Outreach underway in 2024. 	Low
24	ED&I Strategic Ambition 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of equality.	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. Sifted 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. Sunday 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 (e. including regulators in disciplinary processes). Research and data experts including our surveys and insights to highlight relevant issues and support calls for action. Annual reports published 2022 and June 2023. 	QUITE LIKELY MODERATE	<p>Council</p> <ul style="list-style-type: none"> Regular agenda item on ED&I and ED&I annual progress update reported to Council in April and published. <p>Executive Board</p> <ul style="list-style-type: none"> Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. 	<p>Internal Audit</p> <ul style="list-style-type: none"> ED&I internal facing targets reporting (2023, green control design, green/amber control effectiveness). ED&I external facing targets reporting (2023, green/amber control design, green/amber control effectiveness). Regulatory Firmness governance arrangements, (2023 green control design, green/amber control effectiveness). <p>Other assurance</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickle (2020). 	<ul style="list-style-type: none"> Council directed the need to extend our understanding of inequalities impacting on other protected groups, specific, disaggregated groups and also intersectional groups. The 2023 ED&I annual progress update (already published) contained some intersectional information and some evidence on the wider work we are doing for other protected groups. We will build on this in the ED&I annual report for 2024 (reporting to Council in April 2024) and also through the regulatory firmness work. Within the scope of the regulatory firmness work, we will be considering developing inclusive assurance measures at High Impact Regulatory Decision points, workshops have now been completed and we are in the process of consolidating the findings. We have finalised a list of decision points that will be subject to SMT approval in May 2024, alongside the decision making principles. Next steps are to complete the consolidation of the existing and potential assurance measures, finalise implementation plan framework for directores, implement inclusion tools also to be completed by the end of the year. Workstreams from Dec 2023 audit recommendations continue to report to Council and the ED&I Steering Group in new BAU and reports are planned for all workstreams in 2024. The ED&I annual report is in draft form for presentation to SMT in June and Council in July and publication to follow shortly afterwards which will include key RFR progress (decision making principles). 	Medium
30	Safeguarding at the GMC 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having insufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness, and insufficient collation of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we have contact. We must be able to take the risk to both the individual and to the reputation of the organisation if we encounter a safeguarding issue which results in harm to a vulnerable person.	Neil Roberts	QUITE LIKELY MODERATE	CRITICAL	<ul style="list-style-type: none"> Safeguarding Working Group in place since 2019 chaired by Director of Resources. Action plan in place - Project team assembled to take forward recommendations. Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff. A new reporting system for staff to use to refer safeguarding to the designated Safeguarding Manager. Comms strategy in place. Pilot completed - 90 referrals made to the safeguarding manager. Analysis has taken place on results along with capacity modelling for gateway. Gateway and SMT approved our bid for additional resources which includes one permanent Safeguarding Officer and the extension to the accreditation of the Safeguarding Project Manager to Dec 2024. Safeguarding Policy was approved at Exec Board on 30th May 2023. A phased program of training has commenced starting with Resources Directorate. Information on our policy and processes is available for colleagues on our Intranet via a new Safeguarding Hub which helps to raise awareness and knowledge about safeguarding and roles and responsibilities. The risk will remain significant until the policy, process and training has been implemented across all directorates. Guidance documents for staff and the GSN have been drafted, digital training materials went live in July 2023. Digital training has been rolled out in Resources, Corporate and FTP Directorates, as two day training for colleagues in these directorates who deal with safeguarding on a regular basis is taking place. Training delivered to SMT in February 2024 following work with Safeguarding Alliance to develop training content. 	QUITE LIKELY MODERATE	<p>Internal Audit</p> <ul style="list-style-type: none"> RIO audit - Safeguarding Learning Review (November 2022, Green with advisory recommendations). <p>Other assurance</p> <ul style="list-style-type: none"> Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend action plan. 	<ul style="list-style-type: none"> BDO audit to take place in July 2024. Training for colleagues in FTP is complete and training with MPTS and R&R has commenced in line with our release plan. 	Low	
303	Welsh Language Standards Implementation 03/10/2022	Legal	Since 6 December 2023 the GMC has been subject to the Welsh Language Standards (WLS) Regulations 2022, set by the Welsh Language Commissioner. As we embed the standards in to BAU, it is important for all directorates to continue to engage with the standards, ensuring guidelines in place to monitor and monitor ongoing compliance, ease risk legal, reputational and financial damage.	Paul Reynolds	QUITE LIKELY MODERATE	CRITICAL	<ul style="list-style-type: none"> Senior Sponsor in place. Senior Project Manager appointed (from 24 October 2022 until June 2024). Welsh Language Standards Manager (WLSM) appointed from 31 October 2023 until 31 October 2024 with possible extension. Maintain, quality assure and continuously improve internal and external compliance guidance. WLSM to manage relationships with external stakeholders - Abw, Cymen, Welsh Language Commissioner and Joint Regulators Forum. WLSM and SPM to manage complaints, including liaising with Welsh Language Commissioner in the case of investigations, and any required actions resulting from investigations. WLSM and SPM to handle internal questions and queries regarding compliance via dedicated WLS inbox. WLSM to advise on Equality Screening Assessments (EQSAs) and Equality Impact Assessments (EIQAs) for projects and policies. Regular Joint Regulatory Forum meetings in place to align and share information with other healthcare regulators. Embedding organizational culture that welcomes and understands the Welsh language (Internal comms, Brown Bag Lunches, potential Welsh Language Forum etc). 	UNLIKELY MODERATE	<p>Project Board</p> <ul style="list-style-type: none"> Proposed recommendations from compliance readiness review were approved on 14th March 2024. A plan to transition the project work into BAU was signed off by Project Board at their final meeting on 8 May. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Preparation for implementation (2023, green/amber control design, green/amber effectiveness). Compliance readiness review (2024, green/amber). 	<ul style="list-style-type: none"> Arrangements for establishing the Welsh Language Standards Steering group (Gŵip Uwro Safonau? Gymraeg) are in progress with the first meetings confirmed for 11 July and 11 September. The group includes representation from across the organisation and will be chaired by the SMT Sponsor for Welsh Language, the director of Strategic Communications and Engagement. 	Low
27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY MAJOR	GOLD	<ul style="list-style-type: none"> Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workforce issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailouts, briefings and other external engagement. Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. Use new data and research insights as a 'joy' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic. Provide data to support the development of policy and process plans for MAPs and regulatory reform. 	HIGHLY LIKELY MAJOR	<p>Executive Board</p> <ul style="list-style-type: none"> Risk 'deep dive' (July 2023). <p>Internal Audit</p> <ul style="list-style-type: none"> Review of 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"> A range of perception surveys with stakeholders undertaken each year. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. Development of a new platform for our data that will allow more interactivity and self-service. As well as developing a GMC data hub bringing together all our data into a single entry point on the GMC web site, with further development through 2024. Developing data, research and insight capacity in relation to AAs and PAs. 	High	
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence and make a better regulator.	Paul Reynolds	QUITE LIKELY MODERATE	SILVER	<ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation. Strategic ambition to improve patient and public involvement and long-term outcomes agreed. Clear information easily accessible for patients and public about how we work and can support them (such as on our website). Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the organisation of independent research, supported by information and guidance for policy and operational teams to aid their work in this area. Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). Regular engagement with patient leaders in all four countries of the UK (by our senior leadership team as well as our bi-annual roundtable, UK&I meetings in the devolved nations and other activities). Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. Insights and perspectives from patients regularly shared with the organisation to inform its work. 	QUITE LIKELY MODERATE	<p>Council</p> <ul style="list-style-type: none"> Update on patient and public involvement (November 2023). Update on communications and engagement (June 2023). Update on patient and public involvement (November 2022). <p>SMT/Executive Board</p> <ul style="list-style-type: none"> Deep dive (December 2023). <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Update on how we involve patients and the public in our work (March 2023). Review of arrangements for patient and public engagement (November 2022). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Review of arrangements for patient and public engagement (November 2022, Control design: Amber; Control effectiveness: Amber). <p>Other assurance</p> <ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Results from 2023 survey shared with Council in November 2023. Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community. 	<ul style="list-style-type: none"> Following Council update in November 2023, we are exploring levels of public confidence in other regulators and national bodies. This will help us understand whether the public's confidence in the GMC is relatively positive. Our next roundtable with patient bodies is scheduled to take place on 7 November 2024. Agenda items TBC closer to the time. Our regulatory reform programme is out to tender for a provider that can facilitate our engagement with patients and our other audiences in the development of our policies, processes and communications. This will include the establishment of an audience panel and independent research that will support our public consultation in 2024. Our Contact Centre is in the process of procuring new technology that will enable it to seek feedback from all users of its services (including patients and the public) from the end of 2024 onwards. 	Medium
30	Corporate Social Responsibility 30/1/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with medical professionals.	Jane Durkin	QUITE LIKELY MODERATE	SILVER	<ul style="list-style-type: none"> Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year. We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable health'. The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEOR&B group. This meets quarterly and from mid-2022 includes representatives from the Greener NHS Team. External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR boards. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors. CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU. Sustainability Working Group, sponsored by Director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity. 	QUITE LIKELY MAJOR	<p>Council</p> <ul style="list-style-type: none"> Annual update on progress for Council given in March 2023. <p>SMT</p> <ul style="list-style-type: none"> Opportunity deep dive completed in February 2024. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Review of ESG, (March 2022, amber). 	<ul style="list-style-type: none"> CSR Community of Interest created in August 2023 to maintain overview of CSR activity across GMC. Work is ongoing to help identify further opportunities, risks and dependencies. 	High

Financial update

**Paper withheld from
publication**

This paper is being withheld from publication as it contains sensitive financial information.

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

Safeguarding Annual Report

Action	To note
Purpose	<p>The Charity Commission requires charities to produce an annual safeguarding report.</p> <p>This is our first annual safeguarding report. It details progress being made to implement our revised policy and process; along with a summary of other safeguarding activity that has taken place throughout 2023.</p>
Decision Trail	<p>The revised safeguarding policy and process was approved by Executive Board in May 2023.</p> <p>The safeguarding annual report has also been presented to Executive Board in March 2024 and Audit and Risk Committee in May 2024.</p>
Recommendation(s)	To note the content of the report.
Annexes	<p>Annex A: Charity Commission Safeguarding Expectations</p> <p>Annex B: Safeguarding Data</p> <p>Annex C: Training feedback</p>
Author contacts	<p>Helen Majerski, Designated Safeguarding Manager</p> <p>Claire Gardner, Head of Quality and Safeguarding</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

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Safeguarding Annual Report

Background

- 1 The GMC has a responsibility under the Charity Commission’s guidance to have robust arrangements in place to safeguard and promote the welfare of children and adults at risk and to take reasonable steps to protect those who we come into contact with from harm. This responsibility lies with everyone who works at the GMC or is working on behalf of the GMC including our colleagues, those contracted to work with us, and council members.
- 2 There is also a Charity Commission expectation that an annual report on safeguarding is produced. This is our first annual safeguarding report. It provides Council with:
 - Assurance that we are meeting our safeguarding obligations in relation to the Charity Commission guidance and our GMC values.
 - An overview of GMC’s safeguarding practice and activity.
 - Information on the types of safeguarding concerns we see at the GMC.
 - An overview of our plans for 2024 and our commitment to continuously improve and develop our safeguarding culture.

