

General Medical Council

Annual Report 2024

Trustees' annual report and
accounts for the year ended
31 December 2024

General Medical Council

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Trustees' annual report and accounts
for the year ended 31 December 2024

Presented to Parliament pursuant to
section 52A of the Medical Act 1983
as amended by The Health Care and
Associated Professions (Miscellaneous
Amendments) Order 2008 (SI No.1774).

General
Medical
Council



Our annual report 2024

General
Medical
Council

About this report

Our trustees present this report and financial statement for the year ending 31 December 2024.

They confirm they have taken into account the Charity Commission's public benefit guidance when reviewing our aims and objectives and have had regard to this guidance when exercising any powers or duties or when making a decision to which the guidance is relevant. The trustees are satisfied that at all times we have operated for public benefit and that the activities as described in this report and accounts fully meet the public benefit requirements and support our charitable purpose.



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[This publication is available in Welsh on our website.](#)
[Mae'r cyhoeddiad hwn ar gael yn Gymraeg ar ein gwefan.](#)

Foreword

The UK medical workforce continues to change, becoming increasingly diverse both in terms of ethnicity and gender.

There are now more ethnic minority doctors on the register than white doctors, linked to large numbers of international graduates joining the workforce since 2016.* UK graduates are also increasingly diverse. 60% of the 2023/24 medical school intake across the UK was female.† And in 2024, we saw women get close to outnumbering men on the register for the first time, with the tipping point subsequently reached early in 2025. This diversity means it is more important than ever that healthcare leaders foster the supportive and inclusive cultures that enable doctors to provide the best possible care.

The demands on our health services have remained high, taking a toll on the wellbeing of the profession. Doctors report concerning experiences across a range of metrics, including burnout, dissatisfaction, and the ability to provide patients with a sufficient level of care.‡ As well as being deeply damaging to doctors, these issues undermine the productivity and smooth running of our health services, creating consequent risks to the delivery of safe patient care.

Against this changing, and challenging, backdrop, we have played our part in supporting the UK's health systems to deliver high-quality care for the patients they serve.

In January 2024, the updated version of *Good medical practice* came into effect. The standards reflect a stronger focus on behaviours and values, recognising the pivotal role of culture and leadership in determining good outcomes for patients. 2024 saw our outreach teams speaking to doctors across the UK about applying the guidance in practice. As well as raising awareness of the updated standards, these sessions helped build relationships and foster trust and confidence within the profession.

At the heart of good culture is inclusion, and in October, we published an update on the equality, diversity and inclusion targets we set ourselves

* [The state of medical education and practice in the UK: workforce report \(2024\)](#) p.11

† [The state of medical education and practice in the UK: workforce report \(2024\)](#) p.32

‡ [The state of medical education and practice in the UK: workplace experiences report \(2024\)](#) p.11

in 2021. We saw how our efforts are bearing fruit, with a reduction in the disproportionality of employer fitness to practise referrals, a narrowing of the attainment gap in specialty training for internationally qualified doctors, and improved representation of ethnic minority colleagues in the GMC's own workforce.* But our analysis also highlighted the scale of the challenge, and the work remaining to achieve sustained systemic and cultural change. We remain committed to playing our role in achieving that change, both through the use of our data and the frontline support we provide through our outreach teams.

At the end of the year, we reached a significant milestone as physician associates (PAs) and anaesthesia associates (AAs) were brought into regulation for the first time. This important step will help assure both patients and the public that these professionals are appropriately trained, meet the standards that we set and that action can be taken when concerns are raised. It also represents the culmination of years of engagement with stakeholders across the UK. We continue to work closely with the UK Government on its proposed changes to the legislation that governs the way we operate, and look forward to seeing these reforms brought into effect, to the benefit of the public and profession alike.

2024 also saw the introduction of the Medical Licensing Assessment (MLA), which tests the knowledge, skills and behaviours of doctors

who want to practise in the UK. The MLA sets a common threshold for safe practice across all medical graduates, meaning both UK students and international candidates will take assessments that draw from the same topics for the first time.† As well as strengthening patient safety and improving consistency, the MLA will enable course providers to be innovative in their offering to students, whilst maintaining high standards.

The expectations of doctors and those they care for are evolving, and we, and the wider health system, must be alert to those changes. A linear career, in a specific specialty, without breaks, is no longer the default for many, with locally-employed doctors now the fastest-growing doctor group.‡ They, and many others, are ill-served by the rigidity of the current system.

We continue to play a crucial role in overseeing undergraduate education and postgraduate training for doctors, taking action where necessary to ensure that training environments are fit for purpose and delivering against the needs of patients, both today and in the future. Through our *Future of education and career development (FutureEd)* programme, we are taking a critical look at the way doctors learn, train and practise, and considering what needs to change so that every doctor can reach their potential and enjoy a fulfilling career. This work was the focus of our annual symposium in November, and is a conversation that will continue as we build up to our 2026-30 strategy.

* [Annual equality, diversity, and inclusion \(ED&I\) progress update 2024](#)

† For more information please see our blog, [How we assess doctors new to UK practice is changing](#)

‡ [The state of medical education and practice in the UK: workforce report \(2024\)](#) p.11

We are fortunate to benefit from input and insight from outside of the GMC, which gives us a broad view of the profession and the wider landscape in which we work. From the clinical fellows who work within the GMC and share their frontline perspective, to the members of the public whose lived experience is so powerful; their contributions are immensely valuable and shape our work for the better.

As patients' needs shift, and the workforce charged with meeting them continues to change, collaboration across all parts of the system is more important than ever. We look forward to working with stakeholders in all parts of the UK, as we seek to serve the patients and the public who are at the heart of our work.



A handwritten signature in black ink that reads "Charlie Massey".

Charlie Massey
Chief Executive



A handwritten signature in black ink that reads "Carrie MacEwen".

Professor Dame Carrie MacEwen
Chair

Our role in the UK's healthcare systems

We are the independent regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK.*

We work with doctors, PAs, AAs, patients and other stakeholders to support good, safe patient care. We set the standards doctors, PAs, AAs and those who train them need to meet, and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors, PAs or AAs may be at risk, we can investigate, and take action if needed.

How we promote good, safe patient care

- [We set the standards of patient care and professional behaviours doctors, PAs, and AAs need to meet.](#) We set the values, knowledge, skills and behaviours expected of all doctors, PAs, and AAs working in the UK, and we support students, doctors, PAs, AAs and employers to understand and meet these standards.
- [We make sure doctors, PAs and AAs get the education and training they need to deliver good care.](#) We approve their undergraduate and / or postgraduate training and the assessments they must pass. We do this by assessing all courses and programmes and by carrying out reviews and regular monitoring. We also talk to students, trainees and educators to hear about their experiences.
- [We check who is eligible to work as a doctor, PA or AA in the UK, and check they continue to meet the professional standards we set throughout their careers.](#) We do this by maintaining separate [official lists of these registered professionals, available online.](#) When a doctor, PA or AA applies to join one of our registers, we check they meet our requirements to work in the UK and deliver good, safe patient care. To remain in practice, they must also continue to meet the professional standards we set, show that they are competent and show that they keep their knowledge and skills up to date.
- [If serious concerns are raised with us about a doctor's, PA's or AA's behaviour, health or performance, we can investigate to determine whether patient safety or public confidence are at risk.](#) As a result of our investigations, we may refer a case to [the Medical Practitioners Tribunal Service \(MPTS\)](#) for a hearing. MPTS tribunals make independent decisions about the cases we refer. They can suspend or restrict a doctor, PA or AA from carrying out their duties. In very serious cases, the tribunals may remove a doctor, PA or AA from our registers, meaning they can no longer work in the UK. The MPTS produces its own separate [annual report.](#)

* We began regulating physician associates (PAs) and anaesthesia associates (AAs) on 13 December 2024.

Our performance

Every year our performance as a regulator is assessed by the [Professional Standards Authority \(PSA\)](#). It is measured across our four core functions: education and training; registration; guidance and standards; and fitness to practise.

The PSA's latest annual assessment confirmed that we successfully met all 18 of its Standards of Good Regulation in 2023–2024. We are proud to have met all the standards set by the PSA since they were introduced in 2012. It means we are performing to a high standard as a regulator, and reflects the commitments we make in our work to standards such as:

- transparency
- public protection
- timeliness
- equality, diversity and inclusion.

In particular, the PSA noted improvements in the timeliness of our fitness to practise process, as we reached key decision points faster than the previous year and reduced the number of cases which have been open longer than one year. They also welcomed our updated version of [Good medical practice](#) (published in January 2024), and its increased focus on patient-centred care and fair workplace cultures.

General standards

5 out of 5

Guidance and standards

2 out of 2

Education and training

2 out of 2

Registration

4 out of 4

Fitness to practise

5 out of 5

Total standards met

18 out of 18

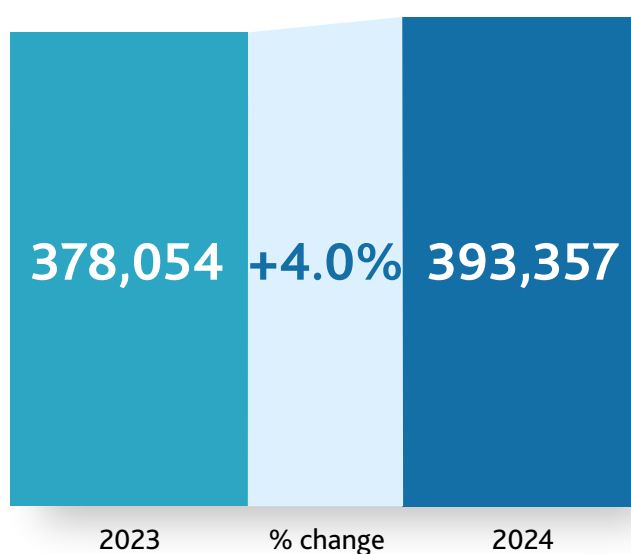
2024 at a glance



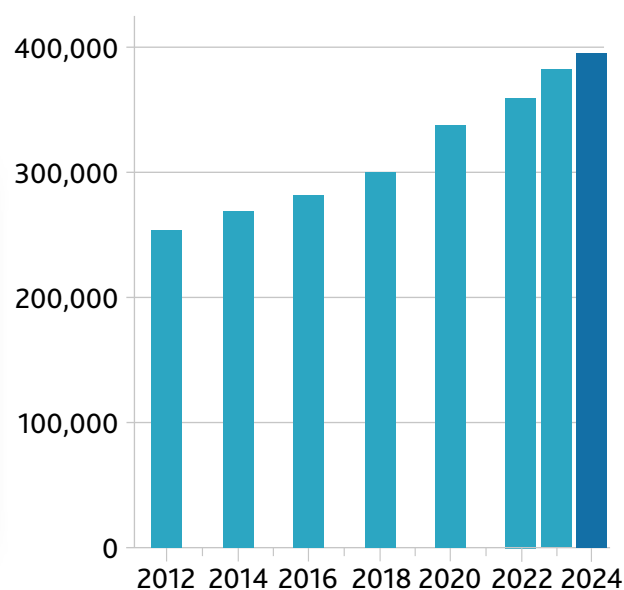
The medical register

All figures as of 31 December 2024 and 31 December 2023, unless otherwise specified.
Visit [GMC Data Explorer](#) to learn more about doctors' education and practice in the UK.

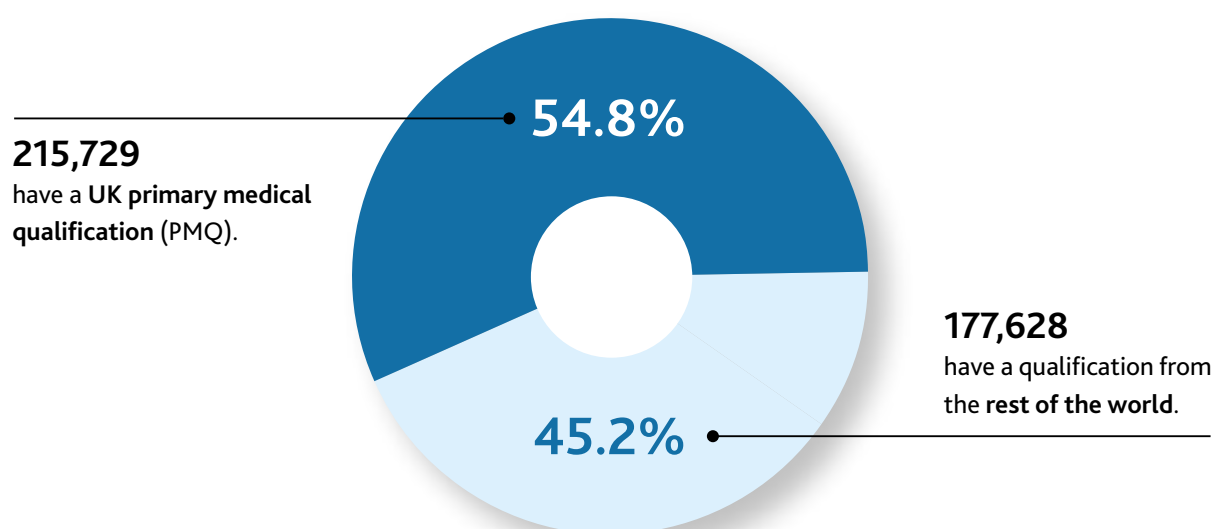
Total doctors on the register



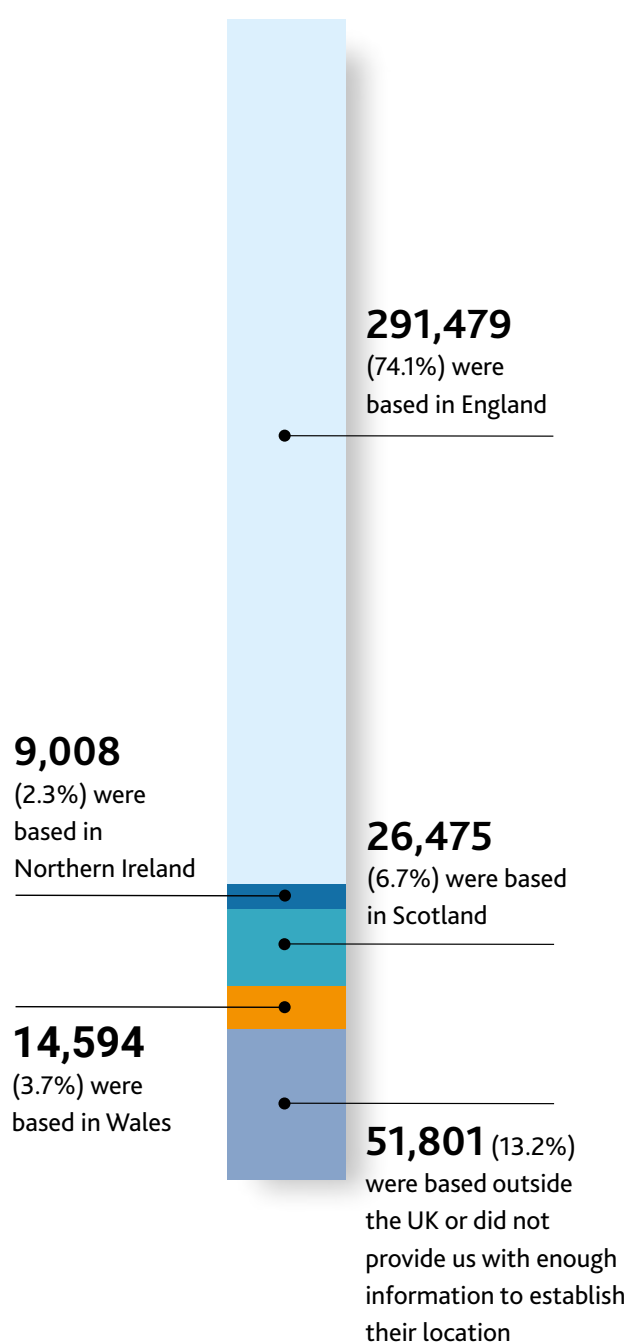
Growth in registered doctors 2012–2024



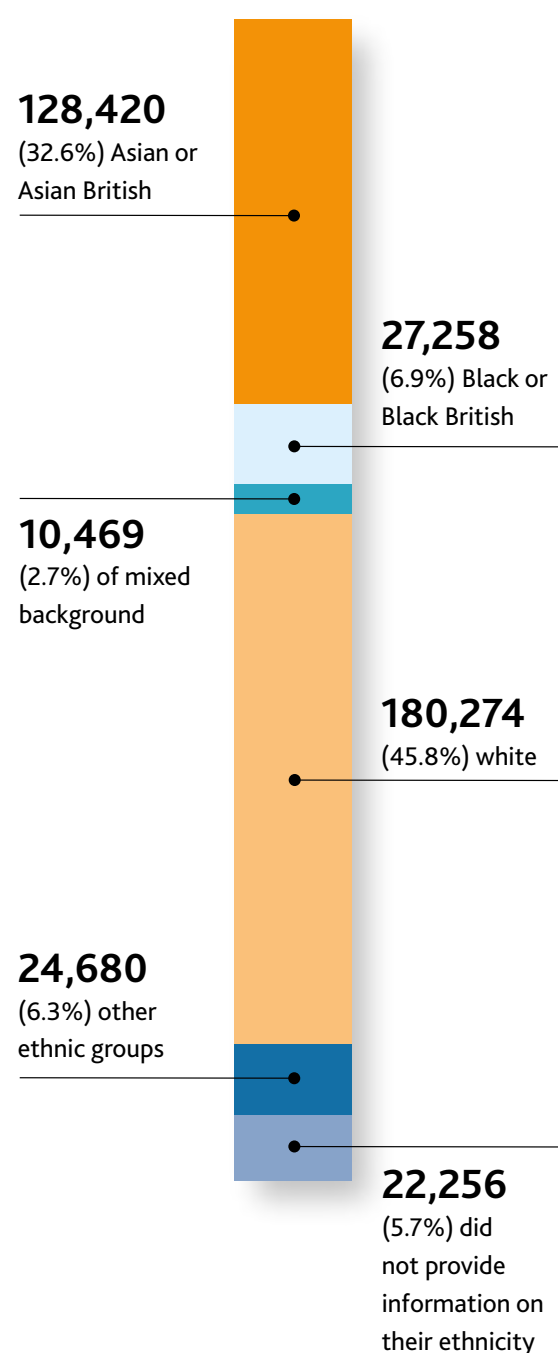
Where they graduated



Doctors on the register by location*



Doctors on the register by ethnicity

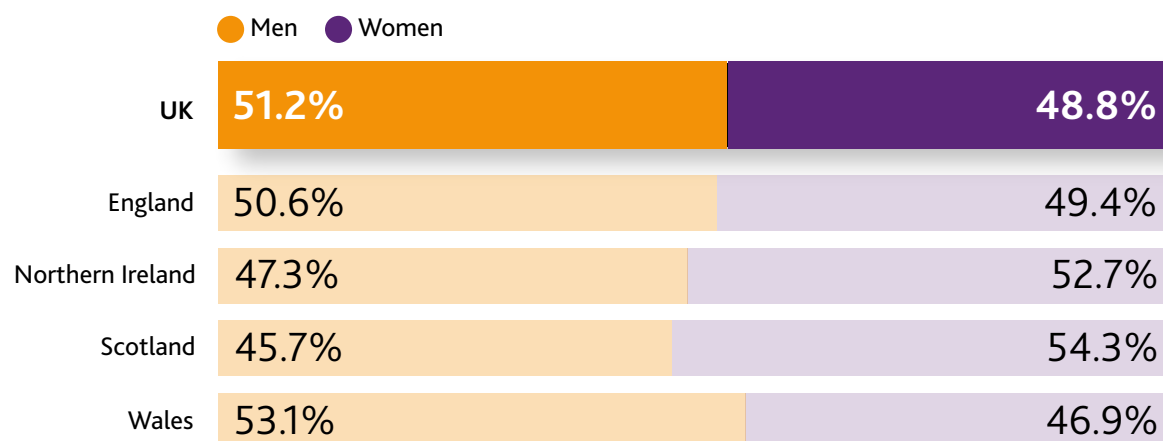


* The derived location of registered doctors is calculated using the following hierarchy:

1. where they work based on NHS practice history data
2. their training location based on the National training survey
3. the location of their designated body
4. their registered address.

Registered doctors located in the Channel Islands and the Isle of Man are included in the figures referring to England.

Doctors on the register by gender



Total doctors on the GP Register

80,237

Down **0.4%** from 2023 (80,562) ↓

64,943 (80.9%) were located in **England**.

2,279 (2.8%) were located in **Northern Ireland**.

7,297 (9.1%) were located in **Scotland**.

3,236 (4.0%) were located in **Wales**.

2,482 (3.1%) either were located **outside the UK** or did not provide us with enough information to establish their location.

Total doctors on the Specialist Register

112,038

Up **1.4%** from 2023 (110,478) ↑

85,674 (76.5%) were located in **England**.

2,744 (2.4%) were located in **Northern Ireland**.

8,408 (7.5%) were located in **Scotland**.

4,277 (3.8%) were located in **Wales**.

10,935 (9.8%) either were located **outside the UK** or did not provide us with enough information to establish their location.

In 2024, we granted:

28,564

applications for first entry to the register.

That is up

5.9% ↑

from 2023 (26,969).

9,285

(32.5%) were from doctors with a UK PMQ.

