

# GMC Council Meeting 13 December 23

PUBLISHED  
22 January 2024

**Council**

# Agenda

## Main meeting

**Wednesday 13 December 2023 – 10:50 – 13:30**

### GMC London Office

#### Meeting

10:50 – 10:53 <i>3 mins</i>	<b>M1</b>	<b>Chair's business</b>
10:53 – 10:55 <i>2 mins</i>	<b>M2</b>	<b>Minutes of the meeting on 2 November 2023</b>
10:55 – 11:10 <i>15 mins</i>	<b>M3</b>	<b>Chief Executive's report</b>
11:10 – 11:35 <i>25 mins</i>	<b>M4</b>	<b>Business plan and budget 2024</b>
11:35 – 11:50 <i>15 mins</i>		<b>Break</b>
11:50 – 12:10 <i>20 mins</i>	<b>M5</b>	<b>Report of the MPTS Committee</b>
12:10 – 12:25 <i>15 mins</i>	<b>M6</b>	<b>Report of the Audit and Risk Committee</b>
12:25 – 12:40 <i>15 mins</i>	<b>M7</b>	<b>Report of the Remuneration Committee</b>
12:40 – 13:00 <i>20 mins</i>	<b>M8</b>	<b>Update on regulatory reform</b>
13:00 – 13:20 <i>20 mins</i>	<b>M9</b>	<b>Fairer Employer Referrals</b>
13:25 – 13:30 <i>10 mins</i>	<b>M10</b>	<b>Any other business</b>

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

**M11 Council forward work programme**

**M12 Annual report on defined contribution pension scheme**

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

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Draft as of: 30 November 2023

*To approve*

# Minutes of the meeting on 2 November 2023

## Members present

Carrie MacEwen, Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Philip Hunt

Paul Knight

Deepa Mann-Kler

Douglas Millican

Raj Patel

Suzanne Shale

Jeeves Wijesuriya

Alison Wright

## Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Anthony Omo, Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Paul Reynolds, Director of Strategic Communications and Engagement

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

## Agenda item 2

### Minutes of the meeting on 2 November 2023

## Chair's business (item M1)

- 1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting. The Chair thanked GMC Northern Ireland colleagues for making arrangements for Council's visit to Belfast.
- 2 There were no apologies for absence.
- 3 Council noted the appointment of Aneen Blackmore as a co-opted member of the Audit and Risk Committee, as approved on circulation since the previous meeting.

## Minutes of the meeting on 28 September 2023 (item M2)

- 4 Council approved the minutes of the meeting on 28 September 2023 as a true record.

## Chief Executive's Report (item M3)

- 5 Council considered the Chief Executive's Report.
- 6 The Chief Executive gave an oral update. Council noted that:
  - a The ongoing industrial action by doctors in England was being monitored, with the potential of strike action by speciality and associate specialist (SAS) doctors to spread the dispute to the rest of the UK.
  - b Following recent debate on the role of Physician Associates (PAs) and Anaesthesia Associates (AAs), we have published an exchange of letters with NHS England, with the aim of supporting the colleges affected, showing leadership on the issue and providing factual information on the role of PAs and AAs.
  - c GMC decision makers are in the process of making judgements on individual medical school submissions for the Medical Licensing Assessment.
  - d The 2023 edition of the State of Medical Education and Practice would be published in the next two weeks.
- 7 Council received an oral update on finances, noting that:
  - a Total forecast expenditure for 2023 is £148 million, £1 million more than forecast income.
  - b The £2.4 million capital expenditure on the clinical assessment centre was on target to be paid back in the next two years.

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### Minutes of the meeting on 2 November 2023

- c** In the future the policy will remain that fees for all registrants will be cost reflective.
  - d** Council will attend a seminar session on investments in December 2023 and a means of providing more timely updates for Council on investments was being explored.
- 8** Council noted the Chief Executive’s report, performance annex and Corporate Opportunities and Risk Register.

## Fair training cultures (item M4)

- 9** Council received a paper providing an update on progress against our commitment to eliminate discrimination, disadvantage, and unfairness for all index measures of fair medical education and training pathways by 2031.
- 10** Council noted that:
- a** Outcomes for Foundation Year 1 preparedness were in decline across all demographics, but poorer outcomes were felt by those already at a disadvantage.
  - b** We have formed a joint working group with Medical and Dental Recruitment and Selection (MDRS) to improve aspects of recruitment and selection.
- 11** During the discussion, Council noted that:
- a** Any additional analysis of international medical graduates, in relation to other protected characteristics, particularly sex, would be shared with Council.
  - b** Relevant results of the UK Foundation Programme Office random allocation pilot, including the suggested 80% of applicants securing their first preference of placement, would be shared with Council when available.
  - c** The Chair would follow up with the Academy of Medical Royal Colleges (AoMRC) an article in the British Medical Journal reporting that international medical graduates in the AoMRC’s Medical Training Initiative were paid less than doctors permanently resident in the UK.
- 12** Council endorsed the achievements against our commitment, our priorities and our asks of others in relation to fair training cultures.