Safeguarding structure and governance

- 3 The Director of Resources is the Senior Management Team (SMT) lead for Safeguarding. Our safeguarding team is located in the Quality, Continuous Improvement and Safeguarding Section, Resources Directorate. The team consists of a Designated Safeguarding Manager (DSM) who was appointed in July 2022 and a Safeguarding Officer (SO) who was appointed in November 2023.
- 4 A Continuous Improvement Manager and a Safeguarding Project Manager have been seconded to the safeguarding project and have played a key role in developing our processes and guidance, training strategy and implementation plans.
- 5 Our safeguarding work is supported on an ad hoc basis by other professionals across the GMC, including colleagues in our Legal and Information Governance teams who provide advice and support on complex cases and in the sharing of information.
- 6 While not a statutory safeguarding organisation, our approach to safeguarding incorporates good practice and learning from legal frameworks and national guidance, taking into account safeguarding requirements to protect adults and children across the four countries. Our policy, processes and training strategy have been developed in consultation with external safeguarding consultants including the Social Care Institute of Excellence (SCIE) and the Safeguarding Alliance.
- 7 We are committed to continue to develop a strong safeguarding culture across the GMC, where safeguarding is a key element in what we do. A Safeguarding Working Group (SWG),

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chaired by the Director of Resources is attended by representatives from all our directorates. The Group provide advice, challenge, support, and direction to the Safeguarding Team.

- 8 Our safeguarding risks are managed via our corporate risk register and within the safeguarding project.
- 9 Since September 2019 we have had two internal audits; with recommendations being actioned and monitored by our Audit and Risk Committee. A third internal audit is scheduled for Q3 2024.

Safeguarding policies and processes

- 10 Our revised corporate safeguarding policy and process was approved by Executive Board in May 2023 along with an 18-month implementation plan. From May to December 2023 the revised policy along with training was implemented in the Corporate and Resources Directorates and work started in Fitness to Practise. Our aim is to complete implementation across all directorates by December 2024.
- 11 In addition to our corporate safeguarding policy, the GMC have a suite of policies and processes in place that link to safeguarding. These include:
 - Health and Safety including our Threatening & Abusive Behaviour policy.
 - A range of people policies, including unexplained absences, sickness absence, and disciplinary policy, processes, and procedures.
 - Raising concerns policy.
 - Independent Support Services for victims and doctors.
 - Supporting vulnerable people toolkit (currently under review).
 - Domestic Abuse Policy.
 - Recruitment policy.

Charity Commission requirements

- 12 The table at Annex A outlines activities we have undertaken during 2023 to ensure we meet our safeguarding expectations, in line with the Charity Commission guidance. We have made significant progress in developing our policies and processes and embedding safeguarding into our business-as-usual activity. Key achievements to note include:
 - The introduction of a revised corporate policy and process to support colleagues in recognising, recording, and reporting safeguarding concerns.
 - The development and introduction of new safeguarding reporting systems.
 - The development of a three-year safeguarding plan which includes both corporate and directorate objectives.

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- The development and delivery of digital and face-to-face safeguarding training for colleagues.

Safeguarding systems

13 We have various systems in place to enable us to capture safeguarding reports, information, and data:

- There is a Siebel based reporting form and an email inbox for colleagues to report safeguarding concerns which they see through the course of their work. These safeguarding concerns relate to practitioners, members of the public, witnesses, and complainants. These reports are reviewed and actioned by the Safeguarding Team.
- Concerns that relate to colleagues or people who work with us (such as Associates) are reported via email to the People Team.
- Facilities capture and report separately on Health and Safety data, including information relating to threatening and abusive behaviour towards colleagues and practitioners*.

Key safeguarding activities and statistics

Safeguarding concerns reported to the Safeguarding Team

14 The Safeguarding Team review concerns identified during the course of our work which relate to practitioners, witnesses, complainants and members of the public. A total of 103 safeguarding concerns were reported to the Safeguarding Team in 2023. Of these concerns, 30% were received as part of an initial safeguarding pilot, which took place with a small number of operational teams (Triage and Contact Centre) over a three-month period. Since the pilot, we have further developed our reporting systems and changed our reporting requirements. As a result, we have been able to collect safeguarding data for the period June to December 2023. Full details can be found in Annex B. Key points to note:

- The majority of safeguarding concerns related to adults, either solely or as one aspect of the concern. 16% of concerns related only to children.
- Approximately three quarters of concerns involved a practitioner(s).
- The most common safeguarding themes reported to the Safeguarding Team were concerns about adult mental health, adult sexual abuse, domestic abuse and physical abuse of children.

* Only the threatening and abusive behaviour data has been included in this report.

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Decision outcomes

- In 24% of safeguarding cases signposting had taken place by the relevant team and no further action was required by the Safeguarding Team.
- In 19% of cases the Safeguarding Team were able to establish that statutory safeguarding agencies were already aware of the concern(s) and no further action was required.
- In four (5%) concerns raised, the matters were serious enough to warrant disclosure of information to an external statutory safeguarding organisation. Three concerns were reported to the relevant local authority and one to the Police.
- These concerns related to:
 - a child claiming their father had physically abused them and forcefully gave them medication. It was unclear whether the child was overseas or whether their father presented a current risk. The information was shared with children's services who conducted enquiries and confirmed that the family was known to them.
 - an adult with suspected self-neglect. A referral was made to the police for a welfare check and adult services assigned a support worker.
 - the partner of a doctor reported physical, verbal and psychological abuse. There was a child in the home, so information was shared with the relevant local authority. The local authority made enquiries and closed the case.
 - an ex-partner of a doctor was concerned that the doctor was prescribing to their child. The case was discussed with the relevant local authority safeguarding team and subsequently a referral was made.
- There were no serious events reviews relating to safeguarding concerns reported during 2023.

Safeguarding concerns reported to the People Team

15 The People Team record and support safeguarding concerns that relate to GMC colleagues, associates and those who work with us such as contractors. A total of ten safeguarding concerns relating to colleagues were raised between June and December 2023. The main theme related to colleagues not attending work as expected. There were also a small number of cases that related to domestic abuse. This data does not include details relating to colleagues' physical or mental health, which are managed and supported via our sickness absence policies and processes.

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Threatening and abusive behaviour

16 A total of 18 threatening and abusive behaviour incidents were reported to the Compliance Team between January 2023 and December 2023. Eight of these incidents were reported between October to December 2023 following an increase in awareness of the process at safeguarding training. Of the 18 incidents:

- 11 were reported to the police.
- 13 threats were made to colleagues.
- 5 threats were made to doctors or third parties.

Independent support to victims

17 Our Legal Team manage our Independent Support Service with Victim Support. This service is for complainants, patients, witnesses, and their families involved in a fitness to practise case. The service provides emotional support to individuals who access it and includes signposting to specialist support agencies and where necessary, referrals to statutory safeguarding agencies.

18 During 2023, a total of 136 of referrals were made to Victim Support of which 47 were self-referrals and 89 were submitted by GMC colleagues on behalf of the person needing support. There were 417 attempted calls made by Victim Support, of these 84% of calls were answered. A total of four safeguarding referrals were made as a result of a call with the service and 24 service users were signposted to other organisations for support.

Doctor Support Service

19 The Doctor Support Service offers emotional support to doctors undergoing an investigation. The service is free and run independently from the GMC. During 2023, 77 doctors contacted the service and were provided with support. This figure relates to doctors new to the service during 2023.

Safer Recruitment

20 Managers in the Resourcing Team have completed online safer recruitment training. During 2024 a review of our recruitment process is scheduled to take place and this work will explore opportunities to embed safer recruitment good practice into our recruitment policy, guidance, and training.

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Wellbeing support for colleagues

- 21** We have a range of wellbeing services that all colleagues can access. The Employee Assistance Programme (EAP) is an external service which provides colleagues access to free support and counselling and advice on work, personal and health issues. In addition, colleagues can access other wellbeing support services and training including:
- Access to Mental Health First Aiders – who provide urgent emotional support to colleagues.
 - Freedom to Speak Up Champions.
 - mental health awareness and resilience training.
 - Wellbeing action planning and support on making reasonable adjustments in the workplace.
 - Decompression sessions.

Safeguarding Advice

- 22** On occasion, colleagues will contact the DSM or SO to ask for advice on processes or specific safeguarding situations they are managing. During 2023 we had 77 requests for advice. Examples of advice include contributing to the drafting of guidance documents (such as the new domestic abuse policy); working with colleagues in Education and Standards regarding university safeguarding policies; and providing general advice to colleagues on sharing safeguarding information externally.

Communication and Awareness

- 23** In February 2023, our Safeguarding Hub went live on the GMC intranet. The Hub contains information on what safeguarding is, our policies and processes, roles and responsibilities, guidance documents, information on how to report concerns, and where colleagues can go to access support for themselves or where to signpost others.
- 24** In July, our DSM was featured in the GMC 'Day in the life of...' newsletter. The article included information about safeguarding and the DSM role.
- 25** National safeguarding week took place between 20 and 24 November 2023. During this week we ran several initiatives to raise awareness of safeguarding, which included an Inside Info article on 'what safeguarding means for you' and drop-in sessions for colleagues to raise any issues with the Safeguarding Team.
- 26** Throughout the year, the DSM has attended team meetings and events to raise awareness of safeguarding. Examples include:
- Working with L&OD to develop a safeguarding guide for coaches.

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Safeguarding Annual Report

- Supporting Corporate Social Responsibility in relation to our volunteer programmes.
- Working with Mental Health First Aiders to develop a safeguarding guide, as well as raising awareness of safeguarding within their role.
- Training for Mental Health First Aiders and Freedom To Speak Up Champions on our safeguarding policy and processes.