19,279

(67.5%) were from doctors with a qualification from the rest of the world.

4,188

applications to join the GP Register.

That is up

10.9% ↑

from 2023 (3,776).

2,339

(55.9%) were from doctors with a UK PMQ.

1,849

(44.1%) were from doctors with a qualification from the rest of the world.

5,516

applications to join the Specialist Register.

That is up

3.8% ↑

from 2023 (5,316).

3,164

(57.4%) were from doctors with a UK PMQ.

2,352

(42.6%) were from doctors with a qualification from the rest of the world.

Professional and linguistic assessments board (PLAB)

Doctors who graduate outside the UK, the EEA, or Switzerland usually need to take our Professional and Linguistic Assessments Board (PLAB) test in order to join the UK medical register.* The test is taken in two parts (PLAB 1, delivered in assessment centres around the world, and PLAB 2, undertaken in one of our testing centres in Manchester).

PLAB 1

21,058

candidates took PLAB 1 in 2024, a 3.9% decrease on 2023 (21,916).

14,849 (70.5%) passed the exam.

PLAB 2

19,346

candidates took PLAB 2 in 2024, a 23.2% increase on 2023 (15,702).

12,746 (65.9%) passed the exam.

* Exceptions to this include international graduates joining the register based on being sponsored by healthcare organisations, or based on postgraduate qualifications. In both these cases, doctors must still provide evidence of their competence and skills. For more information on the different routes to join the register, see www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-to-support-your-application.

Setting and maintaining standards

Revalidation

Every licensed doctor who practises medicine in the UK must prove they are meeting our standards every five years through a process called revalidation. Revalidation supports doctors to develop their practice, drives improvements in clinical governance, and gives patients confidence that doctors are fit to practise.

In 2024 we received

75,974

recommendations about revalidation.*

64,431 of the recommendations were submitted by designated bodies located in **England**.

2,081 were submitted by designated bodies located in **Northern Ireland**.

6,021 were submitted by designated bodies located in **Scotland**.

3,085 were submitted by designated bodies located in **Wales**.†

65,244

doctors were revalidated in 2024.

54,910 were located in **England**.

1,852 were located in **Northern Ireland**.

5,193 were located in **Scotland**.

2,647 were located in **Wales**.

642 either were based **outside the UK** or did not provide us with enough information to establish their location.

We made decisions on

99.2%

of the total recommendations we received in 2024 **within 5 working days** from when we received them, **exceeding our target of 95%**.

9,353

We approved **deferral of revalidation submission dates** for 9,353 doctors.

1,149

We **withdrew the licences** of 1,149 doctors on our register through failure to revalidate.‡

* Doctors can receive more than one recommendation.

† The remaining 356 are not associated to a specific location as they are the result of administrative processes necessary to consolidate data.

‡ If a doctor does not fulfil the requirements of revalidation, provides fraudulent information or fails to provide reasonably requested evidence, we can legally withdraw their licence. This process is different to that of being removed from the register, for example, following an MPTS hearing.

Outreach

Our outreach teams delivered training on our standards to:

34,399 That is up
doctors in 923 49.4% ↑
sessions and from 2023 (23,031).

15,722 That is up
medical students in 19.4% ↑
126 sessions across from 2023 (13,167).
the UK.

79% of doctors said they would
change their practice as a result
of the session.

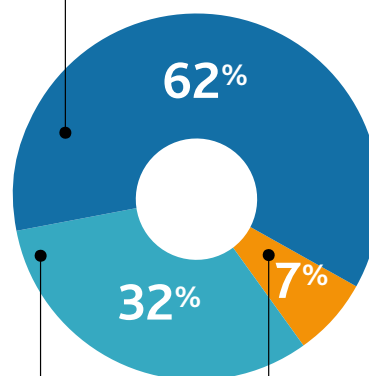
Our outreach teams also deliver workshops aimed at helping doctors who are **new to UK practice** adjust to working in the UK's healthcare systems.

The team delivered **295 Welcome to UK practice workshops** in 2024, involving **11,223 doctors** – up 6.1% from 2023 (10,575).

Our standards enquiry team answered:

449 That is down
enquiries about 3.4% ↓
our guidance. from 2023 (465).

62% of the enquiries
were from doctors (2023: 57%).



32% were from
members of
the public
(2023: 33%).

7% were from others,
including staff from
professional organisations,
students and the police
(2023: 10%).

Our employer liaison
advisers held
1,292
meetings with
responsible officers.

They also provided
fitness to practise
advice in relation to
2,958 doctors.

Overseeing medical education and training

Quality assurance

We regulate all stages of a doctor's undergraduate and postgraduate education and training, setting standards and carrying out **quality assurance (QA)** work to make sure these are maintained.

Through our **proactive quality assurance** process, we check that medical schools and postgraduate training organisations are continuing to meet our standards and we look for innovative and notable practice in medical education and training. We also decide which organisations can award a UK primary medical qualification. To do this, we QA all institutions looking to establish a new medical school or programme to ensure our standards are met.

Our **reactive quality assurance** processes promote and encourage local management of concerns about the quality and safety of undergraduate medical education and postgraduate training, through which emerging issues affecting education and training environments can be raised and monitored.

If the issues are not resolved or worsen, cases can be escalated into our **enhanced monitoring process**, which we use to address serious concerns where additional support is required.

In 2024 we carried out

209

education QA visits.

That is down

15.0% 

from 2023 (246).*

157 of the visits were in **England**.

18 of the visits were in **Northern Ireland**.

17 of the visits were in **Scotland**.

17 of the visits were in **Wales**.

169 were **QA visits to medical schools, or clinical environments** where medical education and training take place.
40 were **enhanced monitoring visits**, promoting the local resolution of concerns about postgraduate training.

From our QA visits, we found:

9 areas of **good practice or working well**.

396 areas where our **standards were met**, but where we **identified improvements** that could be made.

7 areas that **required improvement**.†

As a result of our reactive QA activities:

8 cases relating to postgraduate education **were escalated to our enhanced monitoring process**.‡

16 cases escalated previously **were resolved**.§

* We always carry out a minimum of one education QA activity per organisation per year. We may also carry out follow-up activities based on organisations' recommendations or our findings, which are counted in our totals. This inevitably leads to statistical variation in the number of QA activities we carry out from one year to another. This year, we have seen a small decline in QA activity because we did not need to undertake as many follow-up activities.

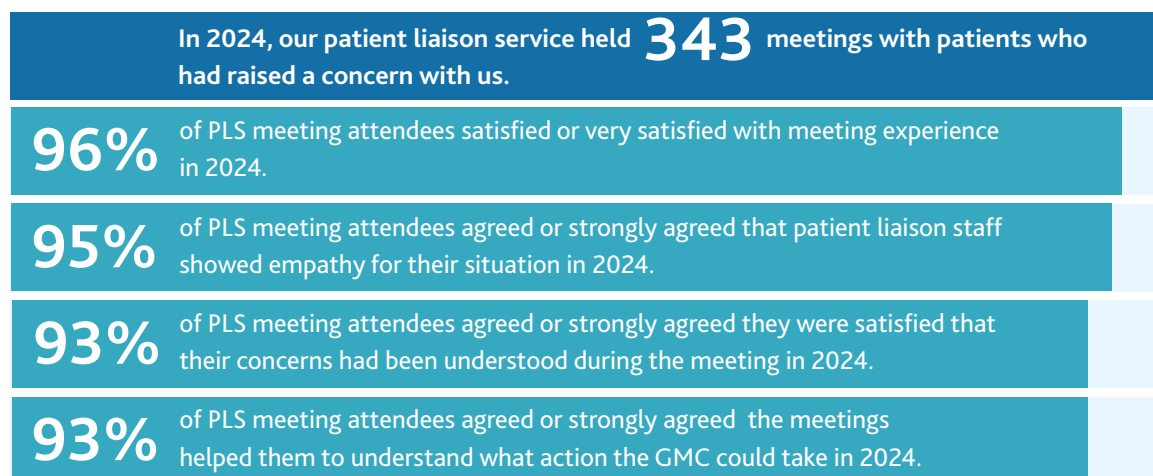
† Not all QA visits lead to specific findings like those listed here - in some cases nothing of significance is found, as nothing has changed since the previous visit, or nothing has been found worthy of particular note (ie education and training are working as expected). Here, we only report on the number of areas found to be particular examples of good practice, ie working well, or areas requiring improvement or where improvement is recommended. The figures on findings reported here therefore won't necessarily match the total number of visits we carried out.

‡ Enhanced monitoring cases usually concern a specific unit or department in a local education provider (LEP). Monitoring may relate to more than one concern in the same LEP, and a concern under monitoring may affect more than one unit, or an entire trust or health board.

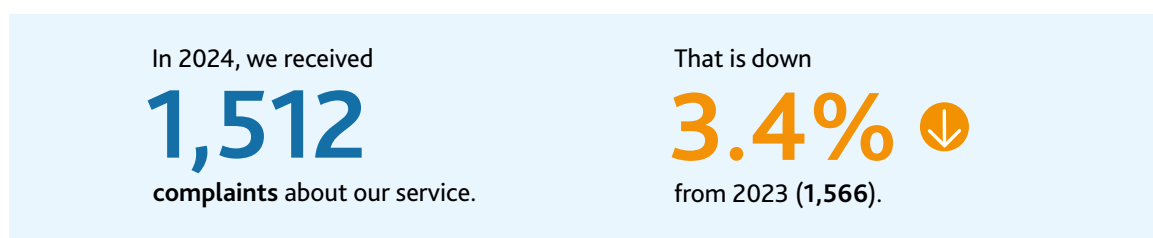
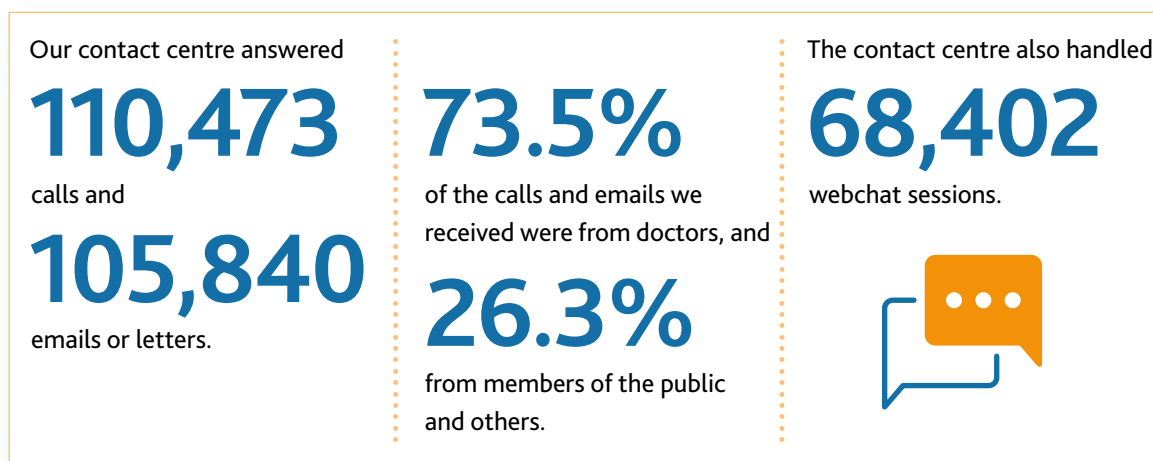
§ Like with QA visits, not all enhanced monitoring visits result in escalation or de-escalation - in some cases the visits focus on monitoring progress towards the resolution of issues that had previously been escalated. The total number of visits therefore won't necessarily match the number of new or open cases or of cases whose status has changed during the year.

Supporting the people we serve

Patient Liaison Service

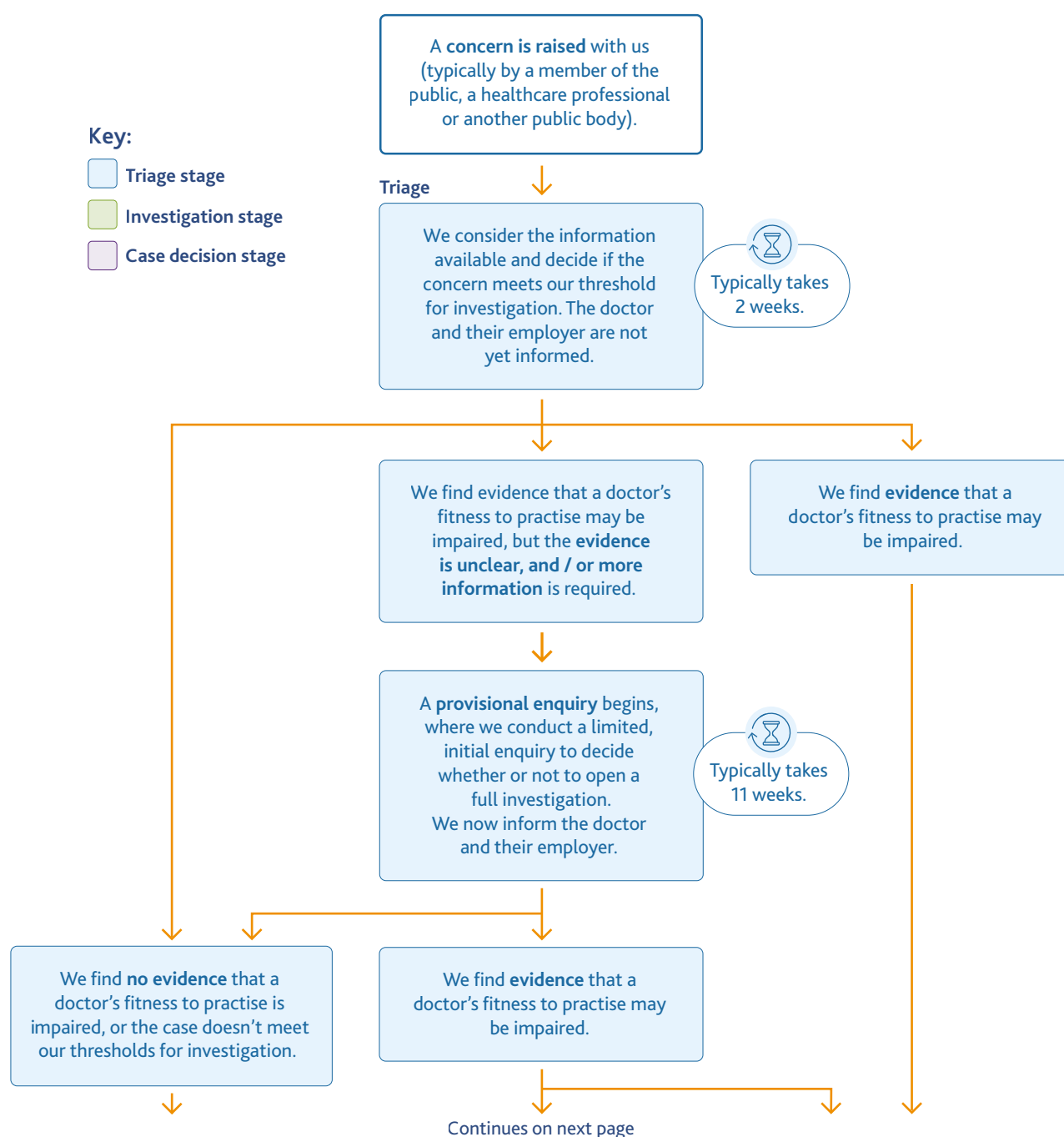


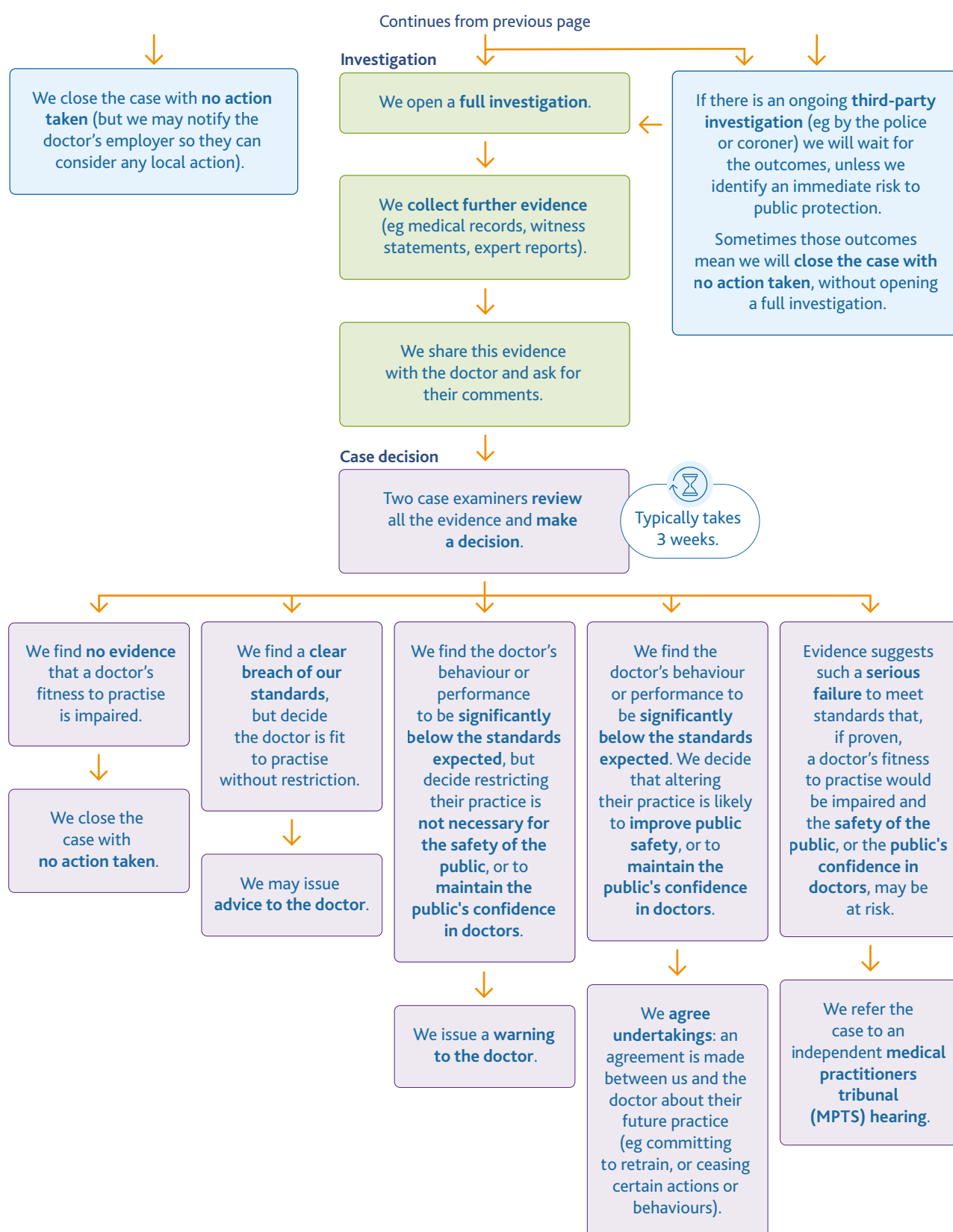
Contact Centre



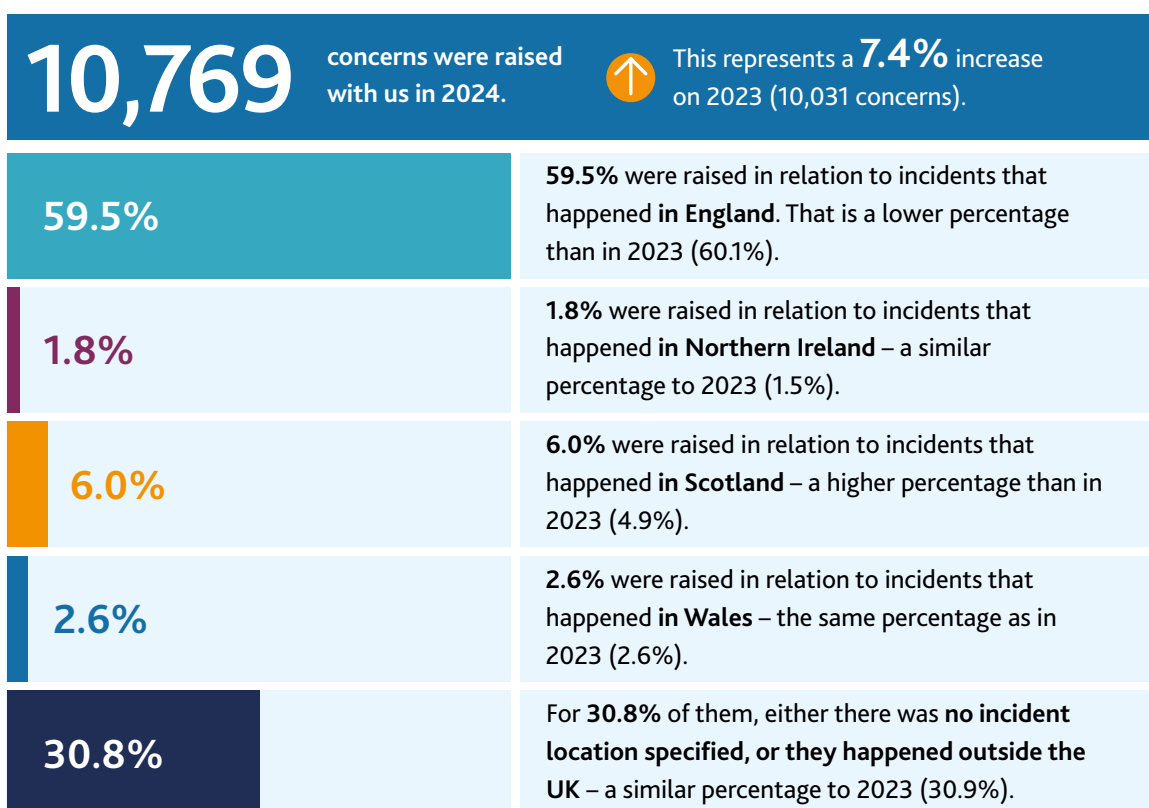
Investigating and acting on concerns

One of our key roles as a regulator is to investigate and act on concerns raised with us about the workforce and a doctor's fitness to practise. We break this process down into three stages, which we call 'Triage', 'Investigation' and 'Decision'. We usually reach 'Decision' within six months, but the length of each stage depends on a range of factors and consequently, in some cases, the process can take a number of years. You can find out more about this process via our [How we investigate concerns](#) webpages.