## Update on regulatory reform (item M5)

- 13** Council received a paper providing an update on progress on regulatory reform and the introduction of regulation for PAs and AAs.

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**14** Council noted that:

- a** Recent debate on social media and in the national media about the role of PAs and AAs had highlighted issues around the NHS England Long-Term Workforce Plan and the scope of practice and capacity for PA and AA students.
- b** The timetable for the AA and PA Order (AAPAO) remained tight, although the Department of Health and Social Care reported that the Order is on track to be laid before Parliament by the end of 2023.
- c** A small number of issues in relation to the AAPAO, raised by the GMC, remained outstanding.
- d** The GMC consultation on draft rules arising from the AAPAO was planned for spring 2024, alongside planning for the future Medical Professions Order.
- e** The engagement process for the consultation would include AAs, PAs, doctors, members of the public and communities of interest. Council members would be encouraged to share details with their contacts.

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

- a** Further consideration would be given to how we clearly differentiate AAs and PAs from doctors.
- b** Plans for communications about bringing PAs and AAs into regulation in both the short and long term would be shared with Council.

**16** Council noted:

- a** The work being done to support and encourage a whole system response to the issues being raised around the roles of PAs and AAs.
- b** Progress of the drafting of the AAPAO and current plans for the GMC consultation on the rules, policies and guidance ahead of its implementation.
- c** Developments in work on involving our audiences in regulatory reform.

## **Involving patients and the public in our work (item M6)**

**17** Council received a paper providing an update on progress in our engagement with patients, the public and their representatives and in embedding their views in our work as a regulator.

**18** Council noted that:

- a** The work on patient and public involvement (PPI) in our work was focused on outcomes, what success looks like and how to measure that success.
- b** Our work on PPI will help us to become a better regulator.

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### Minutes of the meeting on 2 November 2023

- c Guidance and training material was being provided to policy colleagues across the organisation, including training on impact evaluation for policy makers.

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

- a The reference in paragraph 38 of the paper to PPI and strategy did not mean a separate PPI strategy, but the approach to PPI, as set out in the paper, would be incorporated into the next GMC corporate strategy.
- b Further work on our aspirations for public perception of our effectiveness as a regulator would be given some consideration.

**20** Council noted the work being done across the organisation to improve our involvement of patients and the public.

## People survey 2023 (item M7)

**21** Council received an update on the results of the 2023 people survey and the proposed priority areas for further work.

**22** Council received a short presentation from IQVIA, the contracted provider of the survey, noting their recommendations that:

- a Lower scores around senior managers and assistant directors (ADs) should be explored.
- b Issues surrounding change management should be investigated and communication of change policy should be increased.
- c Free text responses should be analysed to gain a better understanding of key issues relating to low satisfaction scores about pay.
- d Any instances of harassment, bullying, abuse and discrimination should continue to be monitored and targeted action taken to reduce incidents.

**23** Council noted that:

- a IQVIA had compared the GMC to similar organisations and found that:
  - i The GMC has well engaged and positive staff and the organisation is well managed and performing well.
  - ii Low scores in relation to SMT and ADs were replicated in other organisations.
- b SMT were disappointed by the scores relating to their performance, as a lot of work had been put in following the 2022 survey results.
- c Activities in relation to leadership would be extended to ADs, such as on people management and pay.

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- d** A leadership team away day in November 2023 will focus on compassionate and collective leadership.
  - e** The results show large variations between teams, so there will be some follow-up scrutiny for some teams in relation to specific results.
- 24** During the discussion, Council noted that:
  - a** Council would receive an update on actions following up the SMT and AD results before the next planned update on the People Survey in October 2024.
  - b** Council members were impressed by the overall levels of engagement and response to the survey.
- 25** Council noted the people survey findings and the related ongoing work programmes.

## Equality, diversity and inclusion employer targets (item M8)

- 26** Council received an update on work and progress towards our agreed employer equality, diversity and inclusion (ED&I) targets.
- 27** Council noted that:
  - a** Good progress was being made with recruitment towards the target of a more ethnically diverse workforce to consist of 20% of colleagues from minority ethnic backgrounds.
  - b** Progress towards a management profile that reflects that diversity was more difficult as a result of lower staff turnover at those levels.
  - c** Progress on pay was good, with the profile of new joiners having an impact on overall differentials. Data in relation to pay equality was available internally.
  - d** There was no significant difference in people survey scores for staff joining before the pandemic and those joining after lockdowns ended.
- 28** Council noted the update on progress towards our employer ED&I targets and the supporting work programme.

## Complaints and compliments report (item M9)

- 29** Council received an update on our handling of customer complaints from April to June 2023.

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**30** Council noted that:

- a** A number of complaints had been received in relation to AAs and PAs coming into regulation. The Corporate Review Team was working with colleagues to formulate a response to those complaints.
- b** In total, more compliments had been received than complaints.
- c** The Chair had received some compliments direct from stakeholders and those have been shared with SMT.