Training

- 27** The launch of our revised corporate safeguarding policy has been supported by a new safeguarding training strategy. The aim of our training is to create a culture where safeguarding is recognised, recorded, and reported, and where colleagues raising or impacted by a concern are supported. We have a duty to provide safeguarding training to our colleagues and those who work with us, which is commensurate with their role. All colleagues will receive mandatory digital training to ensure they are able to recognise safeguarding concerns, ensure that concerns and allegations are handled sensitively, and know how to report information to our DSM or People Team.
- 28** We have a phased release plan for our safeguarding training which is due to conclude in December 2024. During 2023, digital mandatory training was rolled out to a total of 727 colleagues in the Corporate, Resources and Fitness to Practise directorates and to Employment Liaison Advisors (ELAs). Training for all remaining colleagues will take place during 2024, along with safeguarding training for our Senior Management Team, (due in February 2024) and council members (due in July 2024).
- 29** Colleagues who are more likely to deal with safeguarding concerns as part of their work were also invited to attend two-day face-to-face training. During 2023, we delivered face-to-face training to over 280 colleagues.
- 30** The feedback from colleagues relating to both the digital and face to face sessions has been very positive:
- 88% of colleagues who completed the digital and face-to-face training said it met their expectations.
 - Over 92% of colleagues who completed the digital training said it contained relevant information and the figure was 96% for delegates who attended the face-to-face training.
 - 96% of delegates at the face-to-face training said the course met its aims and objectives.
 - 100% of delegates said it was well organised and presented, gave delegates individual attention, and encouraged participation.
- 31** Training and continuous professional development is also in place for our DSM and SO. Training and events attended include:
- Level 5 Safeguarding Children Managers Course.

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- Domestic Abuse Training.
- Online Suicide Prevention Conference.
- Safeguarding Train the Trainer.
- Mind Health Awareness.
- Safeguarding Adults Conference.

Priorities for 2024

32 We will continue to embed safeguarding into all our business-as-usual work and will monitor progress of this via our three-year safeguarding plan and Safeguarding Working Group. Our key priorities are:

- Completion of our implementation plan across all directorates and continuous development of our three-year safeguarding plan.
- Development of directorate and team action plans, with local representatives and champions to ensure safeguarding is embedded in local team processes and to continue to raise awareness.
- Annual review of our policy and processes to incorporate any legislative changes, national developments, and good practice.
- Developments to our Vulnerable Persons Toolkit and a review of any additional support and training requirements.
- Evaluation and further development of our safeguarding training strategy.
- Further development of our safeguarding dashboards including team performance measures and SLAs.
- A review of our recruitment process to include safer recruitment good practice.
- To continue to develop our safeguarding culture through our communications and awareness strategy.
- SMT and Council member safeguarding training/workshops.

Annex A

Charity Commission Safeguarding Expectations

Expectations	Position at December 2023	Planned activity for 2024
<p>Appropriate policies and procedures are in place, which are followed by all trustees, volunteers and beneficiaries.</p>	<p>Revised corporate safeguarding policy approved in May 2023.</p> <p>Revised people policies in place which incorporate safeguarding and include new policies on domestic abuse and unexplained staff absences.</p> <p>Our Threatening and Abusive Behaviour policy has been updated to reflect safeguarding.</p> <p>All policies are available on our intranet Safeguarding Hub and a safeguarding statement is available on our internet site.</p> <p>The safeguarding team and people team have guidance and procedures in place to manage the reporting and actioning of safeguarding concerns.</p> <p>Work has started to incorporate safeguarding into our social responsibility policies, including considering safeguarding and volunteers.</p>	<p>Policies and procedures will be reviewed on an annual basis and/or as legislation changes.</p> <p>Scoping requirements to produce Safeguarding statement in Welsh Language.</p> <p>A review of our recruitment policy and processes is scheduled which will include a review of 'safer recruitment' requirements.</p>

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<p>Checks are in place to ensure that people are suitable to act in their roles.</p>	<p>In 2023 SMT agreed funding for a permanent level 4 Safeguarding Officer.</p> <p>Our Designated Safeguarding Manager completes regular training and has external supervision in place.</p> <p>SMT lead for safeguarding is in place.</p> <p>DBS criminal record checks are in place for new colleagues and a monitoring process is in place. This is in-line with current DBS reporting requirements.</p>	<p>Continuous professional development for the safeguarding team.</p>
<p>Know how to spot and handle concerns in a full and open manner.</p>	<p>Recognising safeguarding concerns</p> <p>Mandatory safeguarding training is being rolled out to all colleagues. At the end of 2023 digital training had been completed by colleagues in Corporate and Resources Directorate and commenced in Fitness to Practise.</p> <p>Safeguarding ‘drop in’ sessions held during Safeguarding Week.</p> <p>Comms plan in place for safeguarding – articles include ‘day in the life of the DSM’.</p> <p>MHFA’s and FTSU champions have been briefed on safeguarding with some completing training in line with the implementation plan.</p> <p>Recording</p> <p>Systems for colleagues to record safeguarding concerns to the DSM or People Team are in place. Process in place for visitors to report concerns via Facilities. Our safeguarding statement</p>	<p>Recognising safeguarding concerns</p> <p>Mandatory safeguarding training to be rolled out across remaining directorates.</p> <p>Safeguarding ‘drop in’ sessions to be scheduled for 2024.</p> <p>Comms plan in place for 2024.</p>

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	<p>contains details of how members of the public can contact the GMC.</p> <p>Reporting</p> <p>Systems and guidance for the safeguarding team and people teams to review concerns are in place.</p> <p>The safeguarding team have guidance in place for making external referrals to statutory safeguarding organisations.</p> <p>Guidance is in place for colleagues on how to report a safeguarding concern.</p>	
<p>Has a clear system of referring or reporting to relevant agencies as soon as concerns are suspected or identified.</p>	<p>We have guidance in place to review and refer safeguarding concerns to relevant statutory agencies and data to monitor numbers and themes.</p> <p>The DSM has attended the Local Authority designated officer (LADO) network.</p>	<p>Further work is required in this area. Data is required so that we can develop SLAs and performance measures to monitor and manage the timeliness of referrals in-line with available resources.</p>
<p>Sets out risks and how they will be managed in a risk register which is regularly reviewed.</p>	<p>Safeguarding is recorded on the Corporate Risk Register and reviewed by our Audit and Risk Committee.</p> <p>We have developed a three-year plan for safeguarding which captures developments and requirements both at a corporate and directorate level.</p> <p>The plan is reviewed at the safeguarding working group.</p>	<p>The three-year plan will continue to be updated as safeguarding is implemented across all directorates.</p>
<p>Follows statutory guidance, good practice guidance and legislation relevant to their charity.</p>	<p>Our policies and procedures consider relevant legislation, guidance and good practice and have been produced with support from Social Care Institute</p>	<p>Continue to review the impact on Regulatory reform and relevant new legislation and guidance.</p>

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	of Excellence (SCIE) and the Safeguarding Alliance.	
Is quick to respond to concerns and carry out appropriate investigations.	Dashboards to capture data and workload are being developed. This is the first year of our revised policy and process and data reporting systems are being developed. Once we have sufficient data, we will develop SLAs and performance measures.	Implementation of dashboards and the development of SLAs and performance measures.
Does not ignore harm or downplays failures.	Our safeguarding approach has escalation points built into it to enable colleagues to raise concerns or question decisions. Information on the process is available on our Safeguarding Hub. Colleagues can raise concerns through our raising concerns policy or through Freedom to Speak Up Champions.	We will continue to raise awareness of our reporting and escalation processes through our training and communication strategy and regular newsletters.
Has a balanced trustee board and does not let one trustee dominate its work – trustees should work together.	Reports presented to Council on our safeguarding policies and processes. Internal audit reports on Safeguarding presented to Audit and Risk Committees.	SMT safeguarding workshop scheduled for February 2024. Safeguarding workshop for Council scheduled for July 2024.
Makes sure protecting people from harm is central to its culture.	Our safeguarding policies and procedures are aligned to GMC values and professional behaviours. A communication and awareness strategy is in place. The Safeguarding Working Group includes colleague representatives from all directorates, who champion safeguarding.	Workshops to take place with Assistant Directors, Senior Management Team and Council to support the continuous development of our safeguarding culture. Development of a quarterly safeguarding newsletter.

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Safeguarding Annual Report

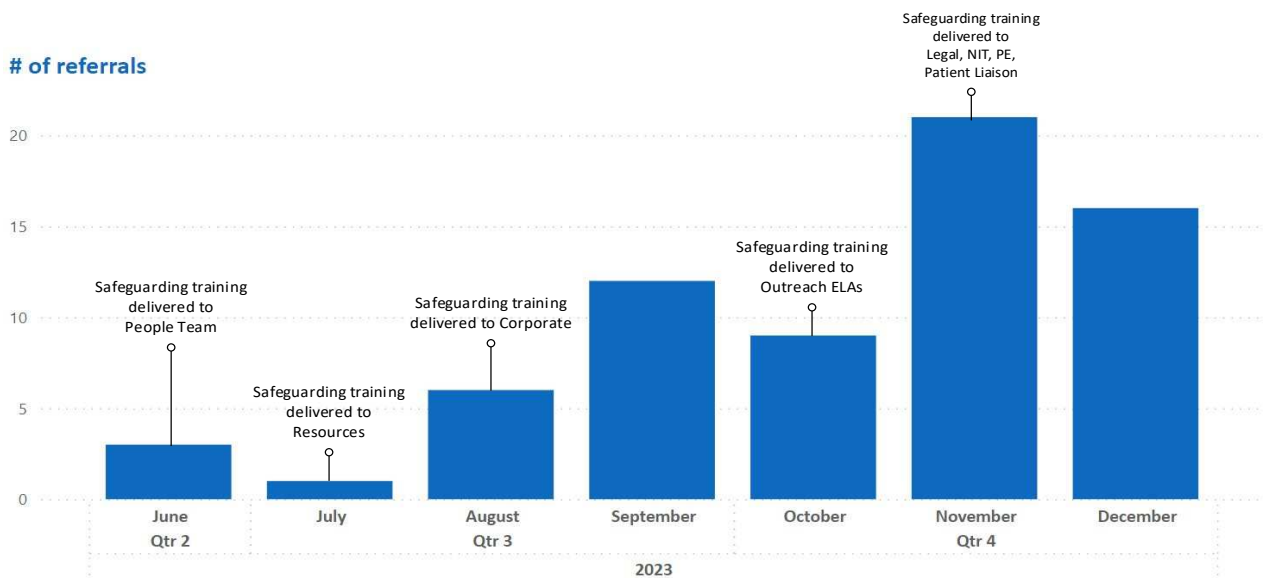
<p>Has enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people.</p>	<p>In November 2023 we appointed a permanent safeguarding officer role.</p> <p>The Head of Quality and Safeguarding provides additional resilience to the work of the safeguarding team.</p> <p>Directorates have nominated representatives who are responsible for ensuring safeguarding is considered in local teams processes and guidance.</p>	<p>The development of dashboards will enable us to review future resource requirements.</p>
<p>Conducts periodic reviews of safeguarding policies, procedures, and practice.</p>	<p>Internal audits conducted Q3 2019 and Q4 2022.</p> <p>Guidance documents subject to review.</p> <p>Three-year plan in place to monitor progress of safeguarding objectives.</p> <p>A range of wellbeing support and advice is available for colleagues, doctors and people attending hearings. Details are available on our intranet and internet pages.</p>	<p>Internal audit scheduled for Q2 2024.</p> <p>Quality Assurance audit on the safeguarding process and decisions to take place in Q1 2024.</p>