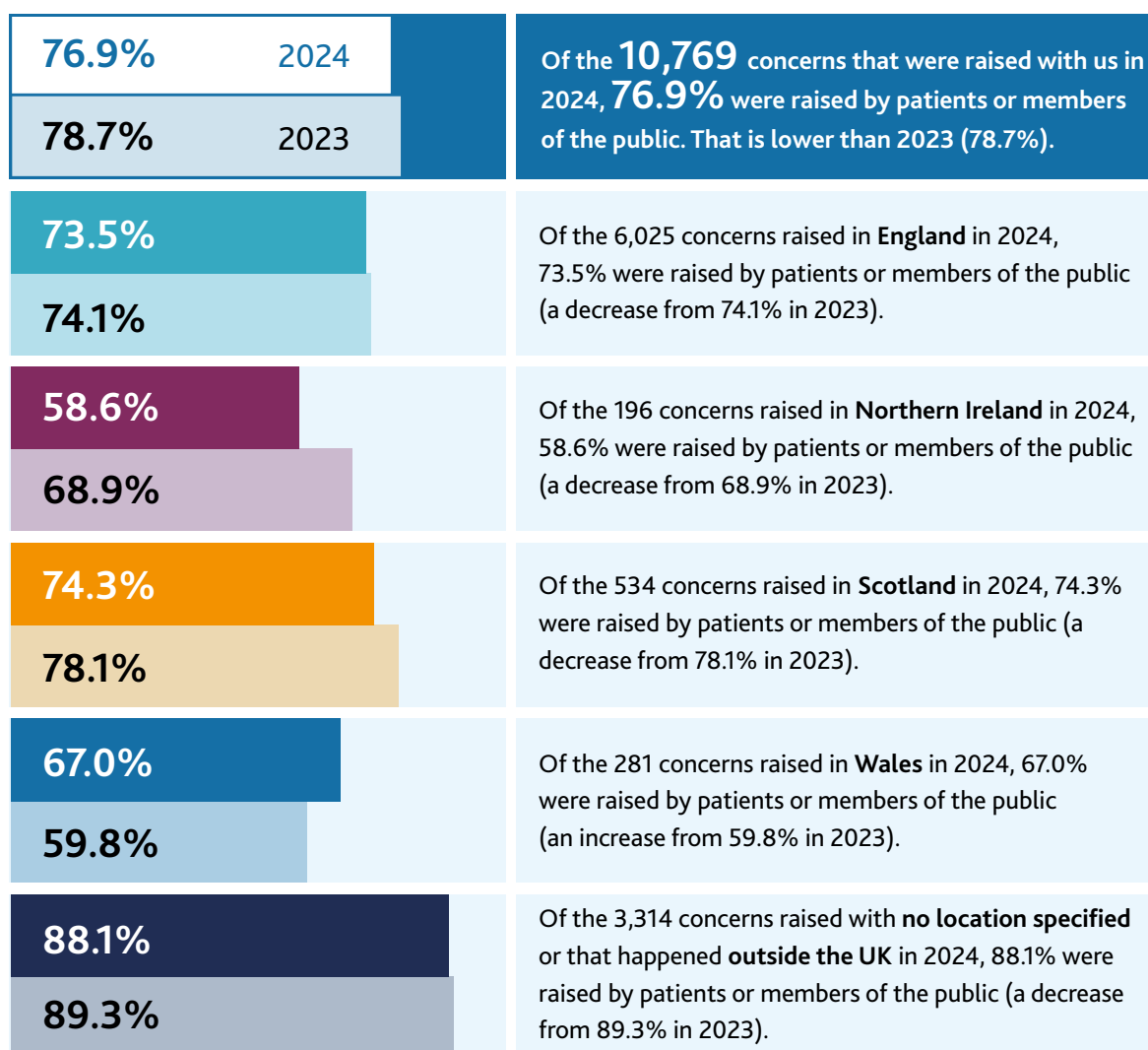




Concerns raised about registrants



Percentage of concerns raised by the public

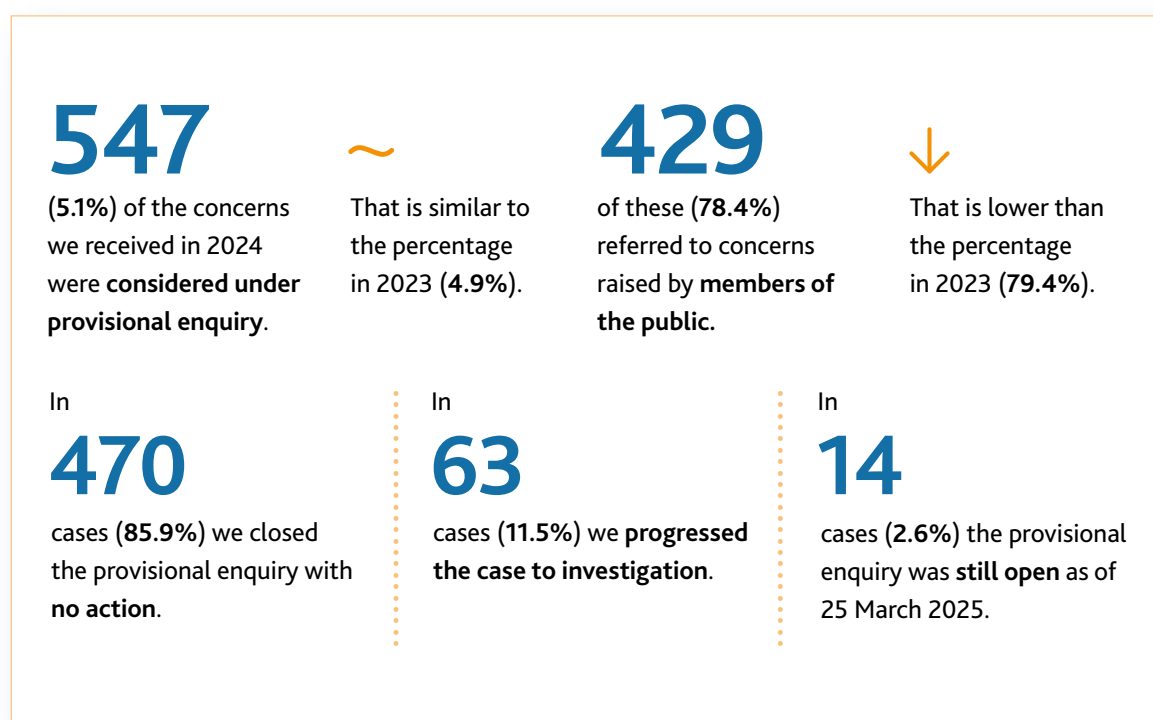


Responding to concerns

Not all the concerns raised with us meet our threshold for an investigation. Sometimes a concern is best dealt with at a local level or by having a conversation with the doctor, or should be brought before another organisation. We only take action where we are concerned there may be a risk to patient safety or to public confidence in the medical profession.

Provisional enquiries

In certain cases, we make provisional enquiries, where we look at information at an early stage of a case, aiming to provide swifter resolution for patients and the professionals involved. If the evidence shows there is no future risk to patients, and regulatory action is not required, we will not move to a full investigation. For cases where we have concerns about patient safety, we will carry out a full investigation.



Investigations opened in 2024

906

(8.4%) of the concerns we received in 2024 met our **statutory threshold for investigation.**



That is similar to the percentage in 2023 (8.1%).

237

(26.2%) of these referred to concerns raised by **members of the public.**



That is a lower percentage than in 2023 (27.6%).

Outcomes of investigations concluded in 2024

43.5%

292 of the investigations we concluded in 2024 were **concluded with no action.**

25.2%

In 169 cases we **referred the case to the Medical Practitioners Tribunal Service.**

15.8%

In 106 cases we **issued warnings.**

12.1%

In 81 cases **the doctor agreed undertakings.**

3.4%

In 23 cases we **issued advice.**

Outcomes of Medical Practitioners Tribunals Service tribunals

In 2024, the Medical Practitioners Tribunal Service held a total of **185** tribunals.

41.1%

In 76 cases, the tribunal **suspended** the doctor who had been referred to the tribunal.

36.2%

In 67 cases the doctor was **removed from the register**.

13.0%

In 24 cases the tribunal found **no impairment**.

4.9%

In 9 cases the doctor had **conditions put on their practice**.

3.2%

In 6 cases, while the tribunal found no impairment, it **issued a warning**.

1.1%

In 2 cases the doctor's practice was found to be impaired but **no further action was taken**.

0.5%

In 1 case the doctor **voluntarily removed themselves from the register**.

0%

There were no cases where the doctor agreed to undertakings.

Where we do not agree with the decisions made by a medical practitioner tribunal, we can appeal them.

In 2024 we made **4** appeals, compared to **2** in 2023. **1** appeal was successful and **3** appeals were outstanding as of 31 December 2024.

Delivering our strategy



Our strategy 2021–25

Our [2021–25 corporate strategy](#) sets out the four themes that shape all our work, helping us to achieve our ten-year vision.



Where we want to be by 2030

Our vision is to be an effective, relevant and compassionate regulator for doctors, physician associates, anaesthesia associates, patients and the public, and as an employer. With 2025 the final year of our current strategy, we are reflecting on how we build on the progress we have made in order to shape our future strategic priorities.

Our 2021–2025 strategy has guided us through challenging times, including the COVID-19 pandemic, allowing us to flex and adapt to support our healthcare systems as they faced exceptional pressures. The learning from our mid-point assessment, conducted in 2023, provided us with valuable insight that will inform the development work for our next corporate strategy (2026–2030). We aim for the next strategy to be ambitious, whilst maintaining our focus on achieving the ten-year vision.

Progress in 2024

Our [three-year business plan](#), which we review on a quarterly basis, summarises how we are targeting our resources at high-impact activities.

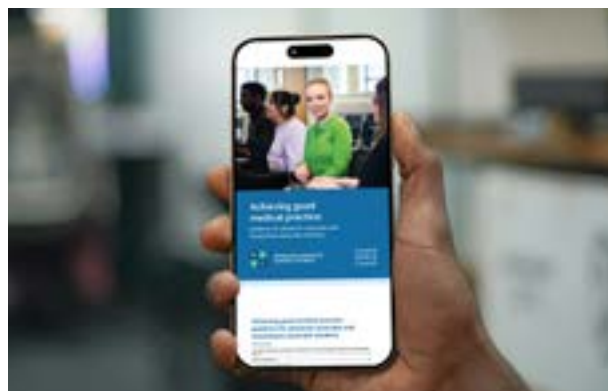
Below is a summary of the key activities we have undertaken in 2024 in support of our strategic goals.

Bringing PAs and AAs into regulation, and regulatory reform

On 13 December 2024 we began regulating physician associates (PAs) and anaesthesia associates (AAs), making us a multiprofessional regulator for the first time since the 1950s.*

We were asked to take on this role by the UK Government and the devolved governments in 2019, following a consultation on the subject. Since then, we have collaborated extensively with a wide range of organisations representing patients, doctors, PAs, AAs, employers and educators to define our approach to the regulation of these professions.

The legislation specifying that we would regulate PAs and AAs was approved by the UK and the Scottish parliaments between the end of 2023 and early 2024. Between March and May 2024, we consulted on the rules, standards and guidance by which we would regulate these professions. We reported on the outcome of this consultation in December, including on the changes to our initial proposals based on the feedback we received. Council approved the rules, standards and guidance in an extraordinary meeting, and on 16



December 2024 we invited physician associates and anaesthesia associates to apply to join our new register of PAs and AAs.

To join the register, PAs and AAs need to complete an application and provide evidence of their qualifications and, where applicable, work history and references to show they meet the standards expected of them.

Regulation is a vital step in strengthening both patient safety and public trust in these professions: it will help provide assurance to patients, employers and colleagues that PAs and AAs have the right level of education and training to provide safe care; that they can meet the professional standards expected of them; and that they can be held to account if serious concerns are raised.

We have also continued to work closely with the UK Government on its proposed changes to the legislation that governs the way that we and other healthcare regulators operate. Regulatory reform will help us respond more quickly and flexibly to doctors' and patients' needs, helping us achieve our 2030 vision to be an effective, relevant and compassionate regulator.

* The GMC had responsibility for the register of dentists between 1878 and 1921. The Dental Board took over maintaining the Dentists Register in 1921, but disciplinary cases and exam inspection powers were retained by the GMC until 1956 when they were transferred to the newly created General Dental Council.

The Medical Licensing Assessment

The Medical Licensing Assessment (MLA) is the most significant innovation introduced in undergraduate medical education in the UK for many years. It tests the core knowledge, skills and behaviours of doctors who want to practise in the UK and is designed to give patients and employers greater confidence in doctors starting work in the UK, wherever they were educated or trained. Its launch in 2024 followed years of development and engagement involving medical education stakeholders and our internal assessment development and assessment delivery teams.

From 2024, international doctors seeking registration via the examination route started to take the MLA-compliant version of the Professional and Linguistic Assessments Board (PLAB) assessment, and UK medical students started taking MLA-compliant assessments as part of their degrees. By passing tests that draw from the same topics and meet the same requirements (as set out in the MLA Framework), doctors and medical students can demonstrate that they have the core knowledge and skills necessary for safe practice. This will help to support greater consistency in what we can expect of doctors who are new to the register.

In 2025 the MLA will become part of our routine monitoring and quality improvement activity, and we will continue to work with medical schools to quality assure all aspects of the new assessment.

The future of education and career development (FutureEd)

The UK's population is increasingly diverse and exhibits increasingly complex needs, and medical education and training needs to reflect that. As part of our duty to regularly update our education framework, in 2024 we began a significant review which will see us implement a new framework by 2030.

We published a statement in March which set out our strategic aims, which are to:

- develop more diverse and better-supported educators, supervisors, trainers and mentors
- respond to wider national ambitions for increases in medical school capacity and innovation whilst maintaining standards
- support career development and lifelong learning for all doctors across different environments.*

We have started to engage across the four UK nations, to understand both what needs to change and how we can work with others to achieve our shared ambitions. As part of this, in November we held a one-day symposium, where delegates from different healthcare sectors explored what patients, carers, students and professionals need from medical education and training. We are using the learnings from the event and from a wide range of conversations to develop proposals we can test together in a more formal engagement phase.

* Following the publication of this statement, on 13 December 2024 we became a multiprofessional regulator; we will therefore also consider potential implications for physician associates (PAs) and anaesthesia associates (AAs) as part of this work.

We cannot achieve our aims without enabling greater equality, diversity and inclusion, which also includes understanding the diverse needs of the public. As such, our equality, diversity and inclusion (ED&I) work will be central to the success of the FutureEd programme.

Delivering our core functions

In addition to our large change programmes, we have also maintained a focus on effective delivery of our core areas of work. This included:

- actively responding to the growing professional workforce by expanding our PLAB capacity to avoid bottlenecks, and the new PLAB booking system showed several improvements, such as improved customer experience and reduced enquiries to the contact centre. There is more work to be done on supporting the retention of the workforce however, and this will remain a future focus for us.
- continuing to demonstrate effective management of the timeliness of our fitness to practise processes. We have seen sustained improvements across our defined service level agreements (for example, concluding or referring cases at the investigation stage) since the pandemic.
- ongoing quality assurance of postgraduate medical education and training. Last year we continued to review postgraduate curricula and their programmes of assessment to ensure they meet our standards, and gathered the views of 74,000 doctors in training and trainers about the quality of training through the national training survey. We also worked with training providers to check they are meeting the standards we set.

Last year we escalated eight UK departments involved in postgraduate medical training, but not meeting our standards, to enhanced monitoring. When in enhanced monitoring, we have oversight of the improvement plan by the local education provider to make sure that it addresses the requirements we set, and we also attend locally-led visits to investigate the concern and encourage improvements. If we do not see sufficient improvement, we have the option of setting conditions on our approval of the training programme. When we do see progress, we can de-escalate or close an enhanced monitoring case and in 2024, we successfully de-escalated 16 cases from enhanced monitoring.

Supporting professional standards

Over the past year, we have worked to support the implementation of the updated professional standards, [Good medical practice](#), which came into effect at the beginning of 2024. This guidance sets out the principles, values and standards of professional behaviour expected of all doctors, physician associates and anaesthesia associates registered with us.

In particular, we updated five key areas of *Good medical practice* to help our registrants:

- create respectful, fair and compassionate workplaces for colleagues and patients
- promote patient-centred care
- tackle discrimination
- champion fair and inclusive leadership
- support continuity of care and safe delegation.

Good medical practice has four domains: knowledge, skills and development; patients, partnership and communication; colleagues, culture and safety; and trust and professionalism. Feedback from our outreach teams shows that engagement with doctors to promote the four domains has enabled constructive and positive conversations to take place on challenging topics relating to discrimination and poor behaviours in the workplace. Sessions have also covered how *Good medical practice* relates to fitness to practise, including exploring together the types of concerns in which we may get involved.

Evaluation evidence shows that the vast majority of participating doctors rated these outreach sessions as either good or very good, and that the workshops not only shared excellent practical advice but also gave participants the chance to meet GMC staff and better understand the role of their regulator, which they appreciated. We will continue to focus on building relationships and confidence amongst the workforce during 2025 as part of a wider programme of work to build trust and confidence in our fitness to practise processes.

Using data, research and insight

As part of our work, we develop and share data, research and insights on medical education and practice to support the development of wider healthcare policies and plans across the UK. In 2024 we used these insights to contribute to some significant central government reviews and consultations, such as the [Darzi review](#) (an independent investigation of the NHS in England) and the 10 Year Health Plan for England, [Change NHS](#).

Much of what we contributed and shared stemmed from our regular work to understand the medical workforce and the factors affecting retention, as well as our work to quality assure training environments for doctors in postgraduate training. This work included:

- the [National training survey 2024](#), which showed concerning issues within the postgraduate training system, underlining the importance of increasing the capacity of the trainer workforce. As we highlighted earlier in this report, one of our strategic aims under our FutureEd work programme is to develop more diverse and better supported educators, trainers and supervisors. We are committed to working with others to achieve this.
- our [The state of medical education and practice in the UK: workforce report](#), which highlighted that the medical workforce is in flux: the headcount of doctors is growing at an increasing rate and in recent years there has been an increase of doctors joining the UK register from abroad (in 2023 two-thirds of new joiners were non-UK graduates). We also highlighted that doctors' career paths are changing, with many doctors working in LE roles rather than entering formal training programmes. These roles are often poorly defined, with limited opportunities for progression. This changing picture of the workforce underlines that concerted, sustained efforts must be made to provide the induction, integration, and inclusion that are vital for all doctors to thrive in the UK.

- our [The state of medical education and practice in the UK: workplace experiences report](#), which highlighted that the workplace experiences of doctors across the UK remain very concerning. Satisfaction remains low, and more doctors than ever report taking steps to leave UK practice, reflecting the sustained pressures doctors are under. Despite an increase in doctors on the register, job satisfaction and risk of burnout show no meaningful improvement since the steep deterioration we reported in 2023. Specific groups of doctors are finding workplace pressures more challenging than others. GPs are consistently struggling, along with doctors in training and trainees. And despite being the fastest-growing group on the register, LE doctors are less likely to feel part of a supportive team. This signals a critical need for positive change.
- commissioning [independent research](#) to explore doctors' satisfaction with practising in the UK and their attitudes towards migration. Around 3,000 doctors took part in the study which culminated in a number of possible actions for us and others in the healthcare system to consider as we work to improve the retention of doctors in the UK.

All our data and research work in 2024 has strengthened our position as a key health commentator and influencer on medical workforce issues.

Equality, diversity and inclusion

Equality, diversity and inclusion are integral to all our work as a regulator and employer.

In 2021, we established [two targeted programmes](#):

- to eliminate disproportionate fitness to practise referrals in relation to ethnicity and origin of medical qualification by 2026
- to eliminate discrimination, disadvantage and unfairness in medical education by 2031.

We also have two further ED&I programmes of work: inclusivity within the GMC, and a review of regulatory fairness. We report on all four of these programmes to our Council, and publish an [annual ED&I report](#) to transparently share our progress towards these targets as well as consider what steps we and others need to take to improve.

There have been consistent improvements on all fairer employer referrals indicators and forecasts, demonstrating the impact of our work so far and moving us closer to our target. Key areas of work have focused on change and review of our referral processes, including improvements to the Responsible Officer (RO) referral form and implementation of a new feedback mechanism to ROs about triage outcomes; anti-bias training for staff involved in reviewing referrals; and providing support and training to system stakeholders.