**31** Council noted the review of customer complaints and compliments.

## **Any other business (item M10)**

### *Date of next meeting*

**32** Council noted that its next meeting was scheduled for 13 December 2023 in London.

## **Council forward work programme (item M11)**

**33** Council noted its forward work programme.

## Chief Executive's report

<b>Action</b>	To note
<b>Purpose</b>	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> <li>● We published <i>The state of medical education and practice in the UK: workforce report 2023</i> and achieved widespread positive media coverage.</li> <li>● We continue to work on the implementation of the Medical Licensing Assessment and are liaising closely with the Medical Schools Council (MSC).</li> <li>● We continue to engage with the Department for Health and Social Care (DHSC) on the anaesthesia associates and physician associates order (AAPAO).</li> </ul>
<b>Decision Trail</b>	Council receives this report at each full meeting.
<b>Recommendations</b>	<p><b>a</b> To consider the Chief Executive's report.</p> <p><b>b</b> To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
<b>Annexes</b>	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
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<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

**Agenda item M3**

**Chief Executive's report**

## **Publication of *The state of medical education and practice in the UK: workforce report 2023***

- 1** *The state of medical education and practice in the UK: workforce report 2023* was published on 13 November. Our communications and engagement activity focused on our statutory functions and the support we provide to international medical graduates, before and after registration, including our Welcome to UK practice workshops. We particularly highlighted:
  - a) The importance of continuing to attract skilled and experienced international medical graduates (IMGs) is crucial for the UK's healthcare systems now, and in the future.
  - b) Data showing that the profession is becoming more diverse. Working environments must embrace this diversity. Inclusive and supportive cultures support recruitment and retention and enable better patient care.
  - c) More flexible training and career pathways could increase the likelihood of doctors remaining in UK practice.
  - d) Doctors who trained overseas are increasingly important in general practice. The number of doctors who first trained abroad, and joined the GP register, almost tripled in five years.
- 2** Coverage was positive and led with our messaging. Broadcast included BBC TV News channel, and BBC Radio 4's The Today Programme, news bulletins across BBC Radios 1, 2, 3, 4, 5 Live and 6 Music, plus regional BBC stations. It also featured on BBC News online (featuring pictures and quotes from our Welcome to UK practice workshop), and on Sky News. An interview with Charlie was distributed across 400 independent local/regional radio stations.
- 3** National media print and online coverage included The Daily Telegraph, The Times, The Guardian, The Independent, The Sun, The Mirror, The Daily Mail, Metro and the Daily Record. Widespread coverage across more than 160 regional newspaper websites was also achieved.
- 4** BMJ, Pulse, GP online, Hospital Times, Clinical Services Journal and Medscape all led with our messaging. The story was also the lead news item in the BMJ's print edition. We engaged with stakeholders early and received positive support. The British Medical Association (BMA), Royal College of Physicians, Royal College of Surgeons, and The King's Fund all published responses on their websites.

## **Regulatory reform**

- 5** We understand that the Department for Health and Social Care (DHSC) remains on track to lay the anaesthesia associates and physician associates order (AAPAO) in legislatures in mid-December.

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- 6** While the DHSC has made some late changes to the Order in response to our feedback, there remain a few areas that we will return to once the department begins drafting the subsequent medical professions order (title TBC). Our preparations for a spring consultation on the rules, guidance and standards required to bring PAs and AAs into regulation also remain on track.
- 7** A spring consultation should allow sufficient time for analysis of responses, revisions to the rules, guidance and standards, final approval by Council, to enable implementation of regulation by the end of 2024.
- 8** Concerns about PA and AA roles continue to be raised through a range of channels. These include questions about the scope of PA and AA practice and the capacity of local systems to train and incorporate increased numbers of PAs and AAs. While many of the concerns being raised are not within our remit, we continue to set out the benefits of professional regulation for patients, doctors, and PAs and AAs. We have also identified where others can take action to address concerns that are being raised, not only about their deployment, but about the impact of workforce strategies on postgraduate training across all four countries of the UK.
- 9** In October, I wrote to health service leaders in England, Northern Ireland, Scotland and Wales, to ask them to make specific commitments to protect postgraduate training, including by growing training opportunities and capacity, protecting time for training and expanding the trainer workforce.
- 10** We have also encouraged a whole system response to questions such as how PAs and AAs fit within the multi-disciplinary team and how they may safely develop their scope of practice over time. For our part we continue to engage a wide range of stakeholders to remind them of the progress we have already made to develop the policies and processes required for regulation of PAs and AAs; and to explain the steps we are taking to ensure that regulation can begin at the end of 2024, if the UK government lays the AAPAO to their current timetable. We will keep Council updated as these discussions progress.

## **The Medical Licensing Assessment (MLA)**

- 11** As noted in the last Chief Executive's report, we have begun to share draft compliance reports on individual medical schools' clinical and professional assessments (CPSAs) with schools' assessment teams. In November, the first of these schools completed the process, and GMC assistant registrars confirmed they comply with the CPSA requirements. We have published these outcomes on the GMC website, representing a significant milestone in the MLA's progress towards practical implementation.
- 12** Medical school staff are now integrating the information provided centrally by the MSC about the medical school applied knowledge test (MS AKT) with their individual evidence about

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local delivery. We have prioritised our engagement with the eight schools that deliver the AKT in the penultimate year of their programme—i.e. before the end of the current academic year. They have already made updated submissions. We will shortly begin to share compliance reports with them for factual checking, and we will communicate decisions about their compliance by January 2024 at the latest. Activity on the compliance processes will continue in the new year with the remaining schools, which assess in the final year, sharing updated submissions with us in January. We remain committed to enabling assessment providers to demonstrate their AKTs' and CPSAs' compliance by 1 May 2024.