Annex B

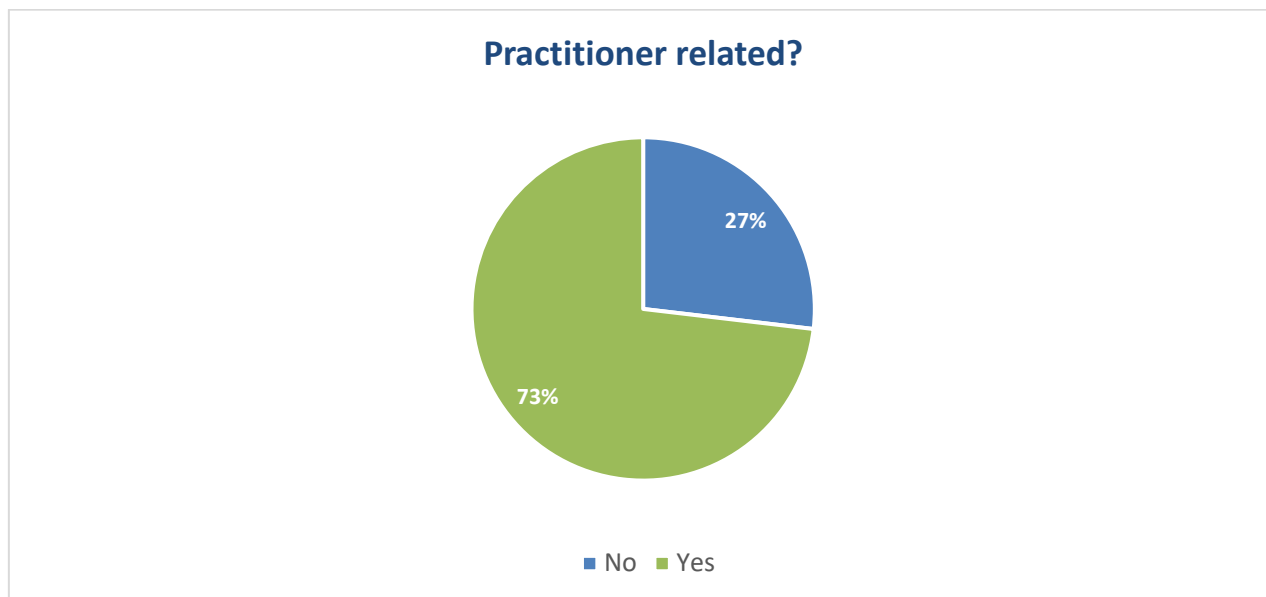
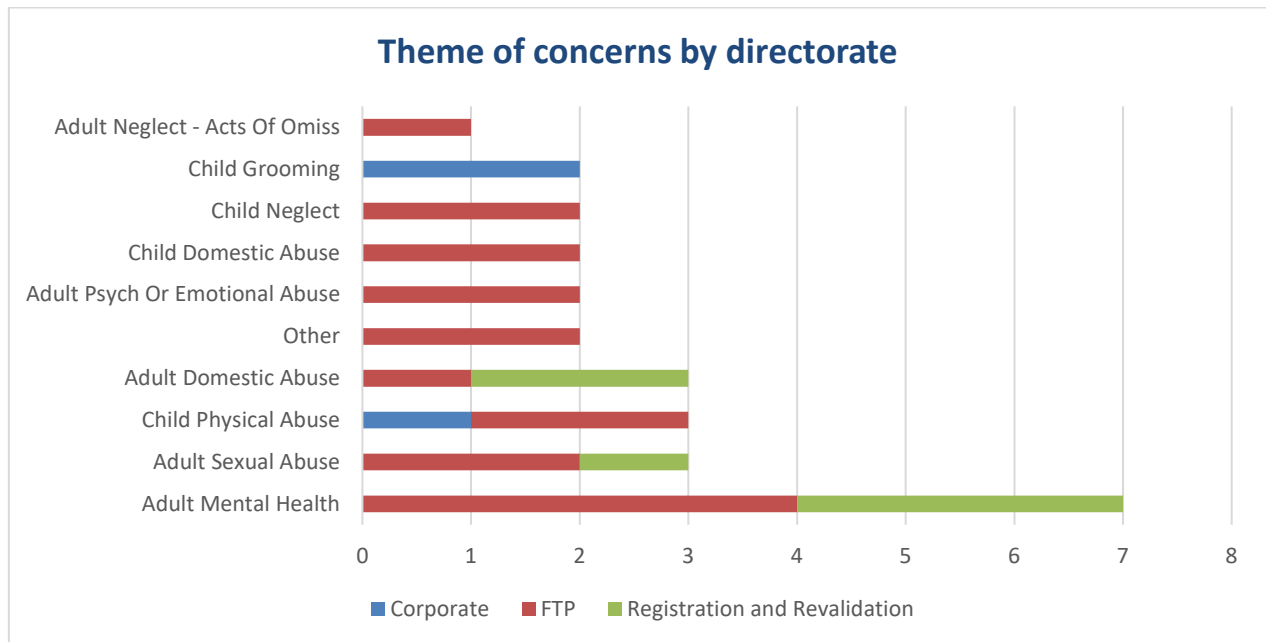
Safeguarding Data

- 1 The data below relates to safeguarding concerns reported to the Safeguarding Team from June to December 2023. These concerns relate to doctors, witnesses, complainants or members of the public.
- 2 During this period the new policy and process had been implemented in our Corporate and Resources directorate and a small number of teams in Fitness to Practise had also received safeguarding training. The data does also include a small number of referrals from colleagues in other directorates who raised concerns directly with the team.

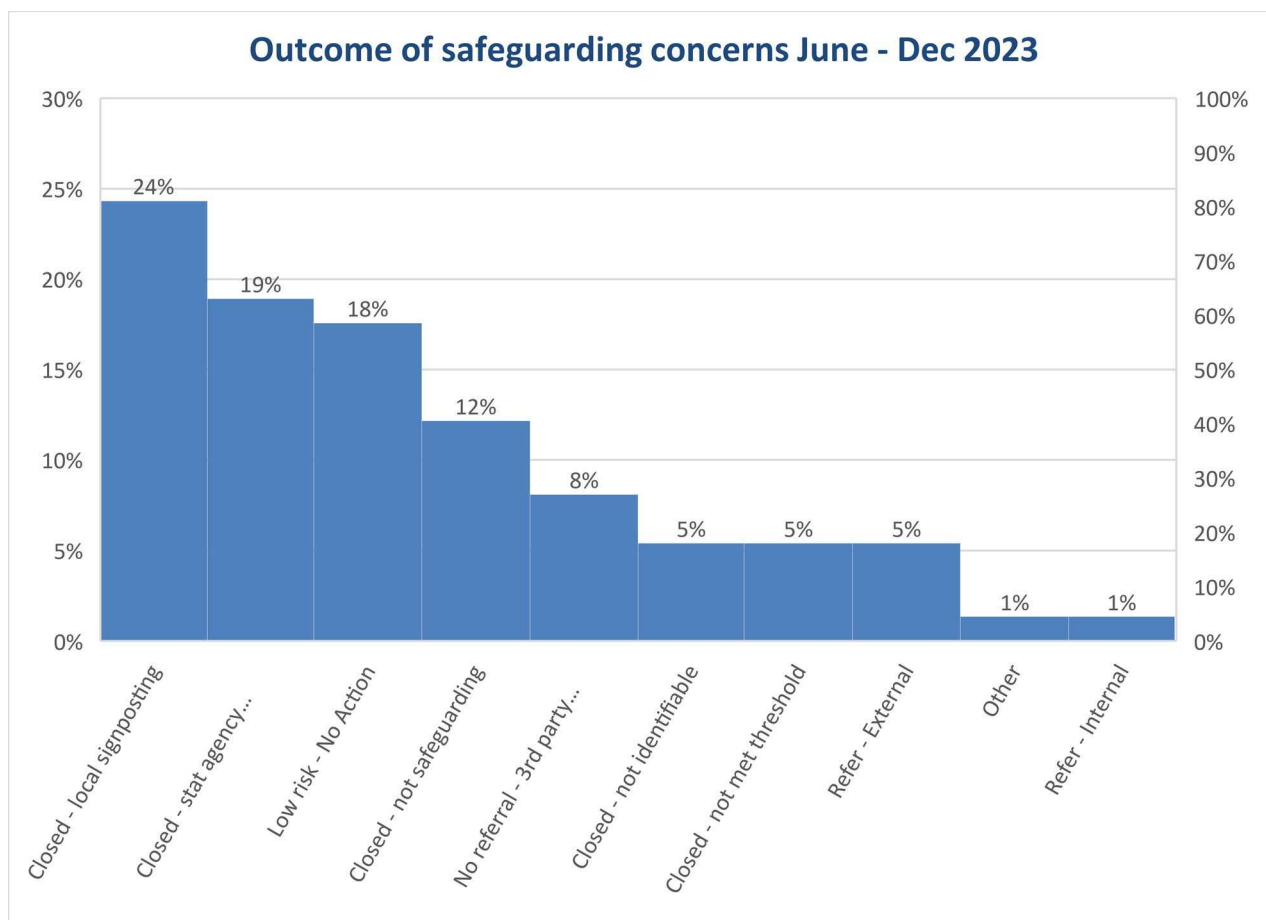
Number of safeguarding reports submitted to the safeguarding Team



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- 3** Approximately 32% of safeguarding concerns involved people who were at serious risk of harm. In the majority of these cases no action was required from the GMC Safeguarding Team, as it was apparent that external statutory safeguarding organisations were involved and held the same information that we did.
- 4** In 8% of cases, we liaised with the statutory safeguarding organisation; this is usually when they contact us for information. In 5% of cases the Safeguarding Team disclosed information to external statutory organisations (Local Authorities and the Police).

Annex C

Training Feedback

Digital Training

- Overall, the feedback on the digital training was extremely positive. Some people commented they had experienced some minor technical issues with the software and a small number of people felt that some elements of the training were repetitive.
- Feedback is regularly reviewed and is used to inform changes to the content.