We have also seen early signs of improvement for those in postgraduate specialty training, particularly for international medical graduates (IMGs) in training. In comparison to 2019 data, the attainment gap is closing between IMGs and other trainees. Evidence suggests that enhanced induction, targeted exam preparation, educator training and mentoring are making a real difference to exam performance. Our indices for those in foundation training show little or no change however, and it is clear that considerable work is needed over a longer period of time for measurable impact to be seen for those in the

early stages of their career. However, there is clear evidence of engagement and activity across both undergraduate and postgraduate training organisations which have established action plans (that they share with us annually).

Throughout 2024, we also continued to work on implementing the recommendations from a [review of regulatory fairness](#) that we conducted in 2022. We have explored our regulatory decisions in detail, and have considered and mapped the processes and approaches that exist to ensure we are making fair decisions. We also continued to implement a set of escalation principles, designed to empower colleagues dealing with fitness to practise cases to challenge decisions or raise concerns about a case. We have delivered tailored, interactive learning for all those working in decision-making roles throughout 2024, which uses case studies to show decision makers how to address bias in scenarios that they might face (for example, working with third-party organisations), and focuses on how to apply professional curiosity to high-impact decision making.

Internally, we have seen continued progress in relation to some inclusive employer measures. Performance against our overall workforce target (for 20% of our workforce to be from an ethnic minority background by 2026) is ahead of schedule; attraction rates for ethnic minority candidates remain high for all our roles; and the gap in engagement scores for ethnic minority colleagues and other colleagues continued to close. However, progress in other areas remains challenging. We did not meet our interim 2024 target for increasing representation of ethnic minority colleagues in our management profile, while our turnover rate for ethnic minority colleagues is higher than for other colleagues, though it is improving. We're focusing our efforts

on responding to the outcomes from our People survey relating to workplace experiences, such as increasing opportunities for career advancement, as well as implementing a new exit interview reporting process.

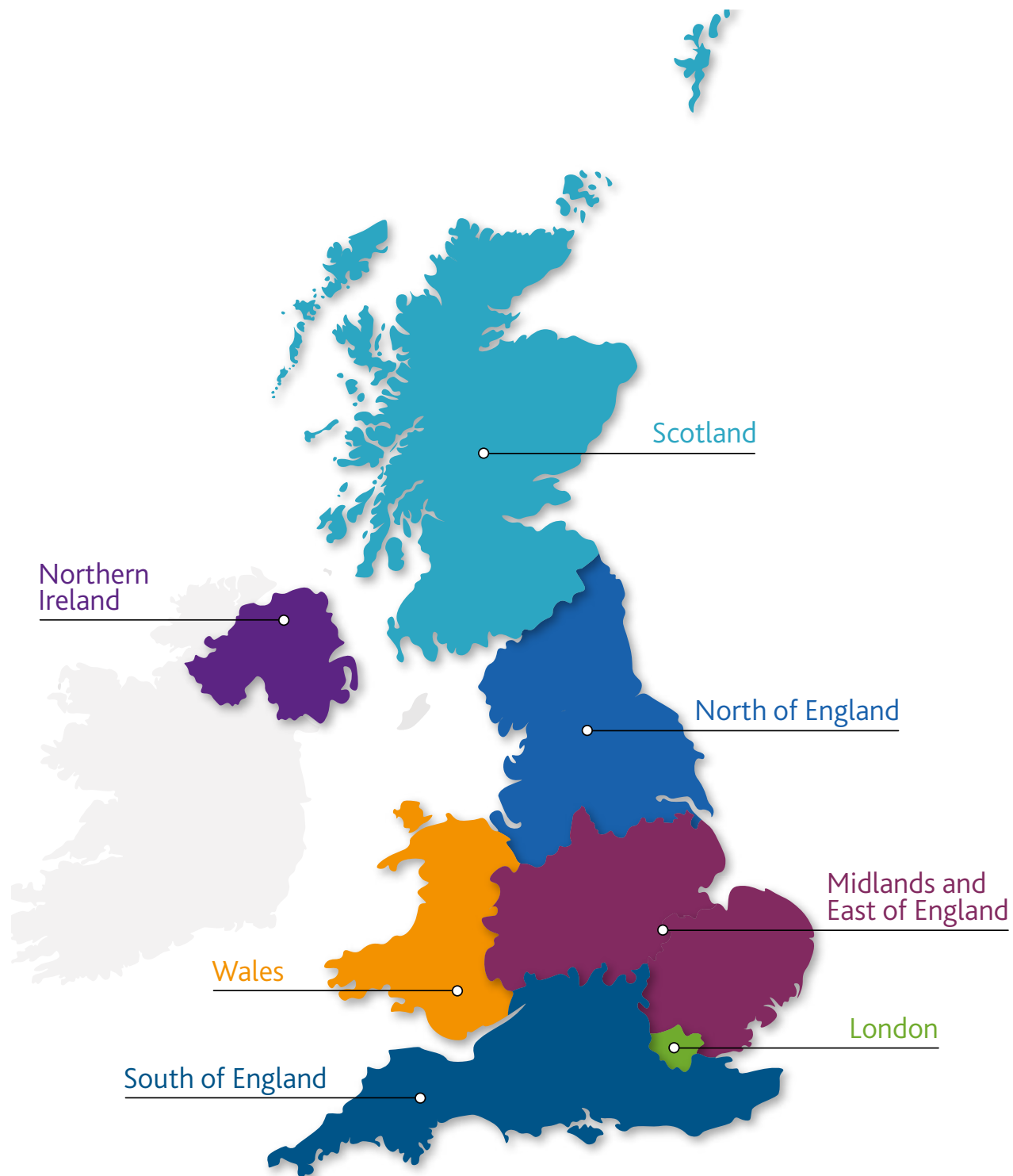
Investing in our people

In 2024 we made further progress on the *Investing in our people to deliver* theme of our strategy. This included:

- the progression of a new career development programme for ethnic minority staff and the successful rollout of our inclusion programme for managers and all colleagues. We also embedded fair decision-making principles into our One GMC behaviours
- achieving Level 2 Disability Confident Employer status
- receiving a positive Investor in People report, with significant improvement from silver to gold rating for 'people' and progress within the silver rating for 'wellbeing'
- seeing tangible examples of our delivery on our corporate social responsibility activities, including developing our work on our net zero plan.

Our plans for 2025 and beyond are summarised in our [business plan](#). You can find more about this theme of our strategy in the *Corporate social responsibility* section later in this report.

Our work across the UK





Our outreach teams engage directly with doctors, PAs, AAs, students, employers, educators and other stakeholders to support the delivery of good, safe patient care.

The strong local relationships they build allow us to promote good practice and to influence positive, constructive change for doctors, PAs, AAs, patients and other stakeholders in the UK's healthcare systems.

The teams include regional or national liaison advisers, employer liaison advisers, senior advisers, operational coordinators and assistants, business and project managers, and 25 associates working across England, Northern Ireland, Scotland and Wales.

In England, the teams are organised to reflect the seven geographical NHS England regions: with the exception of London, each England outreach team covers two NHS regions and the integrated care systems they oversee. In Northern Ireland, Scotland and Wales the teams cover the entirety of the respective nation. This approach ensures that each region or nation is considered separately, so that productive relationships and engagement happen at the right level, through teams of a manageable and effective size.

In particular, the teams:

- train doctors, PAs, AAs and students on the professional standards and how to apply them
- advise clinicians, responsible officers, employers and others on promoting positive leadership and culture and protecting wellbeing in the workplace
- support responsible officers and others on improving the quality of referrals, and on promoting good clinical governance more generally, including the fair and effective local resolution of concerns
- work closely with colleagues responsible for overseeing education to check that the standards for education and training are met, and to address challenges in training environments when these emerge.

This external engagement builds positive relationships across our healthcare systems, helping also to improve understanding of who we are and what we do, fostering trust in our work.

In this section of the report, we highlight some of the work the teams have done in collaboration with partners in 2024. Each example helps to demonstrate the breadth of our outreach work and the positive impact of targeted, timely frontline support. They also show the value of building strong relationships and sharing expertise, with the aim of promoting good, safe patient care and improving work environments for doctors, PAs, and AAs and those who work with them.

You can find out more about our work in Northern Ireland, Scotland and Wales by reading our latest [national reports](#), available on our website.

England

Breaking down barriers using *Good medical practice*

Reaching out to locum doctors

We know that many locum doctors (doctors who are employed on temporary contracts through an agency) do not have access to the same level of support as their Trust-employed colleagues, which can often lead to higher numbers of complaints being raised about them.

The temporary nature of their contracts, and the fact they may have relocated at short notice, can make starting a new position stressful for locums. Combined with the fact that many locum doctors have graduated outside the UK and are from an ethnic minority background, this can, unsurprisingly, lead to them feeling isolated in their work and finding themselves having to make decisions without the appropriate support mechanisms available.

Unfortunately, these factors also make it hard for us to reach and contact these doctors. Our outreach teams have been working hard to reduce referrals of locum doctors to the GMC for some years, including working with staff at the agencies who employ locums to help them understand how they can better support these doctors and make sure they select appropriate placements for them.

In 2024, outreach colleagues in the south of England developed a bespoke training session on the new *Good medical practice* designed specifically for locums. The team has built close relationships with locum agencies across the south, and they used these to develop and roll out bespoke online webinars for several hundred locums.

The first of this webinar series focused on the launch of the new *Good medical practice* guidance, and familiarised locum doctors with its key principles and updated sections. More than 250 locum doctors joined the first online seminar; due to its success, the session was used as a template for a tailored session which was rolled out to almost 200 GPs across the southeast.

Later in 2024 the team provided further sessions to a locum agency in collaboration with experts from our standards team. These sessions focused on the key principles of *Good medical practice* by sharing case studies of doctors who had found themselves in difficulty, as well as explaining our fitness to practise thresholds and processes.

The team are planning further sessions for locums in 2025.

“The GMC representative humanised *Good medical practice*”

A locum doctor who attended one of the training sessions

Advocating for more active bystanders

Our standards make it clear that all doctors, PAs and AAs have a responsibility to tackle discrimination and abuse where it arises. Being an active bystander means considering how best to act, and how to support any individual who has experienced discriminatory or abusive behaviour.

In 2024, our outreach team in the north of England welcomed an opportunity to promote this theme within *Good medical practice* by working

closely with East Lancashire Teaching Hospitals NHS Trust. The Trust is working hard to become more proactively anti-racist, and our team developed some bespoke training sessions that could be delivered as part of its wider change programme.

“Your presentation was both insightful and engaging. Your expertise and perspective added tremendous value to our programme, and the feedback we’ve received from attendees has been overwhelmingly positive. It was clear that your session resonated with many.”

Feedback from the Trust organiser for the pilot bystander training session

When a similar theme emerged in local conversations across the North East and Cumbria, our team created an interactive session which provided an opportunity for attendees to think about their responsibilities as an active bystander in speaking up and taking action where possible. Participants were also invited to reflect on how individual behaviours, as well as wider organisational culture, can impact their willingness to stand up and speak out.

Both sessions were so successful – attended by 83 doctors and other healthcare professionals – that our liaison advisers across the north developed this bystander session into one that was adaptable for wider rollout and use, building in important related

aspects of leadership, improving working cultures and speaking up.

This broader bystander session is now being rolled out across the region in 2025, supported by the Regional Responsible Officer Network.

Combatting gender-based assault, abuse and discrimination

Addressing sexual assault and misconduct

In early 2024, our outreach team in London became aware of serious allegations about sexual assault and misconduct in the general surgery department of a London hospital.* Shortly afterwards, issues were also raised with NHS England by foundation programme doctors in the same department around the safety of their learning environment.

Our outreach team in London shared the allegations they had received immediately with the GMC’s education quality assurance (QA) team. Our QA team, in turn, shared those allegations with NHS England, enabling them to triage the issues.

In order to better understand these concerns, our outreach team ran two workshops with the hospital’s foundation programme doctors, which focused on practical tips for raising concerns and implementing the duty of candour. The team asked the doctors a range of questions about the culture of their workplace; thankfully, none of the doctors said they felt under pressure to remain silent. This intelligence allowed our team in London to

* All relevant authorities were engaged in this issue.

confirm that the concerns were confined to a single department at the hospital, rather than being a site-wide issue.

As a result of this intervention, NHS England has now taken steps to protect foundation programme doctors by withdrawing them from the affected hospital department. The GMC has further supplemented this protection by placing clear conditions on our approval of training in that department.

The hospital has recognised the value of our outreach team's intervention and has since asked them for help in engaging consultants with its wider programme to improve working culture across its site. The team is currently working with the hospital to deliver training on addressing sexual misconduct and harassment.

Creating a toolkit to tackle misogyny and sexism

Our outreach team in the Midlands and East of England has been working closely with a range of stakeholders throughout 2024 to help develop a new sexual safety toolkit, informed by the discrimination guidance within *Good medical practice*.

The project began following research undertaken by a medical student about experiences of misogyny and sexism. Their research captured discriminatory comments relating to gender roles and perceived abilities based on gender and also looked at whether concerns were dealt with effectively by the medical school and Trust.

This evolved into the creation of a fully developed, professional toolkit, with a working group – including members of the Midlands and East of England outreach team – coming together to

look at what resources or interventions were available for people who have experienced misogyny and sexism, and how they could be collated as a single, easy to use toolkit to improve the experience of medical students and postgraduate doctors in training.

Our outreach team provided guidance to the working group around the professional standards for doctors in *Good medical practice*, and worked closely with all members to inform content, format and structure. Through a mix of text, video and in-person demonstrations and role-play, the toolkit develops users' understanding around handling sexist or misogynistic occurrences by drawing on real-life case studies. Users learn about microaggressions and bystander behaviours, and are given ideas about how to deal with experiences in the moment itself as well as after they have occurred.

The toolkit will sit within a suite of resources held by the NHS England Regional Workforce, Training and Education directorate to support organisations in addressing misogyny, sexism and sexual violence. It will be openly accessible to make sure it can benefit as many people as possible – from within Trusts, medical schools and beyond – and its content will be regularly reviewed to make sure it remains up to date.

Northern Ireland

Establishing and embedding ED&I training for early career doctors

The link between workplace cultures, staff wellbeing and safe patient care is well established. Doctors working in inclusive environments are more likely to provide safe patient care and to remain working in the UK's health services.

In Northern Ireland, training in equality, diversity and inclusion (ED&I) is offered to doctors who are trainers and those in leadership roles; however, no formal training is offered to early career doctors and medical students.

Our Northern Ireland outreach team wanted to address this by creating and embedding a new ED&I training module in the country's undergraduate and postgraduate training programmes, encouraging medical students and early career doctors to act when witnessing ED&I issues or unprofessional behaviour.

“I think a full day could be dedicated to this session. Thoroughly enjoyed [it].”

An FY2 doctor who attended the new ED&I training

They held focus groups with Foundation Year 1 (FY1) doctors and doctors in postgraduate training to shape and design the training module. The team also worked with the Northern Ireland Medical and Dental Training Agency (NIMDTA) to establish an additional new workshop for hospital specialty and GP trainees: this is now a permanent part of their professional development programme.

“If you hope to change [Northern Ireland's] medical culture, this should be mandatory.”

An FY2 doctor who attended the new ED&I training

In 2024, the team delivered seven workshops to 209 Foundation Year 2 (FY2) doctors. Of the FY2 doctors who completed our evaluation of the workshop:

- 78% said they had never received training on ED&I issues before
- 95% rated the workshop as good or excellent
- 97% said the workshop helped them reflect on their practice
- 81% said their practice would change as a result of the workshop.

The team also collaborated with Queen's University Belfast and Ulster University in designing an ED&I module specifically for medical students in Northern Ireland. The module was delivered to 270 medical students at Queens University Belfast in 2024, and the first session will take place at Ulster University in early 2025.

Scotland

Caring for a workforce under pressure

The updated [Good medical practice](#) highlights the importance of trust, safety, communication and positive culture for doctors and their wider teams. We know that staff wellbeing is essential for these principles to be front and centre in workplaces.

2024 saw the culmination of a key piece of work to support this in the Scotland team, which started in 2022 with the development of a workshop based on the 2019 [Caring for doctors, caring for patients](#) report, which highlighted how workplace stress in healthcare organisations affects quality of care for patients, as well as doctors' own health.

“This really helped unite a sense of positivity in a very challenging climate. I hope to take this forward and be more supportive for my colleagues.”

Session participant

The resulting new interactive *Caring for a workforce under pressure* (CfWUP) workshop focuses on examining wellbeing from the perspective of the workforce, enabling participants to discuss issues leading to burnout and to work through case studies to look for potential solutions.

The workshop is designed to build on the recommendations of the report and support those working in healthcare to make small but tangible improvements to their day-to-day workplace experience. It also aligns with a number of national priorities in Scotland, including the recently

launched Scottish Government [Improving wellbeing and working cultures](#) framework and action plan.

In 2024 our Scotland team coordinated and delivered pilot sessions of the workshop in NHS Tayside, NHS Lanarkshire, NHS Greater Glasgow and Clyde and the Royal College of Emergency Medicine, as well as delivering a tailored session for senior leadership in NHS Highland.

Feedback from these pilot sessions was extremely positive, with 91% rating the workshop 'very good' or 'good', and participant feedback showing appreciation that we are taking positive action to support doctors. The team also followed up with attendees 3-6 months after their session to ask if they have made any positive changes since the session, and found their responses clearly demonstrate how this session can make a tangible day-to-day difference to a workforce under pressure.

In 2025, the team will continue to roll out the workshop across health boards in Scotland, using updated case studies and working with directors of medical education to identify areas and teams that would benefit most. They will also share the session with GMC colleagues so the workshop can be made available for use UK-wide if requested.

We are proud of how our contribution to the health service in Scotland has matured over the last two decades, and are keen to enhance this even further in the years ahead.

“I am reassured that the GMC are on this and are fighting for our wellbeing.”

Session participant

Wales

Helping international doctors feel welcomed, valued and supported

The number of licensed doctors in Wales who attained their primary medical qualification outside the UK has increased by 40% since 2019, the largest increase of all four UK countries. The high number of doctors with an international qualification means it is crucial their inductions are tailored to be inclusive for clinicians from a broad variety of backgrounds, and help them hit the ground running when they start to practise in the UK.

“This course takes the weight off my shoulders.”

Feedback from workshop participant

This topic was a key focus of discussion with system leaders at our spring UK Advisory Forum in Cardiff, with conversations about how induction best practice could make a tangible difference to cultures within teams and support good, safe patient care. The Forum also felt that a more standardised induction offer for this group of doctors was needed in Wales.

Since 2022, the Wales outreach team has been working with health boards to support induction programmes for doctors who graduated abroad, as part of their ongoing work to foster integration and inclusion. They created a full-day workshop which focuses on core standards from *Good medical practice*, ranging from confidentiality to communication skills and effective multidisciplinary working. This workshop was

initially piloted in one health board in 2022, with variations trialled across two health boards the following year.

“It was great to meet other IMGs and to know I am not alone.”

Feedback from workshop participant

In 2024, the team expanded this offer further, running five sessions across four health boards. At the request of Health Education and Improvement Wales (HEIW) we ran workshops on how to support internationally-qualified doctors at their Sharing Training Excellence in Multiprofessional Education conference in March. This also led to further discussion and strategic planning within HEIW and health boards about what practical activity needs to happen to make sure these doctors are supported in their transition to UK practice.

Rolling out these sessions more widely helps make sure that all newly-recruited international doctors receive the support and guidance they need within appropriate timeframes when joining the NHS in Wales. Embedding this workshop as business as usual within Wales also provides doctors with an essential peer support network at an early stage in their careers, while they are new to UK practice, and indeed the UK itself.

From 2025 we will be holding these sessions across five out of the seven Welsh health boards and run them three times a year in line with increased demand. We will also be enriching this offer of support to include supervisors of doctors who graduated abroad, with workshops focusing on effective cross-cultural communication and appropriate, timely feedback.

Corporate social responsibility



We are a [socially responsible organisation](#), constantly looking for new ways to embed sustainability, social impact and ethics into what we do.

In 2024 we progressed efforts to reduce our carbon footprint and supported social mobility and widening participation in medical training in the UK.

Protecting the environment

We first launched our net zero plan in 2023, which set a target for us to become a net zero organisation by 2040. We have a more ambitious aim within this – to reach net zero emissions for scopes 1 and 2 by 2030* – underpinned by our commitment to reduce our emissions as much as possible before offsetting any residual emissions. Our Net Zero Working Group oversees progress on our net zero journey.

Our combined Scope 1 and Scope 2 market-based carbon dioxide emissions have reduced over the years, from 377 tonnes in 2019 to 169 tonnes in 2024, and we expect further reductions as we explore renewable tariffs and how we can further reduce our energy consumption. Our procurement and supply chain represents our largest area of emissions overall, and we are exploring ways in which we can engage with our top suppliers to reduce this.

Our business travel emissions have also reduced since 2019 (from 727 tonnes of carbon dioxide to 418 tonnes in 2024), as have our staff commuting

and home-working emissions, as we switched to more virtual ways of working post-pandemic. We are developing a Green Travel Plan which will help us explore what we can do to reduce these further, and in 2024 we ran our second annual Travel and Homeworking Survey. This survey allows us to obtain data which is more relevant to our organisation than was previously used, meaning we can continue to reflect our emissions in this area using actual data obtained from colleagues.