- 13** In due course, the GMC will integrate its regulation of the MLA with its overall quality assurance functions. However, we recognise that the initial compliance process is complex and that this places demand on colleagues, including in medical school assessment teams and at the MSC. We remain grateful for those colleagues' continuing engagement with, and commitment to, the process.
- 14** We continue to consider evidence submitted by GMC's Professional and Linguistic Assessments Board (PLAB) team against our AKT and CPSA requirements.
- 15** Discussions between the GMC and MSC have made constructive progress.

## **Industrial action update**

- 16** We understand from media reports that the DHSC has put forward an offer in relation to consultants' contracts, which the unions have now put to their members.
- 17** A formal ballot of specialty and associate specialist (SAS) doctors in England and a re-ballot of consultants to extend their industrial action mandate was launched on 6 November 2023. No potential dates for industrial action were announced as talks between the BMA and Government over how to resolve all pay disputes continue. BMA Cymru is also currently balloting junior doctors in Wales for strike action. All these ballots will close on 18 December.
- 18** Trainees in Northern Ireland are also being balloted on industrial action with the ballot closing on 19 February. This was announced after BMA representatives met with the Permanent Secretary, who couldn't give them assurances that they would receive a pay uplift of 6%, an above-inflation award, and that the Department would work with them to receive full pay restoration.

## **Enhanced monitoring**

- 19** There are currently 29 open enhanced monitoring cases, with conditions attached to GMC approval to deliver a programme of training at four sites.

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- 20** The risks within obstetrics and gynaecology training in University Hospitals Birmingham NHS Foundation Trust (QA11968) remain high. We also have an open enhanced monitoring case in haematology (QA12251) at the Trust which was opened due to concerns around the learning environment, culture and the support for learners and educators. We continue to work with West Midlands NHS England Workforce, Training and Education (WTE) team to monitor progress against the conditions we have set in obstetrics and gynaecology training and feed into the governance structure set by the Integrated Care Board (ICB) to monitor the departments.
- 21** We noted improvements in training in obstetrics and gynaecology at St George's University Hospitals NHS Foundation Trust. This case has recently been de-escalated from our enhanced monitoring process.

## **Parliamentary and stakeholder updates**

- 22** On 8 November, Professor Sue Carr, Deputy Medical Director, gave evidence to the Women and Equalities Select Committee as part of their inquiry into women's reproductive health. She set out our role in education and training, responded to Committee queries about revalidation, and research opportunities.
- 23** We wrote to the Health and Social Care Select Committee on 10 November in response to a letter from politicians in Northern Ireland about the Dr Michael Watt case, and our support for patients and their families.
- 24** We attended the autumn Academy of Medical Royal Colleges and Royal College Presidents meeting and discussed how we can support collective leadership in training, the workplace and regulation, as well as our draft position statement on medical education and training.
- 25** On 21 November we hosted members of the House of Lords to discuss key issues the medical profession including winter pressures, as well as the upcoming legislation to bring about regulatory reform.
- 26** On 28 November we hosted our autumn patient group roundtable. Attendees discussed how we can work in partnership to improve understanding of what patients can expect from medical professionals, an overview of how we will involve patients in regulatory reform, and future updates to our guidance on low-level violence and dishonesty, and what this means for patients.
- 27** As reported in the last update, we briefed Peers and parliamentary committees on the implementation of the European Free Trade Association (EFTA) trade agreement which was laid in Parliament in October 2023. Our views on the agreement were extensively quoted in a subsequent report by the House of Lords Secondary Legislation Scrutiny Committee published on 10 November 2023. The report highlights that the agreement should not be used as the

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basis for any recognition of professional qualifications (RPQ) arrangements in future agreements with other countries, and that the inclusion of any RPQ framework in future trade agreements must not undermine the important patient safety checks that the GMC makes on doctors wishing to practise in the UK.

- 28** We also briefed parliamentarians in the Westminster and Scottish Parliaments on the AAs and PAs and what it means for these professions to be regulated when the AAPAO comes into force.
- 29** In November we attended the 15th conference of the International Association of Medical Regulatory Authorities (IAMRA). The conference brought together 306 representatives from 25 overseas regulators. We presented on *Good medical practice*, international information sharing, research on the migration of doctors, the role of regulators in combating climate change, and how we use our data to influence regulatory developments.
- 30** We also joined a meeting of the Council of European Medical Orders to discuss developments in European regulation and to present on the updated *Good medical practice*.
- 31** In November we held our first symposium, which focused on *Good medical practice 2024*. Early feedback from the 139 attendees who joined has been very positive. The plenary sessions brought together experts from across the UK healthcare sector to discuss the opportunities and challenges related to implementing the updated professional standards for all doctors in the UK. We created a graphic illustration of discussions on the day, and recorded brief vox pop videos with from delegates asking them why *Good medical practice* is important.