Digital training – module one			
	Strongly disagreed/disagreed (%)	Neutral (%)	Strongly agreed or agreed (%)
Met my expectations	5	7	88
Contained relevant content	1	7	92
Easy to understand	0	8	92
Satisfied with length	8	7	85
Was well presented	6	9	86

Digital training – module two			
	Strongly disagreed/disagreed (%)	Neutral (%)	Strongly agreed or agreed (%)
Met my expectations	3	8	88
Contained relevant content	1	5	94

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Easy to understand	1	10	89
Satisfied with length	6	5	89
Was well presented	3	11	86

3 Examples of feedback include:

- a** “I found this to be a very enjoyable piece of training (both modules). The course appears to have been well designed, appropriate, and interactive. Well done course designers”
- b** “I enjoyed the format of this training in terms of the levels of interaction. I also appreciated the option of listening to the audio, as I find that I absorb the information better if I hear it as I read it. I also thought it was a great idea to have the DSM do a little interview at the start”.
- c** “I found this course to be very helpful. It was easy to follow, and I understood the meaning of Safeguarding a lot more than other modules that are full of writing. I also enjoyed the scenarios which was again, easy to follow and to put the correct parts together”.
- d** “I thought this was a really great course - very nicely presented, with various formats, helping to keep the interest levels high. I also thought the contributions were really useful and helped to bring the course to life”.
- e** “Really well presented course, good mixture between text based, spoken word content and exercises to check engagement. Very well put together”.
- f** “Very informative and helpful training on such an important area. There were however a few too many exercises to match things that are obvious up, resulting in it coming across as a bit condescending in places. The intention to keep it interesting and engaging is clear and that element does work, it's just that there are too many exercises that personally I didn't feel were an effective use of time”.
- g** “While the content wasn't nice to read it was very informative and allowed safeguarding to be put into context. Also liked that there was limited talking through the content which made it easier to read/follow”.

Two day face to face training

h Two Day Face to Face Safeguarding Training			
	Strongly disagreed/disagreed (%)	Neutral (%)	Strongly agreed or agreed (%)
Met my expectations	4	8	88
Effectively designed	0	8	92
Contained the right materials	4	8	88
Was well organised/presented	0	0	100
Met aims and objectives	0	4	96
Gave delegates individual attention	0	0	100
Simulated Interest	0	4	96
Encouraged participation	0	0	100

4 Examples of feedback include:

- a “Skilfully delivered, well-paced and very relevant to the teams in attendance”.
- b “A well created course which covers sensitive topics in a very well thought out manner”.
- c “This gave me a lot of food for thought and refreshed my knowledge of safeguarding. The course was very relevant to my role and although intense at times it was certainly necessary. I'd like to see more regular refresher training on this because of its importance”.
- d “The entire course was very useful and gave me a real understanding of the day-to-day safeguarding issues that may arise both in respect of my work and my interactions with my colleagues. I completed the course knowing a vast amount more about this important topic than I did before starting it. The in-person format taught me significantly more than the online course.”

ED&I Annual report

**Paper withheld from
publication**

This paper is being withheld from publication until September 2024, to be published alongside our annual ED&I Progress Report.

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

Report of the Audit and Risk Committee

Action	To note
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Purpose	To detail the work of the Audit and Risk Committee since December 2023 and provide Council with assurance in respect to the annual report and accounts, governance, risk management and systems of internal control.
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Decision Trail	The contents of the report have been discussed at Committee meetings on 24 January, 20 March and 23 May.
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Recommendation	To note the report.
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Annexes	Annex A: Internal audit programme 2024 Annex B: Head of Internal Audit Annual Report and Opinion 2023
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Author contacts	Lindsey Mallors , Assistant Director Audit and Risk Assurance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
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Sponsor	Paul Knight , Chair Audit and Risk Committee
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Report of the Audit and Risk Committee

Background

- 1 The Audit and Risk Committee’s purpose is to provide Council with independent assurance on the effectiveness of arrangements established by the Executive to ensure the:
 - integrity of the financial statements
 - effectiveness of the systems of internal control, governance and risk management
 - adequacy of both the internal and external audit services.
- 2 This is achieved primarily by seeking the information it requires through regular risk dialogue with the Chief Executive and Director of Resources, overseeing an annual programme of internal and external audit activity, scrutiny of significant events and learning opportunities and calling on other members of the Executive for further information as required.
- 3 The purpose of this report is to provide a comprehensive update of the Committee’s activities to date this year, supplementing the summary notes provided to Council after each Committee meeting. There are no issues included in the report which we consider require reporting to the Charity Commission.

Key activities

- 4 The Committee has met three times - two on-line and one in person in the London office - in seminar and formal meeting. Seminars have covered:
 - a review of the Committee’s effectiveness and agreement of how it will operate in 2024
 - understanding the scale and complexity of the data, information and intelligence which is collected, shared (both from and to other relevant organisations) and used to manage risk through the GMC’s internal Patient Safety Intelligence Forum
 - [REDACTED]
 - improving our understanding of the background to the MPTS, governance arrangements and the interactions between MPTS and the Legal Team in FtP with a focus on learning and assurance from decisions.
- 5 At the start of each meeting we have scrutinised the Corporate Opportunities and Risk Register and continued to hold an open discussion with the Executive on hot topics in the external environment which impact GMC activities. These are extremely valuable sessions which enable us to continue to be able to assure Council that risk management arrangements are in place and operating effectively.
- 6 Other main business is noted in the following table.

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Report of the Audit and Risk Committee

Key activities

- approving the programme of internal audit activity for the year (see Annex A)
- reviewing the Head of Internal Audit Annual Report and Opinion 2023 (see Annex B)
- scrutinising the draft Trustees' Annual Report and Accounts 2023 and the draft National reports for Scotland, Wales and Northern Ireland, including reviewing the trustees' risk statement and being satisfied that we could recommend them to Council for approval
- undertaking a risk review into the current challenges in preparing to implement a new ERP system
- scrutinising five internal audit reports
- scrutinising the GMC's first annual Safeguarding Report
- scrutinising the annual report of the Data Protection Officer
- scrutinising the Freedom to Speak Up Guardian's Report 2023

- 7 The Committee has also been overseeing arrangements for the procurement of an external auditor as the current contract with Crowe will end this summer. The selection panel will be chaired by the Committee Chair, with Jon Hayes and Vanessa Davies from the Committee and David Donnelly, Assistant Director - Finance. Following the selection process a recommendation will be made to Council for approval to appoint.
- 8 During the last five months, the Committee has met individually with the external and internal auditors (Crowe and BDO) without management present and had one discussion with BDO without the Assistant Director Audit and Risk Assurance. Although these provide an opportunity to discuss any issues auditors wish to bring to our attention in private, neither have raised issues of concern. From these meetings we are satisfied that both internal and external audit are able to operate independently from management.
- 9 We also received updates at each meeting on progress in actioning previous audit recommendations and are reassured of the continued focus on follow through.

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Report of the Audit and Risk Committee

Key observations

Introduction of a new business system

- 10** As reported to Council and shown on the Corporate Opportunities and Risk Register, the GMC will need to replace one of its business systems as the supplier is likely to withdraw support in the coming years. The Committee is cognisant of the challenges of introducing a new system. At our May meeting we took a closer look at the risks through a presentation and discussion, led by the Director Resources and his assistant directors, on how they are working with an external partner on a market evaluation to assess a number of alternative system solutions.
- 11** Whilst helpful to hear a comprehensive presentation and update we are not yet sufficiently assured in relation to how the risk is being mitigated and managed. We anticipate it being a regular feature of future agendas and in the first instance have requested a prompt piece of assurance work from internal audit on the set up and governance arrangements to manage this significant programme of work.

Trustees' Annual Report and Accounts 2023

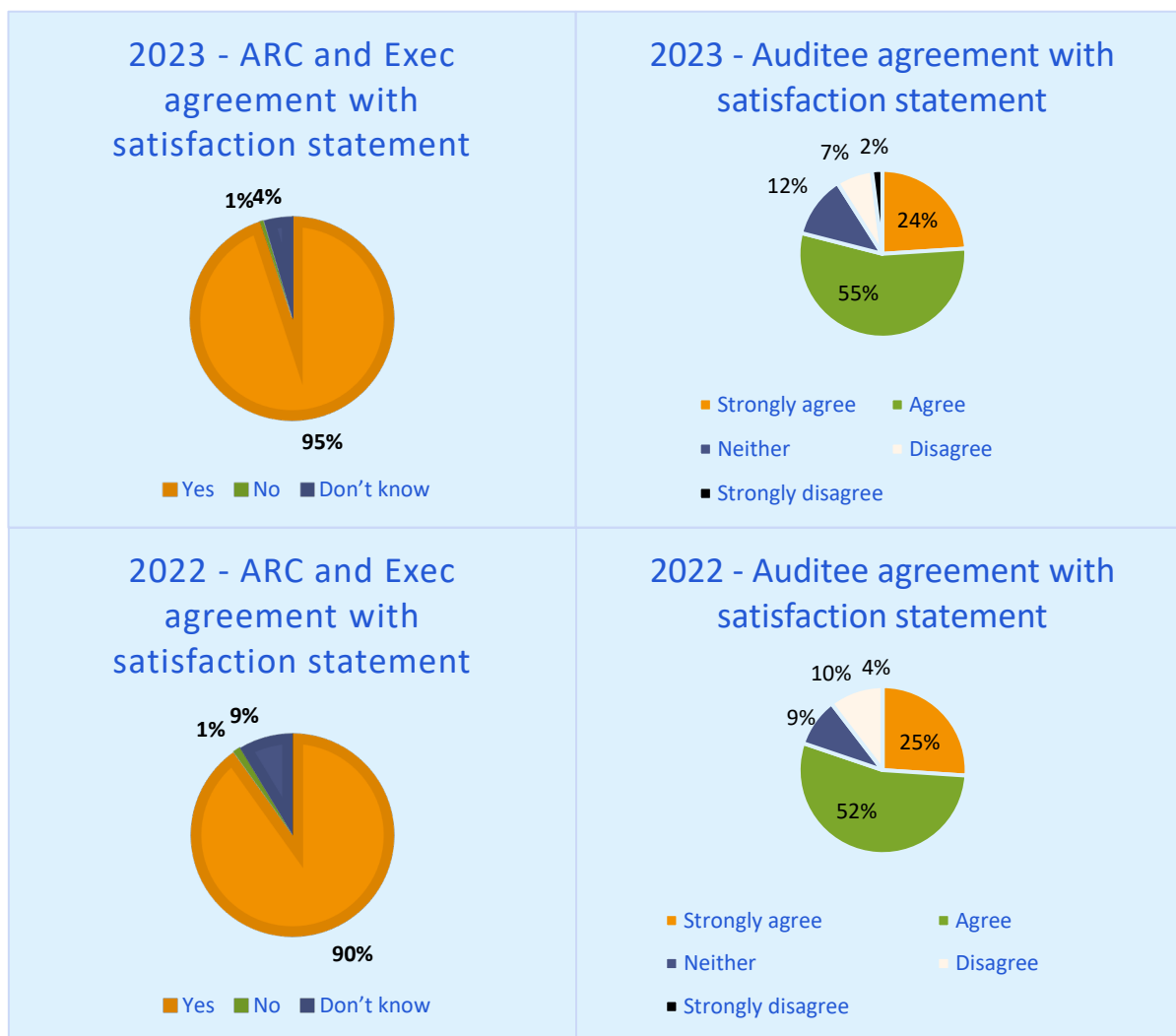
- 12** The Committee has scrutinised the Annual Report and Accounts 2023 and reviewed the external auditor's Report to the Audit and Risk Committee. Prior to the May meeting three members of the Committee, including both co-opted members, had undergone a detailed review of the financial statements.
- 13** We were pleased to hear that there were no significant issues arising during the audit of the financial statements and the auditors were satisfied with the estimates and judgements made by the Finance Team. We therefore recommend the Annual Report and Accounts to Council for approval.