Whilst these reductions are promising early indicators, we acknowledge that there are further actions we can take to reduce our emissions. As our 2030 target for scopes 1 and 2 approaches, we will be undertaking energy efficiency projects to reduce our energy consumption where possible. We will also explore how we can improve our datasets alongside ways we can take positive action to minimise our impact on the environment.

Sustainability in healthcare is a priority, and we recognise the connection, relevance, and impact on human health and the practice of individual doctors, physician associates (PAs), and anaesthetist associates (AAs). In 2024, we published an updated version of *Good medical practice* which set a specific duty that doctors, PAs, and AAs should choose sustainable solutions where possible, and consider supporting initiatives to reduce the environmental impact of healthcare.

In 2024 we also published a [statement on planetary health, sustainability and climate change in medical education](#). We have been working with medical student representatives of the Planetary Health Report Card initiative – an international student advocacy group evaluating planetary

* Scope 1 emissions are the greenhouse gases controlled and emitted directly by an organisation, which for the GMC is mainly our gas consumption. Scope 2 indirect emissions are those that are generated through the purchase and use of electricity.

health content in medical schools – to identify how planetary health, climate change and sustainability should be reflected in medical education. In setting the standards and outcomes for UK medical education, we play a vital role in ensuring that doctors enter the workforce with the necessary knowledge, skills and experience to incorporate planetary health and sustainable healthcare concepts into clinical decision making, and we are keen to progress this agenda.

Working with other regulators

We continue to coordinate the cross-regulator Corporate Social Responsibility (CSR) Group, which meets to share updates, ideas and progress on individual initiatives. Membership expanded further in 2024 and now includes the Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council, General Osteopathic Council, Health and Care Professions Council, General Chiropractic Council, General Optical Council and Social Work England. Representatives from the Greener NHS team are now also regular attendees at these meetings. Given the difference in size between the regulators, and the similarity in the groups' CSR missions, these meetings provide an ideal opportunity for all involved to share learning, best practice and resources.

The group met four times during 2024 for themed discussions, on topics such as responsible investment. When considering sustainability and regulation, and the growing influence of sustainable healthcare on education and training standards, we outlined the development and introduction of appropriate regulatory standards in our core standards.

Promoting social mobility

Apprenticeships provide exciting and varied career opportunities to those who may not have access to further education, or who particularly benefit from on-the-job training. In 2024 we welcomed five apprentices to different teams across the GMC, including in the Clinical Assessment Centre, Registration, Information Services, and in the Medical Practitioners Tribunal Service (MPTS). Apprenticeships vary in length and in 2024 we held a celebration event for everyone who completed their apprenticeship and 'graduated' to permanent roles at the GMC.



Widening participation in medical education continues to be a priority for us: young people must have a fair and equal opportunity to become our doctors of the future. In 2024 we hosted events for two London-based organisations, [Melanin Medics](#) and [The Aspiring Medics](#), which each support racial diversity and widening participation in UK medical training and careers. These events provided a day packed with tutorials and speakers for attendees.

“One of the most useful things was getting to speak to people in different stages of their medicine career and hear their advice and tips to us.”

1st year student, Lancaster Medical School

We also invited groups of foundation year students from medical schools at Edge Hill and Leeds universities, and first year students from Lancaster Medical School, to visit our office in Manchester. All these students had joined medical training through a widening participation scheme and these visits were part of a programme designed to give them additional support once at medical school. Students were able to learn more about our work, as well as about pioneering doctors from the past. These events provided valuable networking opportunities for students and offered an early introduction to their future professional regulator.

“It was good to meet and speak to students from other universities, I gained a better understanding of what the GMC does.”

Foundation Year student, Edge Hill University Medical School

Supporting the community

Throughout 2024 we continued our partnership with the [Royal Voluntary Service's](#) Befriending Scheme, which connects volunteer members of staff with people at risk of being lonely or isolated through weekly companionship phone calls. The initiative provides invaluable support to elderly people, and many of our volunteers have formed lasting connections with the people they call.

“The mentoring I received from the GMC coach was invaluable and I was inspired as I prepared to re-enter the job market.”

Business in the Community coaching participant

Some of our in-house coaches also continued to support a [Business in the Community](#) initiative guiding long-term unemployed individuals seeking to re-enter the workplace. In November colleagues from across the GMC held an open day at the office for participants in [The Girls Network](#), a charity which supports teenage girls facing multiple barriers in school, such as low confidence and self-belief and a lack of professional female role models to inspire them. The event received very positive feedback from the girls and their teachers, who highlighted they enjoyed listening to female GMC staff sharing their own career journeys and life challenges, and also learning about the different careers at the GMC.

Our structure, governance and management

Council and other governance groups

[Council](#) is our governing body. It provides strategic direction, holds the executive to account, and takes major high-level policy decisions. It comprises 12 members from the four countries of the UK. Six are registrant members and six are lay members.

We are a registered charity and our Council members are also the trustees of the organisation.

They are all independently appointed by the Privy Council through a process that follows the Professional Standards Authority's guidance for making appointments to healthcare professional regulatory bodies.

The trustees between 1 January 2024 and 31 December 2024 were:

- Dame Carrie MacEwen (Chair)
- Steve Burnett
- Vanessa Davies
- Professor Anthony Harnden
- Lord Philip Hunt*
- Professor Paul Knight
- Professor Deepa Mann-Kler
- Douglas Millican
- Dr Raj Patel MBE
- Professor Suzanne Shale
- Dr Jeeves Wijesuriya
- Alison Wright.

Steve Burnett, Anthony Harnden and Paul Knight reached the end of their second term of office and demitted from Council on 31 December 2024.

A competitive process to replace them, as well as to fill the vacancy left by Philip Hunt, took place during 2024. Keith Lloyd, Olamide Oguntimehin, Jane Ramsey and Wendy Williams CBE were appointed by the Privy Council to join our Council from 1 January 2025.

All Council members are also asked to declare any conflicts of interest. These are listed in a [register of interests](#) published on our website.

Council members also participate in appraisal reviews, and in a 360-degree feedback process that takes place every two years. The process includes consideration of any learning and development needs and revisits actual or perceived conflicts of interest to make sure any potential conflicts identified are manageable.

As a charity, we take into account the seven principles set out in the Charity Governance Code (2020) and can demonstrate how we use these principles to guide our work on an 'apply or explain' basis.

There are two exceptions to the Code, which we explain rather than apply. Firstly, our Council and committees operate without a formally appointed deputy or vice chair. However, provisions are made in the [Governance Handbook](#) for chairs to nominate a deputy to assist during periods of absence. Secondly, as our appointments process is well established and thorough and is overseen by the Remuneration Committee and the Professional Standards Authority, a separate nominations committee is not considered necessary.

* Philip Hunt resigned as a Council member on 31 January 2024 due to a conflict of interest created by his return to a more active role in the House of Lords.

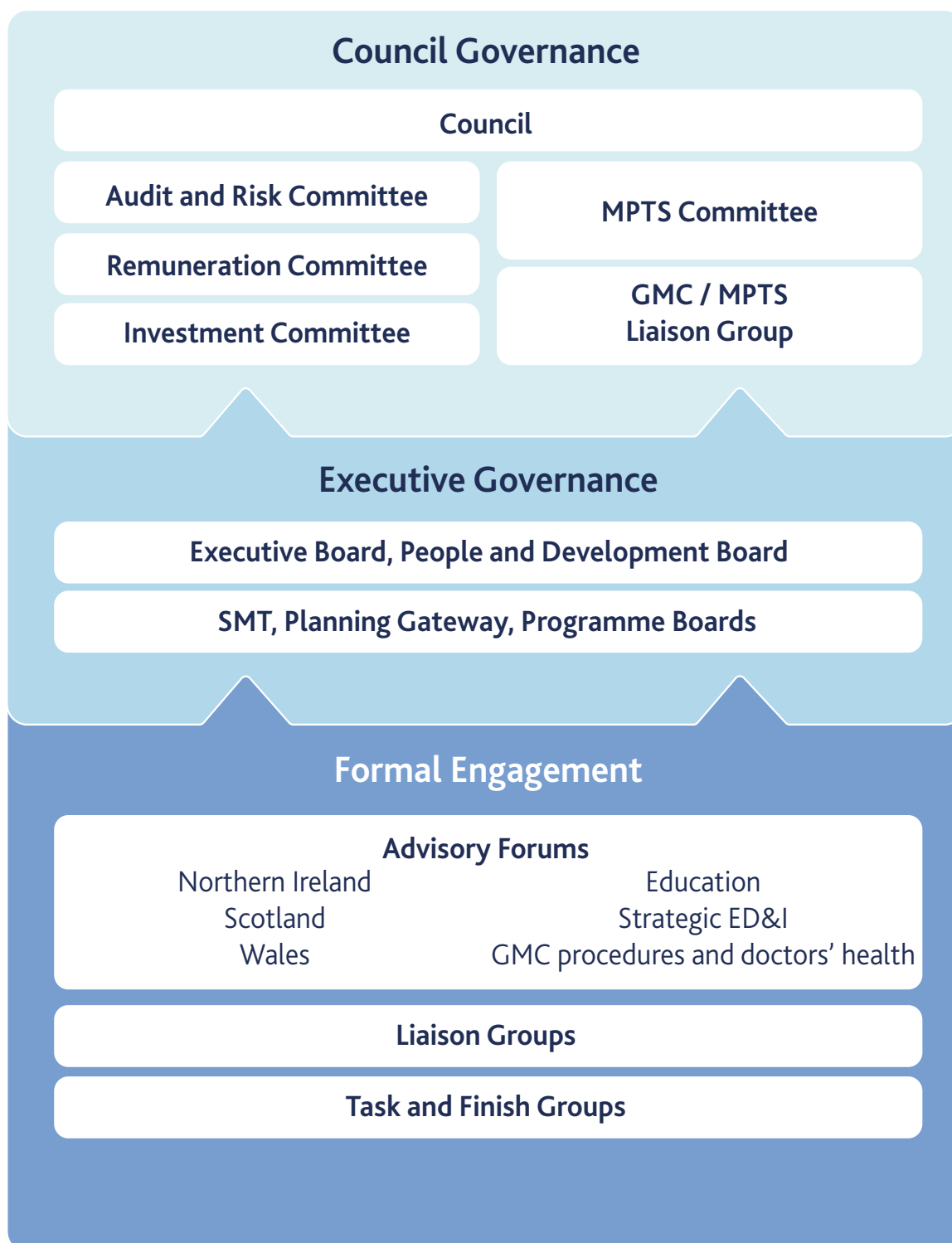
The *Governance Handbook* is the governing document of the organisation. In December 2024, we reviewed it to reflect the introduction of the Anaesthesia Associates and Physicians Associates Order (AAPAO). Changes were made to reflect that the GMC is now the regulator of doctors, PAs, and AAs. The schedule of authority (or scheme of delegation from Council) was updated, and introduced Authorised Decision Makers to perform roles under the AAPAO which are similar in nature to the roles performed by Assistant Registrars under the Medical Act. Any other minor updates are made with Council's approval on an ongoing basis, for example to the membership of committees.

As well as supporting Council in maintaining high standards of governance, our Corporate Governance team also provides training and advice to the organisation on matters of governance. Each committee accounts to Council through a formal report, and Council and each committee undertake to review the committees' effectiveness in delivering their statement of purpose, which is reviewed annually.

Council business is conducted in an open and transparent manner and the [agenda and papers for each meeting](#) are published on our website.

Council generally meets six times a year. It meets in London, in Manchester and once in either Belfast, Cardiff or Edinburgh. In addition, a strategic away day takes place once a year.

The diagram on the following page shows the different governance groups that assist Council in carrying out its responsibilities effectively. These have all been agreed by Council. The roles and activities of these groups are described in the pages that follow.



Audit and Risk Committee

In 2024 the Audit and Risk Committee (ARC) was chaired by Paul Knight. Its external co-opted members were Jon Hayes and Aneen Blackmore. Paul Knight demitted on 31 December 2024 and, following a three-month period of transition, the new chair, Vanessa Davies, took on the post from 1 January 2025.

The Committee plays a key part in our governance, providing Council with independent assurance about:

- the integrity of our financial statements
- the effectiveness of internal control, governance, and risk management systems
- the delivery of internal and external audit services.

The Committee met five times in 2024, and provided a short briefing note on key issues to Council after each meeting. It also formally reported to Council twice, in June and December. You can find more about its work in the *Audit and Risk Committee report* section later in this report.

Remuneration Committee

In 2024, the Remuneration Committee was chaired by Anthony Harnden (to be followed by Alison Wright as chair of the Committee from 1 January 2025).

The Committee advises Council on the remuneration, the terms of service and the expenses policy for Council members, including the Chair. It oversees the recruitment process of the Chair and Council members before their appointment by the Privy Council. It determines the appointment process for the Chief Executive

and Medical Practitioners Tribunal Service (MPTS) Chair, and the remuneration, benefits and terms of service for the Chief Executive, Directors, MPTS Chair and MPTS Committee members.

In 2024, the Committee was actively engaged in the process to recruit four Council members. It is also responsible for making sure the assessment and measurement of performance, recruitment and succession planning take place within an appropriate framework for the senior management roles within its remit. The Committee reports annually to Council and met twice in 2024.

Investment Committee

Steve Burnett chaired the Investment Committee in 2024 – to be followed by Douglas Millican as chair of the Committee from 1 January 2025. The Committee's external co-opted members during 2024 were Keith MacKay and Mike Jennings.

The Committee is responsible for:

- implementing and reviewing our investment policy
- making sure the management of assets is consistent with the policy
- appointing and managing fund managers
- monitoring performance
- overseeing treasury management
- overseeing our investment in GMC Services International Limited (GMCSI).

The Committee reports on investment performance to Council at each Council meeting, and it reports on the performance of the portfolio to Council on an annual basis. It met five times in 2024.

GMC Services International

GMC Services International (GMCSI) was established by Council in 2016 as a wholly owned trading subsidiary of the GMC. Its main objective is to offer the GMC's support and expertise to countries and institutions working to improve standards of healthcare, who have less experience with the regulation of healthcare professionals and of medical education. Robust and effective governance arrangements are in place to ensure that our interests are protected and that our relationship with GMCSI is managed effectively.

Council has overall responsibility for GMCSI; the Investment Committee oversees our investment in GMCSI; and the Audit and Risk Committee considers the risks to the GMC from the operation of GMCSI, conducting routine internal audit and spot checks as appropriate.

Andrew McCulloch chaired the GMCSI Board during 2024. The Board comprised (in addition to the Chair) Paul Reynolds, Alison Wright, Deepa Mann-Kler, Colin Melville and Helen Featherstone. Thalia Georgiou and Victoria Cheston were appointed as independent Board members on 20 May 2024. The Board met four times in 2024.

Board of Pension Trustees

The GMC's defined benefit staff superannuation scheme is managed and administered by a board of trustees in accordance with the scheme's trust deed and rules. The trust makes sure the pension scheme's assets are kept separate from those of the employer, and is a separate entity to the GMC. Accordingly, it reports via its own, separate annual report.

The scheme's trustees are responsible for the proper running of the scheme, including the collection of contributions, the investment of assets and payment of the pension benefit commitments made by the employer.

Vanessa Davies chaired the Board during 2024, and the new chair, Graeme Coughy, took on the post from 1 January 2025. Vanessa, Steve Burnett, Paul Knight, Raj Patel and Ian Hodgson (who joined as a professional pension trustee in February 2024) are employer-nominated trustees.* John Foley, Paula Robblee, Martin Hart and Samantha Anthony are member-nominated trustees.

MPTS Committee

The Medical Practitioners Tribunal Service (MPTS) runs hearings that make independent decisions about whether doctors, physician associates (PAs) and anaesthesia associates (AAs) are fit to practise in the UK. It operates separately from the investigatory role of the General Medical Council. A key part of our governance structure is the statutory MPTS Committee, which makes sure the MPTS meets its responsibilities under the Medical Act 1983 and the Anaesthesia Associates and Physician Associates Order (AAPAO). Her Honour Judge Deborah Taylor was the Chair of the MPTS in 2024.†

The GMC / MPTS Liaison Group is another core part of our governance framework. It is chaired by the Chair of Council and oversees the working relationship between the MPTS and the functions of the GMC with which it interacts.

* Steve Burnett and Paul Knight demitted on 31 December 2024.

† Her Honour Deborah Taylor stepped down as Chair of the MPTS in April 2025. Gill Edelman is serving as acting MPTS Chair until a successor is appointed.

Executive Board and People and Development Board

The Executive Board is the senior decision-making and oversight forum providing strategic direction, scrutiny and reporting to Council by the GMC's senior management team. The Board meets monthly (except for August) and reports to every meeting of Council through the Chief Executive's report and via a separate annual report.

The People and Development Board is chaired by the Chief Executive and meets five times a year to bring focus to our people strategies. The outcome of its work is reported to Executive Board, and on to Council.

UK Advisory Forums

We have well-established Advisory Forums in Northern Ireland, Scotland and Wales, which make sure we have effective engagement and consultation with key interest groups in each country, and that our policies are suited to all parts of the UK. Through the forums we share and discuss early-stage views on policy development, which allows us to focus on medium and long-term priorities in dialogue with our partners.

Dame Carrie MacEwen chairs the three forums, which are also attended by the Chief Executive and nation-specific Council members and senior staff from the GMC. The wider invited membership differs from country to country and reflects the diverse range of those who have an interest and expertise in the areas under our regulation across the UK. The forums report on their work to the Executive Board twice a year.

Education Advisory Forum

The Education Advisory Forum engages with our key interest groups on education, training and assessment matters, making sure we are able to develop and promote a strategic approach to this work across all countries of the UK.

Colin Melville, Medical Director and Director of Education and Standards, chaired the Forum in 2024, and the invited membership reflects the diverse range of those who have an interest and expertise in medical education, training and assessment across the UK. The work of the Forum is reported to the Chief Executive and to Council through the Chief Executive's report.

Strategic Equality, Diversity and Inclusion Forum

Our Strategic Equality, Diversity and Inclusion (ED&I) Forum helps us make sure that our activities respond to the needs of diverse groups of registrants. Paul Reynolds, Director of Strategic Communications and Engagement, chairs the Forum which comprises organisations representing registrants with shared protected characteristics. It helps us meet our ED&I objectives by providing feedback and advice on our policies and strategies, raising issues and concerns requiring our attention in relation to ED&I. In 2024, the Forum discussed:

- our regulatory reform programme
- reviewing our ED&I engagement forums
- issues arising from the conflict in the Middle East
- our corporate strategy
- education reform
- MPTS sanctions banding guidance.

GMC Procedures and Doctors' Health Forum

Our Advisory Forum on GMC Procedures and Doctors' Health provides expert advice to our Executive Board on how we engage with vulnerable doctors in GMC processes. The Forum may, as required, advise on GMC policies, guidance and training for staff.

Membership includes representatives from the Royal College of Psychiatrists, the Royal College of GPs, the Faculty of Occupational Health, the Conference of Postgraduate Medical Deans, and NHS Providers.

Member attendance at Council, Boards and Committees in 2024*

Member	Council attendance [†]	Committee attendance
Dame Carrie MacEwen (Chair)	6/6	NA
Steve Burnett	6/6	9/9
Vanessa Davies	6/6	10/10
Professor Anthony Harnden	6/6	6/6
Lord Philip Hunt	0/0	1/1
Professor Paul Knight	5/6	10/10
Professor Deepa Mann-Kler	6/6	6/6
Douglas Millican	6/6	8/9
Dr Raj Patel	6/6	7/7
Professor Suzanne Shale	6/6	8/9
Dr Jeeves Wijesuriya	6/6	7/7
Alison Wright	5/6	6/6
Aneen Blackmore (ARC co-opted member)	N/A	5/5
Jon Hayes (ARC co-opted member)	N/A	5/5
Michael Jennings (IC co-opted member)	N/A	4/4
Keith Mackay (IC co-opted member)	N/A	4/4

* Attendance reflects the number of meetings for which attendance was possible.

† Includes six Council meetings.

Management

In 2024, our staff were under the direction of Chief Executive, Charlie Massey. He is supported by a team of directors, who, as of 31 December 2024 were:

- Shaun Gallagher, Director of Strategy and Policy
- Una Lane, Director of Registration and Revalidation
- Professor Colin Melville, Medical Director and Director of Education and Standards
- Anthony Omo, General Counsel and Director of Fitness to Practise*
- Paul Reynolds, Director of Strategic Communications and Engagement
- Neil Roberts, Director of Resources.

Key management personnel: remuneration policy

The Remuneration Committee is responsible for determining the remuneration, benefits and terms of service for the Chief Executive, Chair of the MPTS and directors. The Committee sets all aspects of salary or honoraria, the provision of other benefits, and any other arrangements or contractual terms for this group of staff. The Committee also oversees terms and conditions for Council members (including the Chair) by benchmarking and seeking independent market advice when necessary.

The Committee considers that we should provide remuneration and rewards that will attract and

retain the high-calibre staff necessary to enable us to fulfil our statutory remit and deliver our strategic objectives.

In setting the base pay for individual posts, the Committee will take external advice on roles within its remit and align salaries with an appropriate market rate subject to resource considerations.