## Inquiries and reviews

- 32** The Thirlwall inquiry is looking into events at the Countess of Chester Hospital surrounding the Lucy Letby case. Since we reported to Council in November, the terms of reference for the Inquiry have been confirmed and published. The solicitors to the inquiry have now written to us requesting a range of information about our regulatory functions and procedures, complaints received and the culture of the NHS. This is routine with inquiries of this kind, and we are currently preparing our response.
- 33** During the summer we submitted a draft witness statement and supporting documentation to the UK Covid inquiry. The inquiry has asked for clarification and additional information on a number of points, which we have now provided.
- 34** The Essex Mental Health Independent inquiry was opened in 2021 but struggled to make progress because staff were reluctant to come forward and give evidence. It has now been re-established as a full statutory public inquiry (the Lampard Inquiry). A consultation on the

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terms of reference closed on 28 November 2023. Once these have been confirmed we will re-establish contact with the inquiry team and provide appropriate assistance where required.

- 35** There are six further inquiries and reviews in progress that we are either monitoring or engaging with, including the Independent Review of Greater Manchester Mental Health Trust which is expected to report in the coming months. We will report to Council on these in due course.

## Operational performance

- 36** The annexed report details performance against our KPIs and priorities agreed in the business plan signed off by Council in December 2022. Regulation of AAs and PAs and regulatory reform programmes continue to report as amber as there is increased risk of delay with the DHSC's timeframes for laying the AAPA Order and beginning work on the medical professions order (title TBC). The MLA programme also remains amber due to stakeholder dependencies and a tight timeframe for delivery.
- 37** Following review of the prioritised list of projects at gateway, the investing in our people programme has been removed from the list of corporate projects as activities are more aligned with operational work and delivered as BAU, and the regulatory fairness implementation project has been added.
- 38** We saw reduced staff turnover of 7.7% in October which is slightly outside our target range of 8-12%. This was driven by the fact that we saw only resignations in October and no retirements when we normally see both. Trends over the last five years show that average staff turnover increases in November and December, therefore if 2023 follows this trend, we expect turnover to return within the target range. All other KPIs met their targets for the October reporting period.
- 39** We have added a new risk about AAs and PAs to the annexed corporate opportunities and risk register to highlight concerns that further delays to the timescale for commencing regulation may impact stakeholder confidence and lead to additional costs.

## Finance

- 40** Our finances remain in a strong position, and we continue to be assured that our medium term projections show our reserves continuing to sit within our target range.
- 41** Overall year to date we are £0.8m worse off than budget, this is due to:
- e) Additional £2m provided to the pension scheme – approved by Council in June and paid to the scheme.

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- f) Offset by upside across most income lines, investment income, being the exception. A loss year to October of £0.3m having been generated compared to a budget of zero.
- 42** We expect to be in line with budget at the end of 2023, due to the key differences above and no further need for gateway funds, so spend to year end will be some £1.3m less than budget.
- 43** The key risk associated with our current projections this year is the volatility of investment returns.
- 44** The key medium-term risk is the impact of high levels of inflation, which we expect will impact throughout the next few years.

## Executive Board

- 45** The Executive Board met on 30 October and considered the following:
- a) The approval of the designated body annual report which is a requirement of the GMC as a designated body.
  - b) As part of the digital first approach, the decision and rationale for providing doctors with a personalised email confirming registration rather than issuing certificates.
  - c) Proposed updates to the guidance for fitness to practise decision makers on low level violence and dishonesty which will be considered further at this Council meeting.
  - d) Following a recent pilot, the decision to retain a small number of lay associates within the performance assessment process rather than recruiting lay assessors.

## Corporate Seal

- 46** Annex A2 of the governance handbook requires Council to be updated on an annual basis as to when the corporate seal has been used. The seal has been used on the following occasions:
- a) The approval of Aston Medical School
  - b) A deed of amendment for the Defined benefit pension scheme (change of trustee)
  - c) The annual amendment of the fees regulations (Applications for GP and specialist registration and registration appeals panels procedure)

# M3 – Annex A - Performance annex

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

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

Indicator		Sep	Oct	Commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	97%	<b>People</b> - The rolling turnover stood at 7.7% in October which is below our target range of 8-12%. Turnover is typically driven by a combination of both resignations and retirements, however in October we saw only resignations and no retirements which resulted in lower overall turnover. Historical patterns suggest that we see higher numbers of colleagues leave the organisation at the end of the year, on average 9 in November and 11 in December over the past 5 years. If 2023 follows the same trend it is likely to push performance against this KPI back within the target range.
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	98%	98%	
	Conclude 90% of fitness to practise cases within 12 months	94%	96%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*	82%	83%	
Answer 80% of calls within 20 seconds	89%	85%		
Organisation	2023 Income and expenditure [% variance +/- 4%]**	-1.46%	0.53%	
	Rolling twelve-month staff turnover within 8-12%***	9.3%	7.7%	
	IS system availability (%) – target 99.89%	100%	99.93%	