Internal audit performance 2023

- 14** The Committee's approach to the review of internal audit performance draws from four sources of information – individual satisfaction surveys for Committee members, survey, the Executive, and auditees – and an analysis of key performance indicators.
- 15** As in previous years, 2023 continued a pattern of consistent strong performance in all forms of stakeholder satisfaction, as shown in the figures below. In part, this reflects the value and commitment the GMC demonstrates to audit and the audit team's continuous efforts to work in a collaborative way with a focus on adding value.

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Report of the Audit and Risk Committee



16 Overall performance against key performance indicators for audit delivery also remains good as indicated in the following table.

Performance indicator	2023 performance <i>(2022 and 2021 in italics)</i>
Scoping meeting held two-four weeks in advance	100% (<i>100%, 100%</i>)
Scope approved by sponsor five days in advance	94% (<i>100%, 100%</i>)
Closing meeting held after completion of fieldwork	100% (<i>100%, 100%</i>)
First report draft within ten days of closing meeting	94% (<i>84%, 85%</i>)
Management responses within ten days of draft report	75% (<i>85%, 71%</i>)
Final report within five days of management response	100% (<i>94%, 95%</i>)

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Report of the Audit and Risk Committee

Delivery of 2024 internal audit programme

17 The following table summarises the internal audit reports we have scrutinised to date and their ratings. The assurance ratings can range from red to green with red/amber, amber and green/amber in between. The ratings, where applicable, incorporate two categories:

- control design – there is a sound system of internal control designed to achieve system objectives
- control effectiveness – the controls in place are being consistently applied.

Audit review	Assurance ratings		Number of recommendations (high priority)
Business planning, budgeting and change	Green	amber	15
	Green	amber	
Specialist applications	Green		2
	Green		
ED&I Steering Group arrangements	Green	amber	12
	Green	amber	
Implementation readiness for regulation of AAs and PAs	Green		7 (1)
Welsh Language Standards implementation	Green	amber	5
Total			41 (1)

18 The high priority recommendation in relation to the Implementation readiness for regulation of AAs and PAs, is to emphasise the need to prioritise requirements for implementation from day one whilst separately capturing process and system development requests that can be deferred until after the regulation start date in December. The Team and IS colleagues are fully aware of this and monitoring closely.

Financial modelling

19 In March the Committee received an update on the practical applications and use of the financial stress testing model, built by BDO in 2022, to help inform and manage financial risk. The model is an excellent tool in driving conversations relating to identifying and managing

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Report of the Audit and Risk Committee

key areas which may impact financial stability. The Finance Team has now considered the ongoing cost-benefit of maintaining the model, which is a complex, standalone tool and has proposed developing an in-house tool prior to the 2025 budget setting process. Whilst maintaining the benefits of the existing one, the new model will be driven by data directly from the existing finance system and provide greater autonomy and flexibility in updating it. The Committee has asked to be updated on a regular basis as the internal model is produced. Council will see the outcome in due course through financial risk management updates and annual planning discussions.

Review of gifts and hospitality, procurement policy exceptions and fraud register

- 20** In January we undertook an annual review of gifts and hospitality register. Following a discussion on best practice, in future the GMC will be publishing the register on the website.
- 21** At the same meeting we scrutinised the procurement policy exceptions and the fraud register. We are able to provide assurance that the arrangements in place to manage these areas are appropriate, including the relevant oversight of senior management.

Raising concerns

- 22** In May we had the opportunity to consider the Freedom to Speak Up Guardian's (FtSU) 2023 Annual Report and understand the insight from triangulation of data from, grievance, disciplinary, exit interviews and relevant questions from the People Survey, one of which shows a 5% drop in confidence on raising a concern for fear of retribution.
- 23** We noted that one of the key commitments for 2024 is to explore possible ways of being able to raise concerns anonymously. The Committee is keen to understand whether further development of FtSU might help generate useful information about the risks we face as an organisation as well as the issues individual's raise in relation to their own circumstances.

Closing remarks

- 24** As a Committee we are keen to continue to learn and improve our knowledge of the business which enables effective challenge of management and supports the GMC's culture of continuous improvement. In September we will again be spending a day in the Manchester office focused on seeing elements of the business in operation and hearing directly from the Chair and Executive Manager of the MPTS in an extended seminar on their business operations, risks and learning.
- 25** We also hold regular dialogue with external and internal audit, both in private discussions and in separate meetings with the Chair. In addition, the Chair meets separately with the Assistant Director Audit and Risk Assurance and periodically with individual members of the Executive, the CEO and Council Chair.

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Report of the Audit and Risk Committee

- 26** We believe all these activities outside the main meetings enable us to carry out our assurance role to Council, efficiently and effectively and the briefing notes circulated directly after each Committee meeting ensure non-ARC members are kept up-to-date with discussions, risks and any areas we consider require their attention. Any feedback from members on enhancing our activities are always welcome.

Internal Audit programme overview 2022-2027

Key:

✓ Review due in year	Residual threat/opportunity rating at Jan 2024 from Corporate Opportunities and Risk Register:	critical	significant	low	silver	gold
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Business area	CORR risk ID	2022 programme		2023 programme		Resource in days	2024 approved coverage (director sponsor and AD lead)	2025	2026	2027
Statutory Functions										
Registration and Revalidation	148	Post Brexit registration– postponed		Registration	Services	5	Specialist applications (Una Lane, Blake Dobson)	✓	✓	✓
		Clinical Assessment Centre		Expanding pathways	registration	3	Digital ID (from 2023) (Una Lane, Lindsey Westwood)			
Fitness to Practise	148	Legal processes	Triage			5	Case examiner arrangements (Anthony Omo, Andrew Hoyle)	✓	✓	✓
FtP and MPTS	148	Pandemic recovery								
MPTS	148	Quality assurance and continuous learning	Listings and hearings			5	MPTS legal and policy arrangements (Neil Roberts, Gavin Brown)	✓	✓	✓

Business area	CORR risk ID	2022 programme		2023 programme		Resource in days	2024 proposed coverage (director sponsor and AD leads)	2025	2026	2027
Education and Standards	148, 150	Good Practice	Medical project	Enhanced monitoring		5	Education Strategy programme arrangements and governance (Colin Melville, Phil Martin)	✓	✓	✓
Corporate	148							✓		
Business systems and support										
Accuracy and quality of performance data, data insight	Underpins all 27	Internal ED&I targets progress		Corporate progress	Strategy			✓		✓
				External	EDI targets progress					
Health and safety	149	Legal	compliance						✓	

Business area	CORR risk ID	2022 programme		2023 programme		Resource in days	2024 proposed coverage (director sponsor and AD leads)	2025	2026	2027
Governance	Underpins all	Schedule of Authority	of and							✓
		Financial	Regulation							
		Schedule of Authority follow up								
Business continuity	152							✓		
Financial controls	149			Fees and	billing	4	Payroll arrangements (Neil Roberts, David Donnelly)			
Change and transformation	Underpins all			Business	planning	5	ERP system implementation (Neil Roberts, Rachel Mooney)		✓	
				budgeting	& change					
Business planning and budgeting	Underpins all			Business	planning				✓	
				budgeting	& change					
Whistleblowing, raising concerns	Underpins all							✓		
Quality assurance and continuous improvement	148							✓		

Business area	CORR risk ID	2022 programme	2023 programme	Resource in days	2024 proposed coverage (director sponsor and AD leads)	2025	2026	2027
Information governance	148			5	Information access and handling personal data (Neil Roberts, Andrew Ledgard)			✓
Procurement	149					✓		
Safeguarding	309	Corporate arrangements progress check		6	Corporate and directorate arrangements follow up and review of reporting thresholds (Neil Roberts, Sunil Kapur)			✓
Contract management	149			4	Arrangements, and learning from post third party supplier data breach (Neil Roberts, David Donnelly)			✓
Risk management	Underpins all	Horizon scanning progress follow up				✓		
Fraud arrangements						✓		
Outreach				5	Review of Outreach arrangements (Paul Reynolds, Sondra Roberto, Robert Khan)			✓

Business area	CORR risk ID	2022 programme		2023 programme		Resource in days	2024 proposed coverage (director sponsor and AD leads)	2025	2026	2027
Social media						4	Compliance with Charity Commission guidance (Paul Reynolds, Steph McNamara)			
Previous audit recommendations	Underpins all	Follow up of 2019-2021				4	Audit recommendations and SER actions follow up		✓	
Employee support and engagement	149	Recruitment	retention	Implementation of HR system		5	Stocktake of People Plan 2021-2025 commitments, including well-being strategy (Neil Roberts, Andrew Bratt)	✓	✓	✓
		Values and behaviours reported in 2023		Values and	behaviours					
Corporate Projects										
Regulatory reform progress	200	Advisory support at key stages, not rated		Progress spot check		4	Progress review spot check (Shaun Gallagher, Tim Aldrich)	✓	✓	✓
Corporate social responsibility	59	Corporate responsibility	social					✓		
MLA	151	Implementation readiness for 2024		Implement progress	ation	3	BAU transition progress (Colin Melville, Judith Chrystie)	✓		
Welsh language standards	303			Implement readiness	ation			✓		

Business area	CORR risk ID	2022 programme	2023 programme	Resource in days	2024 proposed coverage (director sponsor and AD leads)	2025	2026	2027	
MAPs readiness	315 and 151	Progress review of MAPs - postponed due to external timetable	Progress review of MAPs - postponed due to external timetable	5	Implementation readiness (Una Lane, Clare Barton)	✓			
ED&I activities and targets progression	120 and 234	Progress review towards ED&I internal targets final report in 2023	External reporting	targets	4	Review of ED&I Steering Group effectiveness (Shaun Gallagher, Kuljit Dhillon)	✓	✓	✓
			Internal targets progress						
Regulatory Fairness	120 and 234			4	Governance arrangements (Shaun Gallagher, Kuljit Dhillon)				
				5	Directorate arrangements (Shaun Gallagher, Kuljit Dhillon)				
Working with patients	28	Embedding activity to deliver working with patient commitments				✓			
Total				95					


BDO management activity	2023	Resource in days	2024	2025	2026	2027
Liaison, QA, planning, ARC attendance	10	10	✓	✓	✓	✓
Additional reporting (eg business assurance framework)	5	5	✓	✓	✓	✓
Contingency	5	5	✓	✓	✓	✓
Total	20	20				

Current CORR risk references

120 – ED&I compliance	309 – meeting safeguarding responsibilities
148 – delivery of statutory functions	452 – regulatory reform potential delays to reform for doctors
149 – availability of resources	512 – uncertainty around touchpoints with NHSE
150 – ability to work with others	537 – MLA timescale challenges
151 – responding to a changing environment	538 – PA/AA regulation external environment challenges
152 – unplanned event compromising activities	544 – inability to move to Cloud version of Agresso
200 – regulatory reform benefits realisation	27 – deriving more insight from our data capability
207 – pension deficit funding	28 – working with patients and the public
234 – pace in meeting ED&I strategic ambitions	59 – leading the health regulatory sector in corporate social responsibility
303 – meeting Welsh Language Standards	


2024 Internal audit contribution to delivering the Corporate Strategy 2021-2025

Independent assurance Advice and support Critical challenge Learning capacity




Enabling professionals to provide safe care: We will work with healthcare systems across the UK to make sure medical working environments and culture are supportive, inclusive and fair, address patient safety concerns, and ensure registrants are able to deliver professionally.