An annual consolidated pay award is considered with reference to the organisation's level of performance, the financial implications of any award, the award agreed for other GMC employees and wider market trends. An annual variable non-consolidated element is considered, reflecting personal performance and the same considerations applied to any consolidated award. We review the effectiveness of these arrangements on an annual basis.

Staff within the Remuneration Committee's remit will usually be entitled to the benefits package available to all GMC employees on the same terms. The Committee retains the ability to withdraw, adjust or change any benefits for staff within its remit, subject to any consultation and contractual requirements. The Committee considers any additional benefits in kind (such as relocation payments) on a case-by-case basis.

New external staff appointees within the Committee's remit are automatically enrolled into our defined contribution pension scheme. Where employees have existing agreed pension arrangements, such as membership of our defined benefit scheme, they retain this for the course of their employment, subject to any changes to the rules agreed by Pension Scheme trustees and the employer.

* From 1 November 2024, Anthony Omo undertook a three-month secondment; during his absence, Elizabeth Jenkins was the interim General Counsel and Director of Fitness to Practise.

The Committee makes sure that the equality and diversity implications of remuneration policy and related decisions are considered appropriately.

Specifically, it ensures that:

- any salary differentials are supported by a formal job evaluation or independent external market advice
- any decisions relating to variable pay are supported by an objective assessment of performance
- any adjustment or changes to remuneration arrangements do not discriminate unlawfully.

Other decisions relating to terms of service are supported by appropriate advice on any equality and diversity implications.

2024 financial review

The accounts for the year ended 31 December 2024 have been prepared in accordance with the Charities Statement of Recommended Practice (FRS 102).

Our free reserves, which are total reserves less the defined benefit pension deficit and fixed assets, at the end of 2024 were £51.7 million, up from £44.8 million at the end of 2023, primarily driven by an anticipated operational surplus, which leaves reserves in the upper half of our target range.

- Total income increased by £17 million and total expenditure by £11.9 million.
- We continued to invest in our infrastructure, building a fourth Professional and Linguistic Assessments Board (PLAB) circuit reflecting the growing demand for this service. The circuit was opened in April 2024 and has been used to deliver over 3,000 PLAB tests.
- We expect to utilise some of our reserves to replace our finance and people team systems during the course of 2025 and 2026.
- We have constrained fee increases to below 2% in 2025.

Our total income and expenditure in 2024

In 2024, we generated unrestricted income of £164.4 million, which was £15.5 million higher than 2023. This was due to the increase in the size of the medical register, the impact of running more of the second part of the PLAB tests in 2024 than in 2023, and the subsequent increase in new applications to join the register.

We have a further £3.1 million of restricted income in our accounts, from the UK Government's

Department of Health and Social Care (DHSC), to cover the cost of bringing physician associates (PAs) and anaesthesia associates (AAs) into regulation, including £0.5 million for the development of IT systems. These funds were fully spent in 2024. This increased the total restricted asset held on the balance sheet to £2.5 million.

We introduced a registration fee for PAs and AAs at the point regulation began on 13 December 2024, which is designed to recover the costs of regulation from those professions, in accordance with schedule 4, para 8 (3) of The Anaesthesia Associates and Physician Associates Order 2024.

Schedule 3, para 6 (b) of the Order also requires us to consider the impact of any changes to fees on the workforce of the health service in the United Kingdom, physician associates, anaesthesia associates, and the regulator. In December 2024 Council approved an inflationary uplift to the fee of 1.7%, to take effect in April 2025. We consider that a fee increase of this level will have no material impact on either the workforce, PAs or AAs, however it does allow us, the regulator, to continue to recover costs in line with schedule 4, para 8 (3) of the Order.

We generated £5,000 in fees from registering physician associates and anaesthesia associates. While regulation has started, the DHSC will continue to fund any difference between the costs of regulation and the income generated from PAs and AAs until at least April 2026.

Our unrestricted charitable expenditure in 2024 was £152.1 million, an increase of £11.9 million on 2023. This growth in expenditure was the result of both increased volumes across most core functions, most notably registration and revalidation, and the impact of inflation on our cost base, however charitable expenditure has grown to a lesser extent

than income. This has allowed us to constrain fee increases in 2025 to below 2% and continue to invest in our infrastructure to meet growing demand for our services.

We increased our legal provision by a further £0.7 million to reflect potential additional costs that may arise from outstanding legal cases.

The charity had no fundraising activities requiring disclosure under S162A of the Charities Act 2011.

Reserves policy and going concern

Our level of reserves and our reserves policy are reviewed annually, and any financial implications are addressed as part of the budget-setting process.

Our total reserves are made up of free reserves, reserves backed by fixed assets, and pension reserves.

We hold free reserves:

- to provide working capital to undertake our normal day-to-day business
- to provide funds to deal with any risks that materialise
- to provide funds to respond to new initiatives, opportunities and challenges that present themselves
- to cover the period before any changes to fee levels take full effect.

A significant proportion of our total reserves is represented by fixed assets, which cannot easily be converted into cash without adversely affecting our ability to fulfil our charitable aims and statutory obligations. The value of fixed assets is therefore

disregarded for reserves policy purposes.

The value of pension reserves is also disregarded for reserves policy purposes. Our defined benefit scheme was closed to future accruals in 2018, and any deficit or surplus in the scheme can be managed over the medium term with no immediate impact on free reserves.

There is no standard formula that can be used to calculate the ideal level of free reserves. We follow the Charity Commission's guidance and set a target range based on our cash flow requirements and an assessment of the risks facing the organisation. We aim to hold free reserves at a level that is not excessive but does not put our solvency at risk. Over the medium term we target the mid-point of a reserves range between 20% to 35% of the annual expenditure for the next 12 months. We accept fluctuations within the range over the short term. We remained firmly within the range in 2024, and at the year-end free reserves were 31% of budgeted total expenditure for 2025.

We will also continue to review the purpose and scope of our reserves policy on an annual basis to make sure the thresholds reflect our current risk profile, cash flow requirements and operating environment.

Our total reserves at the end of 2024 were £73.5 million, increasing from the previous year by £23.1 million, driven by both a positive net income position and a decrease in the defined benefit pension liability of £14 million from £15.8 million in 2023, to £1.8 million in 2024.

Free reserves constituted £51.7 million of the balance of total reserves, with a further £23.5 million of reserves being represented by fixed assets, with both currently being partially offset by our pension deficit. We expect that reserves at the end

of 2025 will remain within the parameters of our reserves policy.

Most of our income comes from registration fees paid by doctors. All doctors must be registered with us to practise medicine in the UK, and so our income is relatively certain. Trustees remain of the view that the GMC is a going concern for the foreseeable future and have therefore prepared the financial statements on a going concern basis.

There are no material uncertainties related to events or conditions that cast significant doubt on our financial stability for the foreseeable future.

Investment policy

Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns. It has delegated responsibility for implementing the investment policy, appointing and managing fund managers and monitoring performance, to the Investment Committee, which regularly reports to Council.

Our funds can be separated into four categories: those which are required as working capital for the normal day-to-day operation of the business; those which we may invest under management; those which we may invest in a trading subsidiary; and any residual cash balance.

We hold working capital for normal cash flow purposes. This is held in instant access bank accounts and provides sufficient flexibility to avoid temporary borrowing and / or the need to liquidate investments to deal with short-term variations in operational income and expenditure.

We revised our investment policy in 2024, with the aim of strengthening our ethical exclusions and approach to environmental, social and governance

issues, in addition to reducing risk while maintaining investment returns.

Council is responsible for determining the level of risk for funds invested under management. We have a low-risk appetite with the aim of generating returns while protecting against volatility and capital loss. The target maximum value at risk (VAR) is 10% on a forward-looking basis.

Within our risk constraint the objectives of investing funds under management are to provide protection against inflation; to generate a modest level of return; and to diversify our funds to reduce the risk of capital and / or revenue loss.

Our target rate of return on funds invested under management is inflation (CPI) plus 2% over a rolling five-year period.

Sustainable investment policy

We have adopted a comprehensive ethical investment approach. We believe that investing in certain companies or sectors would conflict with our charitable aims or may create reputational damage. We do not wish to profit directly from, or provide capital to, activities that are materially inconsistent with our charitable aims and so we specifically exclude investment in companies which derive more than 5% of revenues from tobacco (including vaping), alcohol, adult entertainment, gambling, high interest lending, and thermal coal and oil sands. We also exclude all companies with any exposure to cluster munitions and landmines.

Within our portfolios we also aim to promote good or improving environmental or social characteristics, provided that the companies in which the investments are made follow good governance practices. In acknowledgement of the climate crisis,

asset managers representing the GMC must have a credible Net Zero policy and report progress against that policy to the Investment Committee on an annual basis.

We invest only through fund managers who demonstrate the strongest environmental, social and governance (ESG) credentials and can report their ESG monitoring activities and approach.

Our approach to investing aims to deliver positive impact by changing company behaviours for the better through active ownership. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious with regard to environmental and social issues, and to deal fairly with customers and the communities in which they operate. When appointing fund managers, we take into consideration how they incorporate an assessment of a company's performance on ESG issues into their stock selection in addition to how they engage and influence the companies they invest in to improve their sustainability over time.

We also ensure their monitoring arrangements highlight companies that are under investigation for, or have been found guilty of, tax evasion or money laundering.

We chose CCLA Investment Management (CCLA) to manage our investments because of their strong track record and high standards in ethical investing. CCLA invest in a manner that prioritises environmental, social and governance factors, working with companies to urge them to commit to producing healthier products which are more accessible and more affordable.

Investment returns

Our funds under management were valued at £61.9 million at the end of 2024, compared with £61.6 million at the start of the year. Since the point of increasing our investment in June 2019 we have generated returns at a compounded annual growth rate of 3.98%.

Any cash not held as working capital or invested is held in medium-term deposits and / or interest-bearing accounts. We generated interest of £2.5 million on our cash balances, equivalent to an average annual rate of return of 4.82%. Cash held as working capital, and any residual cash, is shown on our balance sheet within current assets.

GMC Services International (GMSCI) Limited

The trading subsidiary was incorporated as a private company limited by shares on 16 December 2016. It is a wholly owned subsidiary of the GMC which utilises knowledge gained from the core activities of the GMC to provide services on a commercial basis, including consultancy, training, and accreditation. Any profits derived from these activities are gifted back to the GMC for the purpose of delivering the GMC's charitable aims.

The GMC invested £0.6 million as share capital in GMCSI. In its early years of operation GMCSI generated net losses but has recently been able to generate modest profits. In 2024, GMCSI generated a net profit of £24,040 and ended the year with net assets of £356,790. No profits have been gift-aided back to the GMC in 2024. GMCSI is projected to generate profits over the medium term.

The accounts presented here are consolidated group accounts to include our trading subsidiary GMCSI. The statement of financial activities shows the consolidated position for the GMC and GMCSI combined. The balance sheet shows separate columns for the group position (GMC and GMCSI combined) and the parent charity position (GMC). Separate company accounts have been prepared for GMCSI.

Trustees' responsibilities for the financial statements

The trustees are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). The law applicable to charities in England, Scotland and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and the group, and of the incoming resources and application of resources of the group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material

departures being disclosed and explained in the financial statements

- prepare the financial statements on the going concern basis (unless it is inappropriate to presume that the charity will continue in business).

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, and to disclose, with reasonable accuracy at any time, the financial position of the charity, enabling them to make sure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended), the Privy Council Directions issued under the Medical Act 1983 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Related party transactions

We require that all trustees and senior managers disclose details of any organisations in which they (and their close family members and business partners) hold a position of authority or other material interest, and whose business could bring them into financial contact with the GMC. Details of any actual transactions between the GMC and related parties in the year must also be disclosed. We also publish a [register of interests](#) on our website.

In 2024 all disclosures were made and there were no points of concern.

Audit and Risk Committee report

The Audit and Risk Committee (ARC) plays a key role in our governance. It provides Council with independent assurance about:

- the integrity of our financial statements
- the effectiveness of internal control, governance and risk management systems
- the delivery of internal and external audit services.

It also monitors our anti-fraud policies and any risks relating to the General Data Protection Regulations, and reviews arrangements for raising concerns.

The Committee bases its advice and decisions on guidance issued by the Financial Reporting Council, the Charity Commission, the Office of the Scottish Charity Regulator and, where appropriate, independent external advice.

The Committee has six members: four Council members and two co-opted members. Co-opted or independent members enhance the work of the Committee by bringing valuable additional skills and experience to the independent scrutiny of finance, risk and governance. All members of the Committee participate in an annual appraisal process.

The Committee bases its annual work programme on risk, with our Corporate Opportunities and Risk Register reflecting the key strategic risks we manage. The Committee's oversight and scrutiny play a valuable role in assuring that risks are being managed and opportunities are enhanced through effective systems of governance, internal control and risk management arrangements.

In 2024, the Committee met five times, providing Council with an immediate update on the urgent or emerging issues it discussed. It also submitted two formal reports on its work and findings. As part of its work programme, members had chance to learn more about and scrutinise specific areas of the business and their associated risks in seminar sessions and an extended seminar day.

Key activities during 2024

During 2024, the Committee followed a planned programme of work. As part of this, it:

- received and scrutinised 20 pieces of internal audit work and reporting, which evidenced that there are generally sound systems of internal control in place at the GMC
- considered and approved the internal audit plan and resources for 2025
- accepted the Head of Internal Audit's annual opinion for 2023, which provided substantial assurance 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
- monitored the implementation of recommendations made in previous audit reports to make sure they were being managed effectively
- agreed a refreshed Internal Audit Charter to reflect the Global Internal Audit Standards from January 2025
- scrutinised the draft Trustees' Annual Report and Accounts 2023 and the draft National reports for Northern Ireland, Scotland and Wales; the Committee also approved the external auditor's terms of engagement, plan, scope and fee for the audit of the 2024 accounts
- reviewed the revised proposals and supporting arrangements for publishing the GMC's Gifts and Hospitality Register
- reviewed the performance of the external auditors and internal auditors (in the case of internal audit, this included overseeing the five year External Quality Assessment by the Institute of Internal Auditors: the assessor awarded the GMC the highest assessment rating and noted the maturity of the audit function)
- received the *Freedom to Speak Up Guardian Annual Report 2023*, the *Annual Report of the Data Protection Officer 2023*, and the GMC's first *Annual Safeguarding Report 2023*
- reviewed its Statement of Purpose.

In addition to the above, at each of its meetings the Committee also:

- begins each meeting with an unscripted discussion of emerging risks and issues and hears from senior management how these are being managed (this includes risks which are driven by external events as well as those arising in relation to the general running of GMC's business)
- considers the Corporate Opportunities and Risk Register (this is available as part of the [Executive Board and Council papers](#) published on our website and is updated on a regular basis).

* For the Head of Internal Audit's assessment for 2023, see [Council papers](#), July 2024.

† For the Freedom to Speak Up Guardian's Annual Report for 2023, see [Council papers](#), June 2024.

Risk management in 2024

Risk management arrangements are well embedded in the GMC's day-to-day activities, project work and strategic business discussions. Our 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. Weekly reports of key updates are reviewed by the Risk Manager and Assistant Director of Audit and Risk Assurance. This provides the Committee and Senior Management Team with confidence that risk management is a live and closely monitored activity.

During 2024, the GMC started a refresh of the Risk Management Framework, including its approach to risk appetite. This work will continue in 2025.

Business resilience, and the ability to respond and adapt to incidents of both operational and reputational natures are also features of robust risk management. The GMC has a comprehensive set of business continuity and disaster recovery processes, and arrangements for managing reputational issues. All of these have been tested through exercises on a regular basis and activated to address real incidents during 2024.

The Committee considers the Corporate Opportunities and Risk Register at every meeting; this is available as part of the [Executive Board and Council papers](#) published on our website and is updated regularly. During the year, the Committee's discussions on the management of risk included:

- the potential implications of a change in government for healthcare, the role of regulation and the GMC

- external scrutiny relating to the introduction of regulation for physician associates (PAs) and anaesthesia associates (AAs); the sanctioning of doctors whose protests against climate change resulted in breaking the law; and, with respect to events in the Middle East, the handling of complaints both from and about individual doctors in relation to antisemitism and Islamophobia
- progress in relation to the implementation of the Medical Licensing Assessment (MLA), as it transitions to business as usual
- understanding the scale and complexity of the data, information and intelligence which is collected, shared (both from and to relevant organisations) and used to manage risk through the GMC's Patient Safety Intelligence Forum
- emerging developments in the external cyber security world in relation to the GMC's cyber protection, resilience, business continuity and disaster recovery arrangements
- improving understanding of the interactions between the legal team in the GMC's Fitness to Practise directorate and the Medical Practitioners Tribunal Service (MPTS); key features and improvements of MPTS hearing case management; and proposals on a new framework to support sanctions decision making in tribunals
- the business transformation opportunities in ways of working as the GMC prepares to introduce a new Enterprise Resource Planning system, and the challenges to manage its successful implementation.

These are all areas of business which will remain on our agenda in 2025.

Learning from events and issues

A component of organisational resilience is the willingness and ability to review and learn when things emerge suddenly or something goes wrong. The GMC continues to demonstrate a culture of continuous improvement, learning not only from internal events, but also considering the learning identified in reports and reviews which are published in relation to other organisations that have experienced difficulties and challenges.

There is also a robust approach to undertaking a significant event review (SER) if something has, or has the potential to, impact the organisation in a more serious way. For example, externally, this might be in relation to the action of others which has a detrimental impact on the GMC, and internally could be where there has been a failure of a key organisational control.

In 2024, no SERs were formally reported to the Audit and Risk Committee. However, two events took place towards the end of the year which we have now reviewed to identify learnings using our SER process and which were reported to the Committee in March 2025. The first, sadly, was in relation to a doctor who took their own life while under GMC fitness to practise processes. The second was in relation to a data breach, which was immediately reported to the Information Commissioner and for which it has been confirmed no action will be taken. Trustees reported the data breach as a serious incident to the Charity Commission.

Whilst learning from SERs is critical for improving future performance, we have many other mechanisms for learning and sharing better practices across the business. These include:

- consideration of external research and publicly available reports, such as those published by the Charity Commission or by other regulators, including the Professional Standards Authority
- independent reports from external assessors such as Investors in People, the International Standards Organisation, British Standards Institute and Institute of Customer Service
- regular liaison with other healthcare regulators
- peer review and local team quality control exercises
- audits undertaken by our internal corporate Quality Assurance team
- post-implementation reviews of new initiatives and projects
- a community of practice to share experiences of project management and supporting change
- broader insight from the work of internal audit.

Our work in 2025

The Committee has a full programme of work for 2025, with risk and assurance remaining the key focus of planned activities. As well as scrutinising the reports from the internal audit programme it approved in November 2024, and the trustees' Annual Report and Accounts 2024, it will be taking time to:

- understand the new Global Internal Audit Standards introduced by the Institute of Internal Auditors, and their impact on the delivery of the audit function and the Committee's responsibilities
- develop a shared understanding of risk appetite in the GMC context and how this might support Council in its decision making on the new corporate strategy, which will take effect from 2026
- make sure it has sufficient assurance regarding how the business-as-usual MLA is being delivered, including through the work of external parties, and how the GMC is maintaining relationships to oversee and quality assure the delivery of the applied knowledge test (AKT) and clinical and professional skills assessment (CPSA)
- continue to assure itself of the understanding and management of risks in delivering the new Enterprise Resource Planning system
- monitor the business-as-usual implementation of the regulation of physician associates and anaesthesia associates
- consider the opportunities and development of regulatory reform for doctors, as new legislation is progressed by government.

The Committee will, however, remain flexible in its work to ensure it is able to take account of and respond to emerging threats and opportunities.

Approved by the trustees on 27 June 2025 and signed on their behalf by:



Professor Dame Carrie MacEwen

Independent auditors' report to the trustees of the GMC

Opinion

We have audited the financial statements of the General Medical Council ('the charity') and its subsidiary ('the group') for the year ended 31 December 2024 which comprise the Consolidated Statement of Financial Activities, Consolidated and Parent Balance Sheet, Consolidated Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charity's affairs as at 31 December 2024 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's or the group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient and proper accounting records have not been kept by the parent charity; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 57 the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 151 of the Charities Act 2011, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charity and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Medical Act 1983, Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005 together with the Charities SORP (FRS102) 2019. We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charity's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charity and the group for fraud. The laws and

regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), and employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within estimates surrounding legal provisions, the defined benefit pension scheme balance and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, internal audit, legal counsel and the Audit & Risk Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions,

misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Crowe U.K. LLP
Statutory Auditor
55 Ludgate Hill
London
EC4M 7JW

Date: 7 July 2025

Crowe U.K. LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

Crowe U.K. LLP is eligible for appointment as auditor of the charity under regulation 10(2) of the Charities Accounts (Scotland) Regulations by virtue of its eligibility under section 1212 of the Companies Act 2006.