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

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

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

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

		2022		2023									
Indicator		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	97%	98%	98%	99%	99%	98%	98%	97%	97%	97%
	Decision on 95% of all revalidation recommendations within 5 working days	96%	97%	96%	98%	98%	97%	98%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	96%	94%	96%	100%	100%	100%	93%	97%	98%	98%
	Conclude 90% of fitness to practise cases within 12 months	94%	94%	97%	94%	95%	93%	94%	92%	96%	96%	94%	96%
	Conclude or refer 90% of cases at investigation stage within 6 months	95%	97%	97%	97%	97%	97%	98%	98%	98%	97%	98%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	97%	98%	97%	98%	97%	97%	98%	98%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	0%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%	100%	No Cases	No Cases	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	92%	100%	100%	100%	100%	92%	100%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)*	83%	78%	85%	79%	81%	82%	81%	78%	79%	81%	82%	83%
	Contact Centre - Answer 80% of calls within 20 seconds	82%	81%	92%	87%	87%	85%	83%	85%	90%	89%	89%	85%
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+2.52%	+2.57%	+2.38%	+1.89%	0.43%	-0.47%	-0.05%	-2.79%	-2.65%	-2.01%	-1.46%	0.53%
	Rolling twelve-month staff turnover within 8-12%***	10.3%	10%	10.3%	10.4%	9.5%	9.1%	8.9%	9.2%	9.6%	9.3%	9.3%	7.7%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	99.99%	100%	100%	100%	100%	99.93%

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

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

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

# Corporate Strategy Delivery: Priority activities forecast

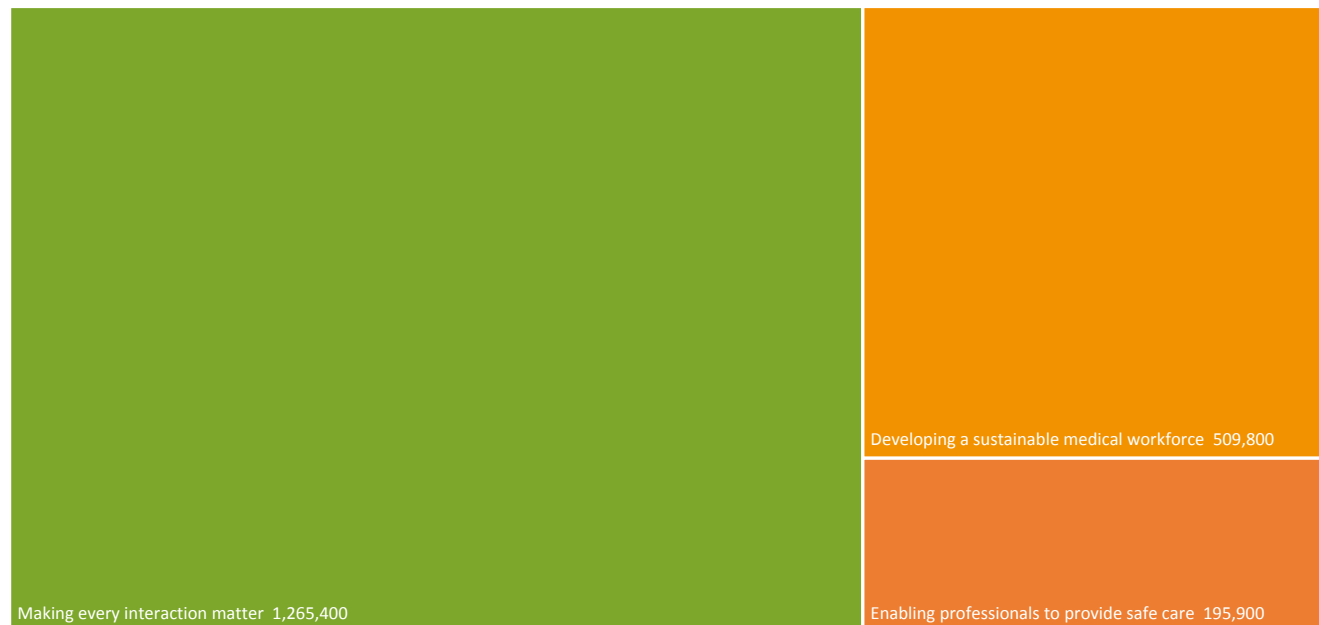
October – December 2023 estimated investment (project team resource)