IA contribution – assurance on delivery of key corporate initiatives – regulatory fairness governance, regulatory fairness directorate arrangements, Outreach arrangements




Sustainable medical workforce: We will support the health systems of the UK to build and support a diverse medical workforce with the right skills to lead and deliver good patient care.

IA contribution – assurance on delivery of the Medical Licensing Assessment, establishing systems to regulate Medical Associate Professionals, registration specialist applications, Education Strategy programme of work set up and governance arrangements



Every interaction matters: We will make sure all our functions, processes and systems are effective, empathetic and accessible for patients, the public, professions, partners and our people.

IA contribution – assurance on delivery of statutory functions – case examiner activities, specialist applications, MPTS legal and policy arrangements, regulatory reform, delivery of our ED&I agenda through regulatory fairness and review of ED&I Steering Group activity, cyber review, information governance arrangements, contract management arrangements, associate worker status project



Investing in our people to deliver: We will make sure our organisation delivers our ambitions by developing our people's capabilities, building leadership skills for all colleagues, and creating an inclusive, diverse and sustainable culture.

IA contribution – assurance on progress in delivery of commitments in the People Strategy, review of ED&I Steering Group effectiveness, payroll arrangements, safeguarding progress, IS ERP implementation progress

Business plans and budgets alignment assurance

Statutory functions internal controls compliance

Operational excellence and effectiveness

Risk management governance and decision making effectiveness

Integrity and accuracy of corporate reporting

Change management advice and scrutiny

Assurance reporting on Strategy delivery

Annex B

Head of Internal Audit Annual Report and Opinion 2023

Summary report and opinion for 2023

- 1 The Head of Internal Audit opinion, a requirement of International Professional Practices Framework (2017) Internal Audit Standard 2450, is an overall rating, usually in an annual report, which informs the annual governance statement in an organisation's Annual Report and Accounts. It draws on the work of internal audit but also wider assurance where it is available.
- 2 As the GMC is not designated a 'public sector' body the standards are not a mandatory requirement. However, it recognises the value of adhering to the Standards in being open and transparent about its assurance activities and findings. For example, the publication of the twice-yearly Audit and Risk Committee report to Council, which contains the assurance ratings for all the internal audit activity, is publicly available on the GMC's website through the Council papers.
- 3 Overall substantial assurance can be given that the systems of governance, risk management and internal control in operation during 2023 were generally well designed and working effectively to ensure the achievement of the GMC's objectives.**
- 4 This is the highest level of assurance based on the Chartered Institute of Internal Auditors criteria and is consistent with the opinion in 2022. Using this basis for assessment reduces subjectivity and allows those charged with governance to see year-on-year consistency. An external quality assessment conducted by the Institute of Internal Auditors in late 2019 evidenced that the GMC internal audit conforms to the Standards.
- 5 There are no specific or outstanding 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 and follow up of actions in relation to significant event and learning reviews. This is itself an indicator of good governance and has continued in 2023.

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Detailed background

How the opinion is developed

- 6 In line with the Standard’s guidance, the opinion is a professional judgement at a strategic level rather than a summary of the individual opinions for each piece of work. It is based on internal audit engagements conducted in late 2022 (reported in 2023), work conducted and reported in 2023, additional work conducted outside the approved audit programme, and other reliable assurance information (such as accreditation to recognised international or UK standards).
- 7 The opinion and report:
 - provides an element of assurance to the Chief Executive, Audit and Risk Committee and Council on the areas reviewed and supports their relevant governance statements which will be included in the Annual Report and Accounts 2023
 - briefly summarises internal audit activity for 2023
 - highlights observations and assurance ratings from individual pieces of work, any key issues, and high priority recommendations
 - explains where and why reliance has been placed on independent assessments other than internal audit activity.

Criteria when expressing an annual opinion

- 8 Last year I reported that the Chartered Institute of Internal Auditors was developing criteria that would enable calibration of opinions between organisations. This work is still underway. In the meantime, their guidance continues to include an illustrative framework which the GMC has again adopted. This provides five levels of assurance:

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

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No opinion	insufficient audit work has been carried out in the period
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The work of internal audit

- 9 Internal audit continues to be delivered through a co-sourcing model with BDO LLP UK. During the year it has delivered a flexible, risk based programme of activity, approved by the Audit and Risk Committee. Each 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.
- 10 No restrictions have been placed on the work of the team or access to relevant information or people at any point and there continues to be open access to the Chief Executive and Chair of Council.
- 11 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 recognised standards by the International Organization for Standardization (ISO) or British Standards Institution (BSI) which are standards agreed by experts in a particular field.

External environment context

- 12 The GMC cannot fulfil its regulatory functions in isolation. It has to operate through working collaboratively with patients, doctors and a range of other stakeholders. During 2023, against an external environment backdrop including regulatory reform, industrial action by medical professionals, and significant external vocal challenge from some doctors in response to the GMC being asked by DHSC to introduce regulation of physician associates and anaesthesia associates, the GMC continued to deliver its operations and drive forward strategic programmes of change. This included progress in introduction of the Medical Licensing Assessment, pushing forward on its ED&I agenda, and expanding the routes to registration following the UK’s withdrawal from the European Union, but also to provide a response related to international medical graduates more broadly.
- 13 The organisational context in which the opinion is based therefore, is one that reflects the GMC’s ability to respond to emerging risks and issues at speed. Operating in a challenging environment and continuing to deliver daily operations and change activity, demonstrates

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the strength not only of risk management maturity but also the GMC's resilience and crisis management in handling incidents of a reputational nature.

Information and assurance from which the opinion is developed

Audit reviews and assurance ratings

- 14** Individual audit review ratings are based on a five-point scale of green through to red for both control design and control effectiveness. In 2023, 17 reviews were reported. The reports are available to all GMC colleagues through The Knowledge hub. Of the seventeen two were given an overall green rating, thirteen green/amber, one amber and one red.
- 15** In total 79 recommendations were raised, (which is a consistent trend with the exception of 2023 where a number of development recommendations were provided to support the work of the Safeguarding project). Ten recommendations were high priority reflecting the potential for financial loss, damage to reputation or loss of information, and/or implications for the achievement of business objectives. Nine related to the implementation of a new HR system. After a further internal review, the Director of Resources took the decision to cancel the project. The lessons learned and how they were being applied to other significant projects was subsequently shared with the Audit and Risk Committee.
- 16** In considering the overall annual opinion, I have reflected on the particular findings from the HR system review and whether they may give rise to similar concerns with cross organisational major projects and have concluded that there is no evidence to support this. Internal audit activity in 2023 also included reviews of projects related change, including implementation of the Welsh Language Standards, preparations for regulatory reform, and the implementation of the medical licensing assessment. These reviews found only minor issues which is in line with previous years' findings from other organisational large project activity.
- 17** The final high priority recommendation was in relation to the Medical Licensing Assessment continued focus on working jointly with the Medical Schools Council on co-ordination of the medical schools' applied knowledge test to support implementation of the MLA. At the time, there were concerns that the MLA implementation timetable might be jeopardised. Whilst there are ongoing challenges with the implementation timeframe, the issues raised in the report have progressed. At the beginning of February, all penultimate year medical schools were planned to meet implementation in 2024.

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18 [REDACTED]

19 BDO has also conducted two pieces of work outside the approved internal audit plan. The first was developing a model providing for different planning assumptions and scenarios to support medium and longer term financial planning. The second, was to support the GMC’s stocktake of credentialing.

Other external assurance

Professional Standards Authority

20 In 2023 the GMC again met all the Standards of Good Regulation set by the Professional Standards Authority for Health and Social Care, (PSA, the regulator responsible for overseeing the work of the GMC and nine other statutory health and social care regulators), the only regulator to do so consistently. There are 18 Standards. Thirteen of these cover statutory functions and five are general standards which include understanding the diversity of registrants, patients, service users and others who interact with the GMC, performance reporting, addressing concerns, learning and continuous improvement, and working with stakeholders to manage risks to the public in respect of registrants. The PSA report is available at [Monitoring Report – GMC 2022-23 \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk/monitoring-report-gmc-2022-23)

External audit opinion

21 The Independent auditors’ report issued by Crowe UK LLP to the trustees of the GMC again reported that in their opinion the financial statements for the year ending 31 December 2022 gave a true and fair view of the GMC’s financial affairs. Their detailed report to the Audit and Risk Committee in May 2023 did not highlight any areas of concern and the opinion was subsequently issued on 27 June.

Investors in People

22 Investors in People (IIP) is one of the leading global benchmarks for people management encompassing employee engagement, communication, organisational culture and work practices. The GMC was accredited against the IIP framework in 2018 and maintained a silver award level through a post pandemic reassessment in 2021 with significant progress in some areas of the framework. Since then, it has continued to push forward on embedding organisational change and understanding the measures which evidence progress in aligning

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its people practices with the Corporate Strategy. The next assessment is due in November 2024 and the ambition remains to aim for achieving the gold award level.

International standards - ISOs

- 23** The International Organization for Standardization (ISO) is an independent, non-governmental international organisation. Through its membership of 170 national standards bodies, it brings together experts to share knowledge and develop voluntary, consensus-based, market relevant International Standards that support innovation and provide solutions to global challenges. The ISO is not a certification body but does provide standards for external certification bodies who provide independent assessment and award certification to the ISO standards.
- 24** The UK member of the ISO is the British Standards Institution (BSI) whose role includes facilitating bringing people together to agree on best practice and to create standards. BSI is also a certification body.
- 25** There are three standards the GMC is certified to:
- ISO27001:2013, the international information security management standard which covers how organisations should manage risk associated with information threats, including policies, procedures and staff training. In 2023, external assessors visited the GMC's Edinburgh, Manchester and London offices for a recertification assessment and concluded that the GMC meets the standards and the systems and processes at the GMC continue to achieve their intended outcomes to protect the GMC's information.
 - BS10008:2020, which outlines best practice for the implementation and operation of electronic information management systems, including the security, integrity and authenticity of electronic versions of the paper documents (such as post that is scanned to GMC systems). This in turn provides assurance around the legal admissibility and evidential weight of these records. In December assessors undertook an annual assessment and concluded that the GMC continues to meet the requirements.
 - ISO 10002:2018, the quality management standard for customer satisfaction and complaints handling. In November 2023, a reassessment visit took place which confirmed the GMC continues to be certified to the standard.