Accounts 2024



Consolidated statement of financial activities for the year ended 31 December 2024

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2024 £'000	Total 2023 £'000
Income					
From charitable activities					
Registration	2	154,850	-	154,850	139,595
Specialist and GP registration	2	5,997	-	5,997	5,846
Revalidation	2	225	-	225	168
Other trading activities	3	284	-	284	168
Commercial trading operations	3	410	-	410	442
Investments	3	2,531	-	2,531	2,065
Department of Health funding - PA and AA regulation*	3	-	3,106	3,106	1,567
Other	3	141	-	141	625
Total incoming resources		164,438	3,106	167,544	150,476
Expenditure					
Raising funds					
Commercial trading operations	4	386	-	386	365
Investment management costs	4	288	-	288	244
		674	-	674	609
Charitable activities					
Fitness to practise	4	52,074	-	52,074	48,998
Registration and revalidation	4	50,531	-	50,531	43,317
External relationships	4	19,610	-	19,610	18,320
Medical Practitioners Tribunal Service	4	14,586	-	14,586	14,911
Education and Standards	4	15,330	-	15,330	14,634
Department of Health funding - PA and AA regulation	4	-	2,685	2,685	1,256
		152,131	2,685	154,816	141,436
Other expenditure					
Legal provision	11	684	-	684	683
Dilapidations provision	11	(162)	-	(162)	1,333
		522	-	522	2,016
Total expenditure	4	153,327	2,685	156,012	144,061
Operating surplus		11,111	421	11,532	6,415
Net gains/(Net losses) on investments	8	573	-	573	5,224
Net income/(Net loss)		11,684	421	12,105	11,639
Other recognised gains and losses					
Actuarial (loss) on defined benefit pension scheme	16	11,030	-	11,030	(16,100)
Net movement in funds		22,714	421	23,135	(4,461)
Total funds brought forward		48,270	2,122	50,392	54,853
Total funds carried forward		70,984	2,543	73,527	50,392

The General Medical Council incorporated a wholly owned trading subsidiary on 16 December 2016 with the purpose of providing services on a commercial basis including consultancy, training and accreditation. The Charity has taken exemption from presenting its unconsolidated profit and loss account.

The parent charity movement in funds for the year is £23,135,000 with subsidiary undertakings accounting for £24,000.

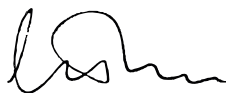
- * The Department for Health and Social Care (DHSC) provided funding in 2024 to cover the cost of bringing physician associates (PAs) and anaesthesia associates (AAs) into regulation. Funding was restricted in nature, and was fully spent in the year. A proportion of the funds paid for IT System Development which has created an asset on the balance sheet. The net impact on GMC reserves is £421,000. The balance of the reserves will reduce as the asset is amortised.

Balance sheet

		2024		2023	
	Note	Group £'000	Charity £'000	Group £'000	Charity £'000
Fixed assets					
Intangible fixed assets	6	19,151	19,151	16,607	16,607
Tangible fixed assets	7	4,412	4,412	4,831	4,831
Investments	8	61,852	62,209	61,573	61,906
		85,415	85,772	83,011	83,344
Current assets					
Debtors and prepayments	9	35,475	35,555	30,975	31,065
Cash and bank balances		61,303	60,817	54,811	54,277
		96,778	96,372	85,786	85,342
Liabilities					
Creditors: amounts falling due within one year	10	(95,927)	(95,878)	(92,128)	(92,017)
Net current assets/(liabilities)		851	494	(6,342)	(6,675)
Total assets less current liabilities		86,266	86,266	76,669	76,669
Provisions for liabilities and charges	11	(10,965)	(10,965)	(10,443)	(10,443)
Net assets excluding pension scheme asset		75,301	75,301	66,226	66,226
Defined benefit pension scheme (liability)	16	(1,774)	(1,774)	(15,834)	(15,834)
Total net assets		73,527	73,527	50,392	50,392
Unrestricted income funds		72,758	72,758	64,104	64,104
Restricted income funds		2,543	2,543	2,122	2,122
Pension reserve		(1,774)	(1,774)	(15,834)	(15,834)
Total funds	12, 13	73,527	73,527	50,392	50,392

The financial statements were approved by the trustees and authorised for issue on 27 June 2025.

They were signed on behalf of trustees by:



Dame Carrie MacEwen

Chair of Council

Consolidated cash flow statement

	2024		2023	
	£'000	£'000	£'000	£'000
Cash flows from operating activities				
Net cash provided by/(used in) operating activities (note i below)		13,853		11,968
Cash flows from investing activities				
Dividends, interest and rents from investments	2,531		2,065	
Purchase of property, plant, equipment and intangibles	(9,892)		(10,334)	
Net cash used in investing activities		(7,361)		(8,269)
Change in cash and cash equivalents (note ii below)		6,492		3,699

Note (i)

Cash flow from operating activities

Net incoming/(outgoing) resources	12,105	11,639
Investment income and interest	(1,988)	(2,012)
Net investment movement	(279)	(4,980)
Non-cash items - depreciation and amortisation	7,744	6,992
Non-cash items - assets written off	22	851
Pension scheme contribution	(3,572)	(3,567)
(Increase)/decrease in debtors	(4,500)	(3,690)
Increase/(decrease) in creditors and provisions	4,321	6,735
Net cash provided by/(used in) operating activities	13,853	11,968

Note (ii)

Cash and equivalents

	Cash at bank and in hand	Total
	£'000	£'000
Balances at 1 January 2024	54,811	54,811
Net increase in cash and cash equivalents	6,492	6,492
Balances at 31 December 2024	61,303	61,303

Notes to the accounts

General information

We are a statutory body governed by the Medical Act 1983 and are registered with the Charity Commission for England and Wales (1089278), and with the Office of the Scottish Charity Regulator (SC037750).

1. Principal accounting policies

(i) Accounting convention

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP (FRS 102) first published on 16 July 2014, updated 1 October 2019.

Our financial statements have been prepared on a going concern basis and in accordance with the Charities Statement of Recommended Practice (FRS 102) - effective 1 October 2019, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and UK Generally Accepted Practice as it applies from 1 October 2019. As detailed in the Trustees' Report, the Trustees remain of the view that the GMC is a going concern and there are no material uncertainties related to events or conditions that cast significant doubt on our financial stability for the foreseeable future. The GMC meets the definition of a public benefit entity under FRS 102.

(ii) On 16 December 2016 the GMC incorporated a trading subsidiary, GMC Services International LTD, company number 10530157, which is wholly owned by share capital by the General Medical Council.

(iii) A separate statement of financial activities has not been presented for the charity alone as this is not considered to be materially different from the consolidated statement of financial activities (SOFA). For the parent charity the net movement in funds is shown beneath the SOFA, with commercial activities from our subsidiary being separately identified on the face of the SOFA on page 69.

(iv) The principal accounting policies adopted in the preparation of the financial statements, which have been applied consistently, are detailed below.

Incoming resources

Income is included in the statement of financial activities when all of the following criteria are met:

- Entitlement – control over the rights or other access to the economic benefit has passed to the GMC
- Probability – it is more likely than not that the economic benefits will flow to the GMC
- Measurement – the value can be measured reliably.

The following specific policies apply:

- Annual retention fees relate to services associated with regulation over a 12-month period. Income is deferred and released to the statement of financial activities on a straight-line basis over the period to which the income relates.
- Registration fees, including provisional registration fees, are recognised when registration is granted.

- Professional and Linguistic Assessments Board (PLAB) fees are recognised when the examinations are sat.
- Income from investments and funds held on deposit is recognised when it is receivable and the amount can be accurately measured.

All income is recognised gross.

Basis for recognising liabilities

Expenditure includes staffing costs, office costs, committee costs, legal costs, accommodation costs, purchase of assets, and financial, actuarial and professional costs.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

Basis for allocation of resources expended

The majority of our resources are expended directly in pursuit of our charitable aims, and are identified as such in the statement of financial activities.

Accommodation costs, governance costs and other support costs are apportioned to charitable activities on the basis of staff head count across the organisation.

Irrecoverable VAT

Any irrecoverable VAT is charged to the statement of financial activities as part of the relevant item of expenditure, or capitalised as part of the cost of the related asset where appropriate.

Taxation

We apply appropriate exemptions from taxation on income and gains available to charities, so no taxation is payable on the net incoming resources of the charity. The charity's subsidiary company is subject to Corporation Tax in the same way as any commercial organisation.

Debtors

Trade and other debtors are normally recognised at the settlement amount due after any trade discount offered. Prepayments are normally valued at the amount prepaid net of any trade discounts due.

Creditors and provisions for liabilities

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Critical accounting judgments and key sources of estimation uncertainty

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are:

- All unsettled claims for legal costs made against the GMC are reviewed on a case-by-case basis at the year end. Provisions are based on historical experience and a detailed assessment of the specific details of current cases. The final settlement of cases is dependent on a number of factors, so the accuracy of the provision is subject to a significant degree of uncertainty.

- Provisions for property dilapidation costs are made for all leased buildings. They are assessed on a case-by-case basis reflecting the different configurations of leased buildings and the cost to revert to their original state. We apply annual inflationary increases in line with CPI, and periodically seek third-party advice to ensure our estimates remain appropriate.
- Provisions for holiday pay are based on the actual level of accrued holiday entitlement outstanding at the year end and salaries of each staff member.

Tangible fixed assets

Tangible fixed assets are stated at cost, net of depreciation and any provision for impairment. Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £5,000.

Intangible fixed assets

Intangible fixed assets comprise computer software. They are stated at cost, net of amortisation and any provision for impairment. Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £5,000.

Depreciation

Depreciation is provided so as to write off the cost, less estimated residual value, of the assets evenly over their estimated lives.

The estimated useful lives are as follows:

- leasehold buildings and leasehold improvements – the lesser of five years or the remaining term of the lease
- furniture, fixtures, and office fittings – the lesser of five years or the remaining term of the lease
- information technology (IT) equipment – three years
- intangible assets (IT software) – three years
- other office equipment – three years for IT-related items and five years for all other items.

Depreciation rates are reviewed on a regular basis comparing actual lives of assets with the accounting policy rates.

Licensed IT software

Development costs for implementing new IT systems are capitalised and depreciated over the lesser of 3 years or the useful life of the asset. The first year licence costs are capitalised as they are necessary to bring the asset into use, subsequent year licence costs are treated as operating expenditure.

Operating leases

Rent payable under operating leases is charged to the statement of financial activities on a straight-line basis over the period of the lease.

Financial instruments

The charity has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost. Financial assets held at amortised cost consist of cash and bank balances, short-term deposits (cash flow statement), investments held in cash deposits (note 8) together with trade and other debtors (note 9). Financial liabilities held at amortised cost comprise trade and other creditors, tax and social security creditors and accruals (note 10).

Investments

Our investment policy separates our funds into four categories: those which are required as working capital for the normal day-to-day operation of the business; those which we invest under management; those which we may decide to invest in a trading subsidiary; and the remaining cash balance which fluctuates during the year. Funds held as cash for the normal day-to-day operation of the business are shown on the GMC's balance sheet within current assets, while funds held for the longer term are shown as investments.

Pensions

We have a defined benefit pension scheme for permanent employees. The scheme was closed to new members on 30 June 2013, and for future accrual to existing members on 31 March 2018, and replaced by a defined contribution scheme. The surplus or deficit of the defined benefit scheme is recognised on the balance sheet. Changes in the assets and liabilities of the scheme are disclosed and allocated as follows:

- Charges relating to current or past service costs, and gains and losses on settlements and curtailments, are included within staff costs and charged to the statement of financial activities.
- Interest on the net defined benefit asset / liability is shown as a net amount of other finance costs or as an incoming resource alongside investment income and interest. Actuarial gains and losses are recognised immediately in other recognised gains and losses on investments.
- The assets, liabilities and movements in the surplus or deficit of the scheme are calculated by qualified independent actuaries as an update to the latest full actuarial valuation. Details of the defined benefit scheme assets, liabilities and major assumptions are shown in the notes to the accounts.

- Our defined contribution pension scheme was set up on 1 July 2013. Contributions to the scheme are charged to the statement of financial activities in the year in which they are payable to the scheme.

Funds and reserves

The majority of our funds are unrestricted, and so can be expended at the trustees' discretion in pursuit of our charitable aims. Restricted funds will be expended in line with the purpose of the funding.

Termination payments

Termination payments are accounted for as soon as the organisation is aware of the obligation to make the payment.

2. Income from charitable activities

	Unrestricted funds £'000	Total 2024 £'000	Unrestricted funds £'000	Total 2023 £'000
Registration				
Annual retention fees	122,242	122,242	112,228	112,228
Registration fees	6,904	6,904	6,622	6,622
Provisional registration fees	267	267	234	234
PLAB fees	25,335	25,335	20,392	20,392
Other fees	102	102	119	119
	154,850	154,850	139,595	139,595
Specialist and GP registration				
Certificates of Completion of Training fees	3,918	3,918	3,583	3,583
Certificate of Eligibility for Specialist Registration/ Certificate of Eligibility for General Practitioner Registration fees	2,025	2,025	2,196	2,196
Other fees	54	54	67	67
	5,997	5,997	5,846	5,846
Revalidation				
Revalidation annual return	168	168	133	133
Revalidation assessment	57	57	35	35
	225	225	168	168

3. Income from raising funds

	Unrestricted funds £'000	Restricted funds £'000	Total 2024 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2023 £'000
Activities for raising funds						
Other trading activities*	284	-	284	168	-	168
Commercial trading operations†	410	-	410	442	-	442
Other‡	141	-	141	625	-	625
	835	-	835	1,235	-	1,235
Investment income						
Bank interest	2,531	-	2,531	2,065	-	2,065
	2,531	-	2,531	2,065	-	2,065
Department of Health funding						
Funding to cover expenditure on PA and AA regulation§	-	3,106	3,106	-	1,567	1,567

* Other trading activities include the reimbursement of costs of staff seconded to external bodies.

† Income from commercial trading operations is derived from GMC Services International Ltd, a wholly owned subsidiary, which provides services on a commercial basis including consultancy, training & accreditation.

‡ Other income includes reimbursement of legal fees from appeals.

§ The Department of Health and Social Care has provided funding for the GMC to implement the regulation of physician associates and anaesthesia associates, which commenced on 13 December 2024.

4. Total expenditure

Charitable activity and support cost allocation

	Direct staffing costs	Direct costs	Allocated costs	Total 2024	Direct staffing costs	Direct costs	Allocated costs	Total 2023
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Expenditure on								
Commercial trading operations	325	61	-	386	308	57	-	365
Investment management costs	-	288	-	288	-	244	-	244
Total expenditure on raising funds	325	349	-	674	308	301	-	609
Fitness to practise	23,821	6,336	21,917	52,074	22,576	6,532	19,890	48,998
Registration and revalidation	17,239	14,104	19,188	50,531	16,030	11,164	16,123	43,317
External relationships*	11,146	815	7,649	19,610	10,554	834	6,932	18,320
Medical Practitioners Tribunal Service	5,227	4,072	5,287	14,586	5,134	4,903	4,874	14,911
Education and Standards	9,006	226	6,098	15,330	8,745	323	5,566	14,634
Department of Health funding - PA and AA regulation	1,704	981	-	2,685	859	397	-	1,256
Total charitable expenditure	68,143	26,534	60,139	154,816	63,898	24,153	53,385	141,436
Other expenditure - legal provision	-	684	-	684	-	683	-	683
Other expenditure - dilapidation provision	-	(162)	-	(162)	-	1,333	-	1,333
Total group expenditure	68,468	27,405	60,139	156,012	64,206	26,470	53,385	144,061

* External relationships include the work done by our Regional Liaison Service, strategic relationships, our devolved offices, and our European and international development activities.

Support costs allocated to charitable activities

	Management	IT	Human resources	Finance	Procurement	Facilities	Governance	Total 2024	Management	IT	Human resources	Finance	Procurement	Facilities	Governance	Total 2023
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Fitness to practise	4,379	7,364	2,458	1,006	241	4,982	1,487	21,917	4,364	5,925	2,434	899	177	4,650	1,441	19,890
Registration and revalidation	3,834	6,447	2,152	881	211	4,361	1,302	19,188	3,538	4,803	1,973	728	143	3,770	1,168	16,123
External relationships	1,528	2,570	858	351	84	1,739	519	7,649	1,521	2,065	848	313	62	1,621	502	6,932
Medical Practitioners Tribunal Service	1,056	1,776	593	243	58	1,202	359	5,287	1,069	1,452	597	220	43	1,140	353	4,874
Education and Standards	1,218	2,049	684	280	67	1,386	414	6,098	1,221	1,658	681	252	49	1,302	403	5,566
Total charitable expenditure	12,015	20,206	6,745	2,761	661	13,670	4,081	60,139	11,713	15,903	6,533	2,412	474	12,483	3,867	53,385

Support costs are allocated to charitable activities on the basis of staff head count across the organisation.

Support cost recharges have been made to both the trading subsidiary, GMC Services International Ltd, and the PA and AA regulation project throughout the year on a direct basis, using the logic of allocation outlined above, and are therefore treated separately to the year end allocation.

Group expenditure by type

	Charitable activities 2024	Expenditure on raising funds 2024	Department of Health funding - PA and AA regulation 2024	Other expenditure 2024	Total 2024	Charitable activities 2023	Expenditure on raising funds 2023	Department of Health funding - PA and AA regulation 2023	Other expenditure 2023	Total 2023
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Staffing costs	97,039	325	1,704	-	99,068	89,983	308	859	-	91,150
Office costs	1,567	45	788	-	2,400	2,158	44	332	-	2,534
Council and committee costs	454	-	-	-	454	395	-	-	-	395
Panel and assessment costs	20,132	-	120	-	20,252	18,031	-	65	-	18,096
Legal costs	4,414	-	-	684	5,098	4,594	-	-	683	5,277
Accommodation costs	9,020	-	-	(162)	8,858	8,048	-	-	1,333	9,381
Financial, actuarial and professional costs	4,463	304	-	-	4,767	3,739	257	-	-	3,996
Purchase of assets - charged to revenue	7,349	-	-	-	7,349	5,389	-	-	-	5,389
Assets written off	22	-	-	-	22	851	-	-	-	851
Depreciation	2,215	-	-	-	2,215	2,231	-	-	-	2,231
Amortisation	5,457	-	73	-	5,530	4,761	-	-	-	4,761
	152,132	674	2,685	522	156,013	140,180	609	1,256	2,016	144,061

Total resources expended

	2024	2023
	£'000	£'000
Operating lease costs: leasehold property and equipment	4,408	3,453
Audit fees	55	55

5. Staff

	2024	2023
Total costs of all staff	£'000	£'000
Salaries	74,908	70,082
Social security costs	8,444	7,317
Superannuation costs defined contribution scheme	11,502	9,999
Redundancy costs	165	130
Other staffing costs	4,049	3,622
	99,068	91,150

During the year the General Medical Council made termination payments of £80,000 (2023: £86,000) which included £50,000 relating to and accrued in 2023. At year end payments of £135,000 were outstanding (2023: £50,000).

Average staff numbers in the year by category	2024	2023
Fitness to practise	460	460
Registration and revalidation	403	373
External relationships	161	160
Medical Practitioners Tribunal Service	111	113
Education and Standards	128	128
Governance and management	194	178
Resources	255	249
	1,712	1,586
GMC Services International Ltd	1	1
	1,713	1,587

The number of staff whose total employee benefits (excluding employer pension contributions) fell into higher salary bands was:

	2024	2023
GMC		
£60,000-£70,000	74	74
£70,001-£80,000	50	50
£80,001-£90,000	44	38
£90,001-£100,000	40	29
£100,001-£110,000	11	10
£110,001-£120,000	8	9
£120,001-£130,000	10	9
£130,001-£140,000	11	7
£140,001-£150,000	4	3
£150,001-£160,000	3	3
£160,001-£170,000	2	2
£170,001-£180,000	1	-
£210,001-£220,000	-	3
£220,001-£230,000	4	3
£230,001-£240,000	2	-
£270,001-£280,000	-	1
£280,001-£290,000	1	-
	265	241
MPTS		
£60,000-£70,000	2	1
£70,001-£80,000	2	2
£80,001-£90,000	-	1
£90,001-£100,000	2	2
£120,001-£130,000	1	-
£130,001-£140,000	1	1
	8	7
Total	273	248

	2024	2023
Number of staff included above for whom retirement benefits are accruing		
GMC defined contribution pension scheme	271	246
	271	246

The senior management team includes the Chief Executive, six permanent directors and one temporary director to cover a secondment in 2024. The total employee benefits (including employer pension contributions) of the senior management team was £1,888,896 in 2024 (2023: £1,812,679).

Senior management team remuneration	Basic salary 2024	Basic salary 2023
	£'000	£'000
Charlie Massey – Chief Executive	277	264
Paul Reynolds – Director of Strategic Communications and Engagement	226	216
Shaun Gallagher – Director of Strategy and Policy	226	216
Una Lane – Director of Registration and Revalidation	226	216
Neil Roberts – Director of Resources	226	216
Professor Colin Melville – Director of Education and Standards	226	216
Anthony Omo – Director of Fitness to Practise*	184	216
Elizabeth Jenkins – Director of Fitness to Practise†	42	-

* Anthony Omo was seconded to the Nursing and Midwifery Council on the 28 October 2024.

† Elizabeth Jenkins is temporarily the Director of Fitness to Practise from 28 October 2024. The remuneration disclosed covers the period from 28 October 2024 to 31 December 2024.

All GMC staff, including the senior management team, are entitled to pension contributions of 15% of salary into the GMC Group Personal Pension Plan and may exchange contributions for salary.

The Chief Executive and Directors receive non-consolidated pay. In both 2024 and 2023 payments were below 3% of basic salary for all members of the senior management team.

All GMC staff, including the senior management team, are entitled to buy and sell leave and to the taxable benefit of private medical insurance. These costs and benefits are not included in the table above.

The Chief Executive's salary is 7.6 (2023: 7.6) times the median salary and 11.8 (2023: 12.3) times the lowest salary.