## Our strategy 2021-25

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



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

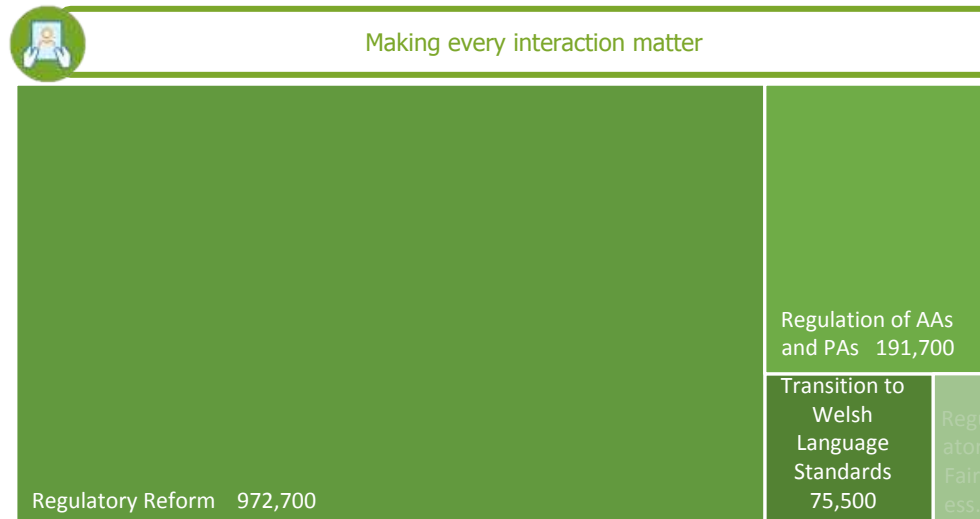
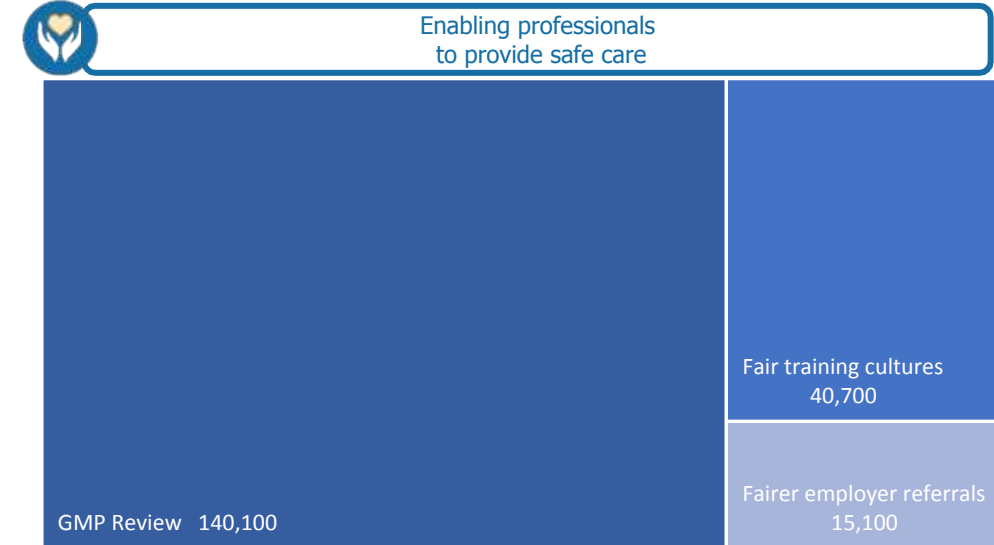


Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	1,265,400
Developing a sustainable medical workforce	509,800
Enabling professionals to provide safe care	195,900
<b>Total</b>	<b>1,971,100</b>

\*The majority of the benefits being delivered for the Investing in our people strategic theme are being delivered through operational work as opposed to change activity, and so resource investment does not feature in this graph.

# Corporate Strategy Delivery: Priority activities forecast

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



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

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



# Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p><b>Why:</b> Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on, and we will have launched an updated GMP.</p> <p><b>When:</b> Complete by Q1 2024 <b>Who:</b> Colin Melville; Mark Swindells</p>		<p>Good Medical Practice was published on 22 August and the reaction has been largely positive. We continue planning and developing the digital presentation of our professional standards as well as our implementation work. We are finalising the More Detailed Guidance and planning publication at the beginning of December.</p>
Fairer Employer Referrals	<p><b>Why?</b> To eliminate differentials in employer fitness to practise referrals</p> <p><b>When:</b> by 2026 <b>Who:</b> Anthony Omo</p>		<p>We are due to present a deep dive on the programme to Council in December and are currently preparing our content. We are also putting some additional details into our phase 3 plan to support final sign off following some further feedback received from our Assistant Director.</p> <p>During October, we also presented to the GMC ED&amp;I Steering Group to share our draft phase 3 plan and an update on measures and challenges for their feedback and to establish any further opportunities.</p>
Fair Training Cultures	<p><b>Why?</b> To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p><b>When:</b> September 2031 <b>Who:</b> Colin Melville</p>		<p>We attended our key Council and ED&amp;I steering group meetings this period. The feedback from the ED&amp;I steering group focussed on internal learning and sharing, in particular around our strategic review. We will share our approach with the FTP Fair to refer team. The feedback from Council was very positive and we will focus more working with partners on fair training cultures within undergraduate medical education and training moving forward. We aim to continue building the evidence base on what works and will continue to learn and share as evaluations are reported.</p> <p>Our work with the Medical and Dental Recruitment and Selection committee has continued in this period. We now have a final draft of person specification principles for group consultation, and we have agreed there is a need to update applicants and scoring guidance.</p> <p>The migration of reports from Tableau to PowerBI is in progress, this includes the progression reports which we use to report on Fair Training Cultures and we have consulted locally over short-term improvements we may be able to make. We have also begun supporting project and Quality Assurance Monitoring and Improvement colleagues on the Valuing Medical Educators project, which is part of the Education Strategy and is aimed at ensuring that educators and trainers are better supported in their roles.</p>