Other standards

- 26** In addition the GMC is compliant with the:
- NHS Data Security and Protection Toolkit, self-assessment tool enabling organisations to measure and publish their performance against the National Data Guardian's 10 data

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security standards. All organisations that have access to NHS patient data and systems must use the toolkit to provide assurance they are practising good data security and handling personal information correctly.

- Payment card industry (PCI) data security standard, developed by the PCI Security Standards Council to safeguard the security of sensitive cardholder data. The toolkit is a compliance framework applicable to all organisations which store, process and or/transmit cardholder data.

Significant event reviews

- 27** A significant event is where an incident did or could have had the potential for a material adverse effect on the organisation. A review allows the GMC to look at incident root causes and identify learning to strengthen controls for the future. The Audit and Risk Assurance function provides guidance, support, challenge and independent quality assurance over significant event reviews their findings and action plans.
- 28** Four significant events have been reported since the last Head of Internal Audit opinion. Sadly, in two cases these related to the death of a doctor. The third involved a doctor leaving the Clinical Assessment Centre with the wrong passport and the fourth concerned a third-party supplier which suffered a security breach. In each case, a thorough review was completed and appropriate changes made to controls. The reports were shared with senior management, assistant directors and heads of section to cascade relevant learning within their teams.
- 29** Each significant event was reviewed in line with the policy for reporting to the Charity Commission. Trustees determined they did not reach the threshold for serious incident reporting.

Risk management

- 30** Risk management arrangements and horizon scanning are embedded in GMC day-to-day activities, project work and strategic business discussions. The Risk Management Framework and risk registers provide the tools for identifying, articulating, monitoring, and managing operational and project risks. They focus on both threats and opportunities recognising that understanding both can improve how the business is managed.
- 31** The Corporate Opportunities and Risk Register is reviewed at each Council and Audit and Risk Committee meeting, and at alternate Executive Board meetings. Risks are 'live' on an MSTeams platform and are updated on an ongoing basis. The Senior Management Team

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conduct specific risk deep dives from the CORR, six times a year and it is publicly available as part of the [Executive Board and Council papers](#) published on the GMC’s website.

- 32** In addition to a risk update paper prepared by management and scrutiny of the Corporate Opportunities and Risk Register, the Audit and Risk Committee hold an unscripted risk discussion at the start of every meeting. This provides the opportunity to consider both current risks the GMC faces and emerging areas in the wider external environment. Members gain assurance on risk management arrangements by hearing from the Executive what mitigations and actions are being or will be taken to manage threats and opportunities.
- 33** During 2023 there has been a wide range of risk management considerations for some of the GMC’s key strategic risks including:
 - the opportunities to modernise statutory processes through regulatory reform
 - managing preparations for new registration pathways post Brexit
 - preparation for implementation of the Welsh Language Standards in December 2023
 - preparations for bringing physician associates and anaesthesia associates into regulation
 - using scenarios to test the financial model developed to support financial resilience
 - responding to a range of public investigations and inquiries.
- 34** A business’ resilience, and ability to respond and adapt, are also features demonstrating robust risk management. The GMC has a comprehensive set of business continuity and disaster recovery arrangements in place which are tested through exercises on a regular basis and been activated to address real incidents during 2023. It also has a clear set of arrangements which are triggered by issues relating to managing incidents of a more reputational rather than operational nature. These have also been activated during the year to address emerging issues.

Audit reviews and assurance ratings

35 All internal audit reviews have been scrutinised by the Audit and Risk Committee. They have also been shared directly with the Senior Management Team, assistant directors and heads of section, and are available to GMC colleagues through the internal Knowledge hub.

Audit review	Assurance ratings		Number of recommendations (high priority)
Embedding values and behaviours	Green	amber	3

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	Green	amber	
Arrangements and progress in delivery of the internal facing Equality, Diversity and Inclusion targets	Green		1
	Green	amber	
Registration Services arrangements	Green	amber	3
	Green	amber	
MPTS listings and hearings	Green	amber	2
	Green	amber	
MLA implementation progress	Green	amber	8 (1)
	Green	amber	
Corporate Strategy progress	Green	amber	4
	N/A		
Implementing Welsh Language Standards	Green	amber	6
	Green	amber	
Implementing 'People XD' HR system	Red		14 (9)
	N/A		
Regulatory reform progress spot check 5	Green	amber	4
	Green	amber	
Equality, Diversity and Inclusion external targets reporting	Green	amber	3
	Green	amber	
Triage arrangements in Fitness to Practise	Green		1
	Green		
██████████	██████████		█
Expanding registration pathways	Green	amber	4
	Green	amber	
Fees and billing arrangements	Green	amber	3

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Report of the Audit and Risk Committee

	Green		
Enhanced monitoring arrangements	Amber		8
	Green	amber	
Regulatory fairness governance	Green		11
	Green	amber	
Internal audit and significant event review recommendations follow	Green		0
	Green		
Total			79 (10)

Council forward work programme

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

5 September 2024 – private meeting – Virtual

19 September 2024 – Regulatory Reform webinar – Virtual

Item	Sponsor
<ul style="list-style-type: none"> • Seeking Council steer on the re-working of Rules and guidance in response to outcome of consultation 	Shaun Gallagher/Una Lane

1/2 October 2024 – Cardiff

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Wales focus 	Paul Reynolds
	<ul style="list-style-type: none"> • Space for an external speaker 	
Confidential session	<ul style="list-style-type: none"> • Report from GMC Services International Ltd 	Paul Reynolds
	<ul style="list-style-type: none"> • Readiness to begin regulation of AAs/PAs 	
	<ul style="list-style-type: none"> • Regulatory Reform Consultation update 	
	<ul style="list-style-type: none"> • AA/PA fees 	
	<ul style="list-style-type: none"> • SC&E Impact report 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey

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Council forward work programme

	<ul style="list-style-type: none"> Regulatory reform & MAPS update 	
	<ul style="list-style-type: none"> Reg fairness implementation update 	Shaun Gallagher
	<ul style="list-style-type: none"> Process for Approving PA/AA Courses 	Colin Melville
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Council members' register of interest 	Carrie MacEwen

10 October 2024 – Webinar – Virtual

Item	Sponsor
<ul style="list-style-type: none"> SoMEP workforce report – launch and impact 	Shaun Gallagher

7 November 2024 – Extraordinary Council meeting – Virtual

Item	Sponsor
<ul style="list-style-type: none"> To provide scrutiny and final comments on eventual rules following consultation. To allow sufficient time for amendments to be made in response to comments from Council. 	

4/5 December 2024 – London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> Rule 12 	
	<ul style="list-style-type: none"> 2024 perceptions survey 	Paul Reynolds
Confidential session	<ul style="list-style-type: none"> FTP voices – MDO/RO 	Anthony Omo
	<ul style="list-style-type: none"> 2025 Budget and Business Plan 	
Public session	<ul style="list-style-type: none"> Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> 2025 Budget and Business Plan 	
	<ul style="list-style-type: none"> Report of the MPTS Committee 2024 	MPTS Chair

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Council forward work programme

	• Report of the Audit and Risk Committee 2024	Paul Knight
	• Report of the Remuneration Committee 2024	Anthony Harnden
	• Patient and Public Involvement update	Paul Reynolds
	• Regulatory Reform & MAPS – Final sign-off	
	• Compliments and Complaints report (new model full year report)	Sophie Brookes
	• 2024 perceptions survey	Paul Reynolds
	• Fairer employer referrals	Anthony Omo
Below the line	• Council forward work programme	Carrie MacEwen
	• Annual report on DC pension scheme	Neil Roberts

13 December 2024 – Extraordinary Council meeting – Virtual

Item	Sponsor
• Making the Rules and approval of underpinning documents.	

11/12 February 2025 – London

	Item	Sponsor
Seminar	• EDI training	
	• Social media	Paul Reynolds
	• Finance – interaction between reserves, investments and cash	
Confidential session	• Annual Review of Governance Framework: GMC/GMCSI	Sophie Brookes
Public session	• Chief Executive’s report (including update on use of Corporate Seal)	Charlie Massey
	• Report of the Investment Committee	Neil Roberts
	• Annual update of Governance Handbook	Sophie Brookes

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Council forward work programme

	<ul style="list-style-type: none"> PSA Annual report 	
	<ul style="list-style-type: none"> Changing the form and content of the register regulations 	Una Lane
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	
	<ul style="list-style-type: none"> Approving PA/AA Courses 	Colin Melville
	<ul style="list-style-type: none"> Amending the list of bodies entitled to award a UK primary medical qualification 	Colin Melville
	<ul style="list-style-type: none"> 2026 Council meeting schedule 	
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Report of the Executive Board 	Charlie Massey

4/5 March 2025 Away Day – Manchester

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

8/9 April 2025 – Manchester

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> SoMEP Workplace & Experiences report – key findings/messages 	Shaun Gallagher
	<ul style="list-style-type: none"> External speaker 	
Confidential session	<ul style="list-style-type: none"> Report from GMCSI 	Paul Reynolds
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> People Report 	Neil Roberts
	<ul style="list-style-type: none"> 2023 national reports 	Paul Reynolds
	<ul style="list-style-type: none"> Annual QA update 	
	<ul style="list-style-type: none"> Biannual section 40a report 	Charlie Massey
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	

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Council forward work programme

Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> • Council members' register of interest 	Carrie MacEwen

3/4 June 2025 – London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Space for an external speaker 	
	<ul style="list-style-type: none"> • TBC 	
Confidential session	<ul style="list-style-type: none"> • Communications and engagement update 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the MPTS Committee 	Deborah Taylor
	<ul style="list-style-type: none"> • Trustees' Annual report and accounts 	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> • Fitness to practise statistics report 	Anthony Omo
	<ul style="list-style-type: none"> • Freedom to Speak Up Guardian annual report 	Neil Roberts
	<ul style="list-style-type: none"> • Regulatory reform update [placeholder] 	
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen

22/23 July 2025 – Manchester

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Space for an external speaker 	
	<ul style="list-style-type: none"> • TBC 	
Confidential session	<ul style="list-style-type: none"> • TBC 	
Public session	<ul style="list-style-type: none"> • Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the Audit and Risk committee 	Paul Knight/ Neil Roberts
	<ul style="list-style-type: none"> • Financial update 	Neil Roberts
	<ul style="list-style-type: none"> • ED&I Annual report 	Shaun Gallagher

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Council forward work programme

	<ul style="list-style-type: none">• Safeguarding annual report	Neil Roberts
	<ul style="list-style-type: none">• Regulatory reform update [placeholder]	
Below the line	<ul style="list-style-type: none">• Council forward work programme	Carrie MacEwen