There were no related party transactions in the year that require disclosure other than payments made to trustees as disclosed in notes 17 and 18.

6. Intangible fixed assets

Group and charity

Computer software and systems development £'000

Cost	
Balance at 1 January 2024	37,376
Additions	8,076
Disposals	(2,648)
Impairment	
Balance at 31 December 2024	42,804
Amortisation	
Balance at 1 January 2024	20,769
Amortisation charge for year	5,530
Disposals	(2,646)
Impairment	
Balance at 31 December 2024	23,653
Net book value at 1 January 2024	16,607
Net book value at 31 December 2024	19,151

Intangible assets incorporates all IT software development costs including, but not limited to, the development of our strategic applications, Siebel, Livelink and Agresso, the development of IT security systems, facilities management systems and website. Intangible assets also include the systems to support working from home and mobile applications.

7. Tangible fixed assets

Group and charity

	Buildings £'000	Fixtures, furniture and equipment £'000	IT equipment £'000	Total £'000
Cost				
Balance at 1 January 2024	2,188	16,194	7,151	25,533
Additions	-	1,271	544	1,815
Disposals	(369)	(582)	(2,062)	(3,013)
Balance at 31 December 2024	1,819	16,883	5,633	24,335
Depreciation				
Balance at 1 January 2024	2,148	12,614	5,940	20,702
Depreciation charge for year	40	1,344	830	2,214
Disposals	(369)	(562)	(2,062)	(2,993)
Balance at 31 December 2024	1,819	13,396	4,708	19,923
Net book value at 1 January 2024	40	3,580	1,211	4,831
Net book value at 31 December 2024	-	3,487	925	4,412

8. Investments

Managed funds	Group		Charity		
	Listed Investments	Total	Listed Investments	Equity investment in group undertakings	Total
	£'000	£'000	£'000	£'000	£'000
The valuation at the end of the year consisted of					
As at 1 January 2024	61,573	61,573	61,573	333	61,906
Additions	35,103	35,103	35,103	-	35,103
Disposals	(35,397)	(35,397)	(35,397)	-	(35,397)
Gain on investments	573	573	573	-	573
Reversal of impairment*	-	-	-	24	24
Balance at 31 December 2024	61,852	61,852	61,852	357	62,209

* The General Medical Council incorporated a wholly owned trading subsidiary on 16 December 2016. Having previously been impaired by £267,000 due to trading losses incurred, we have revalued the investment by £24,000 in 2024 as a result of profits generated by the company thereby increasing its net assets.

Listed investments are managed by CCLA Investment Management Ltd. Investment management fees of £287,693 were incurred (2023: £243,805).

9. Debtors

	2024		2023	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Registration debtors	26,772	26,772	23,756	23,756
Prepayments and accrued income	7,168	7,274	6,299	6,410
Other debtors	1,535	1,509	920	899
	35,475	35,555	30,975	31,065

10. Creditors

	2024		2023	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Trade creditors	1,221	1,220	1,055	1,050
Tax and social security	2,155	2,153	2,106	2,105
Holiday pay	1,193	1,193	1,139	1,139
Accruals	8,393	8,352	6,785	6,734
Deferred income	82,965	82,960	81,043	80,989
	95,927	95,878	92,128	92,017

Charity deferred income

Income from annual retention fees is deferred and released to the statement of financial activities on a straight-line basis over a 12-month period from the date of renewal. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year. Professional and Linguistic Assessments Board (PLAB) fees are deferred to the date the examination is sat. Commercial income is recognised at the point the service is delivered.

	Annual retention fees £'000	PLAB fees £'000	Revalidation assessment fees £'000	Commercial activities £'000	Total £'000
Deferred income at 1 January 2024	66,700	14,234	55	54	81,043
Resources deferred during the year	73,503	9,426	31	5	82,965
Amounts released from previous years	(66,700)	(14,234)	(55)	(54)	(81,043)
Deferred income at 31 December 2024	73,503	9,426	31	5	82,965

11. Provisions

Group and charity

	2024	2023
	£'000	£'000
Dilapidations	4,312	4,474
Legal claims	6,653	5,969
	10,965	10,443

Dilapidations - each year we review our property leases and make a provision for dilapidations, where the cost can be reasonably estimated.

Legal claims - each year we make a provision for potential costs related to ongoing legal cases. We are reflecting potential additional costs that may arise following the outcome of an employment tribunal. Further details in relation to the ongoing case cannot be provided in order to avoid prejudicing proceedings.

	Dilapidations	Legal claims	Total
	£'000	£'000	£'000
Provisions at 1 January 2024	4,474	5,969	10,443
Provisions created during the year	-	1,099	1,099
Utilisation of provision	(20)	(189)	(209)
Amounts released from previous years	(142)	(226)	(368)
Provisions at 31 December 2024	4,312	6,653	10,965

12. Group fund movements in the year

Group and charity

	Unrestricted funds £'000	Restricted funds £'000	Pension fund £'000	2024 Total £'000
At 1 January 2024	64,104	2,122	(15,834)	50,392
Net incoming/(outgoing) resources	8,654	421	14,060	23,135
At 31 December 2024	72,758	2,543	(1,774)	73,527

	Unrestricted funds £'000	Restricted funds £'000	Pension fund £'000	2023 Total £'000
At 1 January 2023	56,290	1,811	(3,248)	54,853
Net incoming/(outgoing) resources	7,814	311	(12,586)	(4,461)
At 31 December 2023	64,104	2,122	(15,834)	50,392

13. Net assets by fund

Group and charity

Fund balances at 31 December 2024 are represented by

	Unrestricted funds	Restricted fixed asset funds	Pension reserve	2024 Total funds
	£'000	£'000	£'000	£'000
Intangible fixed assets	16,608	2,543	-	19,151
Tangible fixed assets	4,412	-	-	4,412
Investments	61,852	-	-	61,852
Current assets	96,778	-	-	96,778
Current liabilities	(95,927)	-	-	(95,927)
Provisions for liabilities and charges	(10,965)	-	-	(10,965)
Pension scheme liability	-	-	(1,774)	(1,774)
Total net assets	72,758	2,543	(1,774)	73,527

Fund balances at 31 December 2023 are represented by

	Unrestricted funds	Restricted fixed asset funds	Pension reserve	2023 Total funds
	£'000	£'000	£'000	£'000
Intangible fixed assets	14,485	2,122	-	16,607
Tangible fixed assets	4,831	-	-	4,831
Investments	61,573	-	-	61,573
Current assets	85,786	-	-	85,786
Current liabilities	(92,128)	-	-	(92,128)
Provisions for liabilities and charges	(10,443)	-	-	(10,443)
Pension scheme liability	-	-	(15,834)	(15,834)
Total net assets	64,104	2,122	(15,834)	50,392

The restricted intangible asset represents the capitalised cost of the IT system developed to regulate physician associates and anaesthesia associates.

14. Capital commitments

Capital expenditure authorised and contracted but unspent at 31 December 2024 amounted to £358,020. The equivalent figure for 2023 was £340,679.

15. Operating lease commitments

	Land and buildings		Equipment	
	2024	2023	2024	2023
Expiry date	£'000	£'000	£'000	£'000
Within one year	4,445	3,780	38	21
In years two to five	17,353	14,767	38	-
After more than five years	1,339	3,051	94	-
	23,137	21,598	170	21

Commitments include our obligations under our buildings and equipment leases. They are calculated up to the first lease break clause or lease end where there is no break clause in the agreement. Commitments are calculated on a cash basis rather than incorporating rent free benefits.

16. Superannuation schemes

The GMC has two staff pension schemes:

GMC Group Personal Pension Plan

This is a defined contribution pension scheme, which was set up on 1 July 2013. We started auto enrolment on 1 November 2013. At the end of 2024 there were 1,724 members of staff contributing to this scheme. It meets the government's requirements following the introduction of automatic enrolment. Individuals can choose to make additional contributions by deduction from salary to the scheme. Under the terms of FRS102, contributions are accounted for as a defined contribution scheme based on actual contributions paid through the year.

GMC Staff Superannuation Scheme

This is a funded scheme of the defined benefit type, providing retirement benefits based on final salary. The top-up arrangement is an unfunded scheme.

This scheme was closed to new members on 30 June 2013, and replaced by the GMC Group Personal Pension Plan. The scheme was closed to future accruals, other than those linked to salary changes, for existing members on 31 March 2018 therefore at the end of 2018 there were no members of staff contributing to this scheme.

The FRS 102 valuation has been based on a full assessment of the liabilities for the Scheme as at 31 December 2021. The present values of the defined benefit obligation, the related current service cost and any past service costs were measured using the projected unit credit method.

Actuarial gains and losses have been recognised in the period in which they occur (but outside the profit and loss account) through the Other Comprehensive Income (OCI).

The GMC recognises surplus in accordance with the requirements of FRS 102 Section 18. The trustees of the Scheme do not have the unilateral right to commence wind-up of the Scheme. Thus, the GMC assumes that the Scheme continues in existence until the last benefit payments are made to members, at which point any residual assets are returned to the GMC in line with the rules of the Scheme.

The GMC made a top-up payment to the scheme of £3.5 million in 2024. A further £2.5 million will be paid in 2025 before reverting to £1.5 million until 2031 under the terms of the recovery plan agreed as part of the 2021 triennial valuation.

Responsibility for investing pension scheme assets rests with pension trustees. The Pensions Act 1995 requires trustees to draw up a Statement of Investment Principles, setting out the scheme's investment strategy. Pension trustees are required to consult the employer (GMC) when drawing up the strategy, but do not require the employer's formal agreement. Following consultation with the GMC, in 2014 the pension trustees adopted a fiduciary management approach to the investment of the scheme's assets.

The principal assumptions used by the independent qualified actuaries to calculate the liabilities under FRS102 are set out below.

Main financial assumptions

	31 December 2024	31 December 2023
	%pa	%pa
Retail prices index inflation	2.9	2.9
Consumer price index inflation	2.6	2.6
Rate of general long-term increase in salaries	3.6	3.6
Pension increases (excess over guaranteed minimum pension)	2.6	2.6
Discount rate for scheme liabilities	5.5	4.4

Mortality assumptions

The mortality assumptions are based on standard mortality tables which allow for expected future mortality improvements. The assumptions are that a member currently aged 65 will live on average for a further 22 years (2023: 21.9 years) if they are male and for a further 24 years if they are female (2023: 23.9 years).

For a member who retires in 2044 at age 65 the assumptions are that they will live on average for a further 23.1 years after retirement if they are male and for a further 25.1 years after retirement if they are female.

Scheme asset allocation

	31 December 2024		31 December 2023	
	£'000	%	£'000	%
Delegated consulting services	131,420	99%	149,947	100.0
Other	773	1%	52	-
Total	132,193	100%	149,999	100.0

The Delegated Consulting Service (DCS) is a fiduciary management solution that invests in a wide range of underlying assets in order to meet the Scheme's specific investment objectives. The underlying asset allocation changes over time, based on the views of the fiduciary manager within the overall bounds set by the trustees. Under this approach the majority of scheme assets are invested in pooled funds. The managers of the pooled funds are required to have in place a policy on social, environmental and ethical considerations.

None of the Scheme assets are invested in the Company's financial instruments or in property occupied by, or other assets used by, the GMC.

Reconciliation of funded status to balance sheet

	31 December 2024	31 December 2023
	£'000	£'000
Fair value of assets	132,193	149,999
Present value of funded defined benefit obligations	(133,167)	(164,982)
Funded status	(974)	(14,983)
Present value of unfunded defined benefit obligation	(800)	(851)
Asset/(liability) recognised on the balance sheet	(1,774)	(15,834)

Amounts recognised in income statement

	31 December 2024	31 December 2023
	£'000	£'000
Financing cost		
Interest on net defined benefit liability	543	53
Pension income recognised in profit and loss	543	53

Amounts recognised in Other Comprehensive Income (OCI)

	31 December 2024	31 December 2023
	£'000	£'000
Asset (losses)/gains arising during the year	(24,197)	(10,536)
Liability gains/(losses) arising during the year	35,226	(5,564)
Actuarial (loss)/gain on defined benefit pension scheme	11,029	(16,100)

Changes to the present value of the defined benefit obligation during the year

	31 December 2024	31 December 2023
	£'000	£'000
Opening defined benefit obligation (DBO)	165,833	160,232
Interest expense on DBO	7,213	7,208
Actuarial (gains)/losses on liabilities	(35,226)	5,564
Net benefits paid out	(3,851)	(7,171)
Closing defined benefit obligation	133,969	165,833

Changes to the fair value of scheme assets during the year

	31 December 2024	31 December 2023
	£'000	£'000
Opening fair value of scheme assets	149,999	156,984
Interest income on scheme assets	6,670	7,155
(Loss) on scheme assets	(24,197)	(10,536)
Contributions made by the company	3,572	3,567
Net benefits paid out	(3,851)	(7,171)
Closing fair value of scheme assets	132,193	149,999

Actual return on scheme assets

	31 December 2024	31 December 2023
	£'000	£'000
Interest income on scheme assets	6,670	7,155
Gain/(loss) on scheme assets	(24,197)	(10,536)
Actual return on scheme assets	(17,527)	(3,381)

17. Related party transactions

	2024	2023
	£	£
Trustee honoraria		
Dame Carrie MacEwen (Chair)	110,000	110,000
Steve Burnett*	18,000	18,000
Vanessa Davies	18,000	18,000
Professor Anthony Harnden*	18,000	18,000
Lord Philip Hunt†	1,500	18,000
Professor Paul Knight*	18,000	18,000
Professor Deepa Mann-Kler	18,000	18,000
Dr Raj Patel	18,000	18,000
Professor Suzanne Shale	18,000	18,000
Dr Alison Wright	18,000	18,000
Dr Jeeves Wijesuriya‡	18,000	12,000
Douglas Millican‡	18,000	12,000

* Demitted as Council member December 2024

† Demitted as Council Member January 2024

‡ Appointed as Council member May 2023

Honoraria payments are permitted by the governing document of the General Medical Council, The Medical Act 1983, paragraph 17, schedule 1.

	2024	2023
Medical Practitioners Tribunal Service Committee members		
Her Honour Judge Deborah Taylor*	120,832	98,456
Gill Edelman (Gillian Gordon)	3,720	3,720
Joy Hamilton†	413	3,720
Professor Jacky Hayden‡	7,440	7,440
Dr Simon Mackenzie§	3,607	3,720
Barbara Larkin§	3,292	-
Dr Stephen Webb¶	930	-

* Appointed as Chair of MPTS Committee March 2023

† Demitted as MPTS Committee member February 2024

‡ Demitted as MPTS Committee member December 2024

§ Appointed as MPTS Committee member February 2024

¶ Appointed as MPTS Committee member October 2024

	2024	2023
Audit and Risk Committee co-opted members		
Aneen Blackmore*	-	-
Jon Hayes	3,315	3,752
Kenneth Gill†	-	930

* Appointed as Audit and Risk Committee member October 2023

† Demitted as Audit and Risk Committee member March 2023

	2024	2023
Investment Committee co-opted members		
Keith Mackay	1,300	2,688
Michael Jennings	1,755	2,086

	2024	2023
GMC Services International Ltd		
Dr Andrew McCulloch	1,950	318
Thalia Georgiou*	975	-
Victoria Cheston*	-	-

* Appointed as GMCSI Board member May 2024

18. Travel and subsistence expenses claimed in 2024

	2024	2023
	£	£
Trustees		
Dame Carrie MacEwen (Chair)	3,248	4,661
Steve Burnett*	2,703	3,259
Vanessa Davies	5,129	3,733
Professor Anthony Harnden*	1,375	1,323
Lord Philip Hunt†	-	952
Professor Paul Knight*	4,797	3,419
Professor Deepa Mann-Kler	7,380	3,773
Dr Raj Patel	2,630	2,837
Professor Suzanne Shale	1,169	510
Alison Wright	330	628
Dr Jeeves Wijesuriya‡	2,661	1,706
Douglas Millican‡	2,040	1,421

* Demitted as Council member December 2024

† Demitted as Council Member January 2024

‡ Appointed as Council member May 2023

Variations in expenses reflect that the trustees, committee members and the Senior Management Team live in different parts of the UK and are required to travel around the UK on GMC business, including to our offices in London, Manchester, Edinburgh, Belfast and Cardiff, and occasionally outside the UK. This also reflects that different numbers of meetings and events are attended by individuals. Deepa Mann-Kler is based in Belfast, and Vanessa Davies is based in Edinburgh.

Adjustments are also made for those with disabilities, which may mean that additional expenses are incurred for travel and accommodation according to specific needs.

	2024	2023
Medical Practitioners Tribunal Service Committee members		
Her Honour Judge Deborah Taylor*	90	81
Gill Edelman (Gillian Gordon)	528	724
Joy Hamilton†	-	1,107
Professor Jacky Hayden‡	582	774
Dr Simon Mackenzie‡	758	683
Barbara Larkin§	2,038	-
Dr Stephen Webb¶	330	-

* Appointed as Chair of MPTS Committee March 2023

† Demitted as MPTS Committee member February 2024

‡ Demitted as MPTS Committee member December 2024

§ Appointed as MPTS Committee member February 2024

¶ Appointed as MPTS Committee member October 2024

	2024	2023
Audit and Risk Committee co-opted members		
Aneen Blackmore*	237	-
Jon Hayes	310	519
Kenneth Gill†	-	29

* Appointed as ARC Committee member October 2023.

† Demitted as ARC Committee member March 2023.

	2024	2023
Investment Committee co-opted members		
Keith Mackay	-	-
Michael Jennings	69	21

	2024	2023
GMC Services International Ltd		
Dr Andrew McCulloch	125	-
Thalia Georgiou*	111	-
Victoria Cheston*	-	-

* Appointed as GMCSI Board member May 2024

	2024	2023
Senior management team		
Charlie Massey – Chief Executive	8,792	6,521
Shaun Gallagher – Director of Strategy and Policy	4,759	4,074
Una Lane – Director of Registration and Revalidation	4,195	5,101
Professor Colin Melville – Director of Education and Standards	9,895	5,648
Anthony Omo – Director of Fitness to Practise*	3,423	3,691
Elizabeth Jenkins – Director of Fitness to Practise†	2,395	-
Paul Reynolds – Director of Strategic Communications and Engagement	10,339	416
Neil Roberts – Director of Resources and Quality Assurance	7,938	9,969

* Anthony Omo was seconded to the Nursing and Midwifery Council on the 28 October 2024.

† Elizabeth Jenkins is temporarily the Director of Fitness to Practise from 28 October 2024. The expenses disclosed covers the period from 28 October 2024 to 31 December 2024.

Reference and administrative information

We are independent of the UK Government and of those we regulate, and are accountable to Parliament. Our powers are given to us by Parliament through the Medical Act 1983.

We are registered with the Charity Commission for England and Wales (1089278), and with the Office of the Scottish Charity Regulator (SC037750). We are not currently required to be registered separately with the Northern Ireland Charity Commission.

Our principal places of business are 3 Hardman Street, Manchester M3 3AW and Regent's Place, 350 Euston Road, London NW1 3JN. We also have offices in Belfast, Cardiff and Edinburgh; a centre for hearings, where the Medical Practitioners Tribunal Service is based, at St James's Buildings, 79 Oxford Street, Manchester M1 6FQ; and a Clinical Assessment Centre, in 3 Hardman Square, Manchester M3 3EB.

Our trustees have a duty to act impartially and objectively, and to take steps to avoid any conflict of interest arising as a result of their membership of, or association with, other organisations or individuals. As trustees, members have a duty to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless authorised to do so. To make this fully transparent, we publish a register of members' interests on our website.

Day-to-day management of the organisation is delegated to the Chief Executive, Charlie Massey. You can read more about our governance and management arrangements earlier in this report.

We work with the Professional Standards Authority (PSA), an independent body, which is accountable to Parliament and scrutinises and oversees our work, together with other health and social care professional regulatory bodies in the UK.

Information requests

In 2024, we received 484 requests for personal information under the UK General Data Protection Regulation (GDPR). This was an increase of 8% from 2023. We also received 793 information requests under the Freedom of Information Act in 2023, down 6% from 2023.

We achieved 86% against our target to respond to 80% of personal information requests within the statutory timeframe. For Freedom of Information requests, we achieved 86% against our target of responding to 90% within 20 working days.

Our registration reference with the Information Commissioner's Office is Z7423389.

Paying for goods and services

We paid 97% of valid and undisputed invoices within 30 days and did not pay any interest to suppliers due to late payment in excess of 30 days.

Professional advisers

Bankers

National Westminster Bank Plc
250 Bishopsgate
London
EC2M 4AA

Investment adviser

Mercer Limited
1 Tower Place West
Tower Place
London
EC3R 5BU

Solicitors

The majority of our legal work is carried out by
our in-house legal team.

Auditors

Crowe U.K. LLP
2nd Floor, 55 Ludgate Hill
London
EC4M 7JW

Actuary and pension scheme adviser

Aon
Parkside House, Ashley Road
Epsom
Surrey
KT18 5BS

Email: gmc@gmc-uk.org
Website: gmc-uk.org
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then
0161 923 6602 to use the Text Relay service.

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To ask for this publication in another format or language, please call us on **0161 923 6602** or email us at gmc@gmc-uk.org.

I ofyn am y cyhoeddiad hwn mewn fformat neu iaith arall, ffoniwch ni ar **0161 923 6602** neu e-bostiwch ni ar gmc@gmc-uk.org.

You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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