## Developing a sustainable medical workforce

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

2023 Priority change activities		RAG	Status
Introducing the Medical Licensing Assessment (MLA)	<p><b>Why?</b> Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p><b>When:</b> Q4 2025 <b>Who:</b> Colin Melville; Judith Chrystie</p>		<p>Whilst the overall MLA programme remains on track, the timetable remains challenging, with no remaining slack and we are approaching hard deadlines as the MLA is due to go live in 2024. The programme is also resource-intensive and requires the management of complex relationship with stakeholders and delivery partners. For these reasons the overall programme remains amber.</p> <p>We are sharing compliance reports on individual medical schools' (MSs) clinical and professional assessments (CPSAs) with schools' teams for factual checking. In early November, the first MSs' CPSAs completed the process and were confirmed as compliant. We are engaging with the Medical Schools Council (MSC) and individual medical schools on the process for considering evidence against the Applied Knowledge Test requirements. This process is beginning later than planned and as a result, we have had to extend the deadline by which MSs need to demonstrate compliance to accommodate existing pressures. Discussions between the GMC and MSC on the data sharing agreement continue.</p>
Post-Brexit Registration Pathways	<p><b>Why?</b> To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals.</p> <p><b>When:</b> Q3 2024 <b>Who:</b> Una Lane; Kirstyn Shaw</p>		<p>The European Free Trade Association (EFTA) legislation has been laid and is due to be debated in November. We have received assurances from officials that it will be implemented by the time the trade deal comes into effect on 1 December. Officials have also contacted us to discuss how the EFTA trade deal might affect the AA and PA Order and we have agreed to meet to discuss this further. The EFTA project continues to develop the operational and system elements of the EFTA pathway and completed an impact assessment to review document and webpage updates. A number of specialty Specific Guidance Documents (SSGs) have been received from Royal Colleges and Faculties (RCFs) and have been published on the GMC website for the Portfolio project. We continue to work extensively with RCFs to ensure SSGs are completed in time for the updated legislation coming into effect on 30 November. Most non-SSG webpages and documents have been processed through the document control and are ready for publishing on 30 November. The project has also started to deliver training to affected teams. The Recognised Specialist Qualification (RSQ) project ran communications workshops to consider the communications approach, outputs and audiences for the introduction of the RSQ pathway and fee changes. The Qualifications Assessment Policy project presented the draft policy framework to the project board for consideration in preparation for it to be approved at the November project board. There has been little movement on the cross-border project and DHSC officials have not yet begun discussions with their counterparts in the Republic of Ireland.</p>



## Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p><b>Why?</b> To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p><b>When:</b> End of 2024 <b>Who:</b> Una Lane; Clare Barton</p>		<p>The programme continues to report amber due to uncertainty in the legislative timeframe. If the Department of Health and Social Care (DHSC) are unable to lay legislation in parliaments before the end of 2023, we may be unable to commence regulation by the end of 2024 as expected.</p> <p>Much of our activity during October focused on responding to concerns raised by doctor stakeholders about PAs and AAs and the GMC's extended regulatory role. This includes questions about PA/AA scope of practice and supervision, and the format of their GMC reference number. We engaged GMC leaders and Council on this and published further information about our approach on our <a href="#">website</a>. Our primary focus remains to bring PAs and AAs into regulation as swiftly as possible, but we also want to play our role, alongside others, in wider system discussions about how these professions are deployed and developed.</p>
Regulatory Reform	<p><b>Why?</b> To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p><b>When:</b> Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). <b>Who:</b> Shaun Gallagher; Tim Aldrich</p>		<p>As above, the Regulatory Reform programme, remains amber, particularly as there is growing uncertainty with the DHSC's timetable for starting work on the Medical Professions Order (MPO). We received an updated version of the Anaesthesia Associate and Physician Associate Order (AAPAO) from the DHSC on 29 Sep 2023. Since then, we have provided feedback to the DHSC on a range of items in the draft and highlighted two areas in particular that we believe require further amendments. We understand that officials now share our views on one and have already amended the AAPAO accordingly. However, we are waiting to hear back from the DHSC on whether they will be making these changes we seek on the other before the Order is laid in legislatures.</p> <p>We are mid-way through delivering a series of webinars for Council, designed to provide Council members with the opportunity to further their understanding around the key elements of the programme before reviewing and approving the documents we will be consulting on early next year. These webinars have covered; our approach to preparing the consultation we will be running, Education, Registration and Revalidation, Fees, and FtP. There will be a final webinar in December to pick up cross cutting issues such as Revisions and Appeals.</p>



## Making every interaction matter

2023 Priority change activities		RAG	Status
Transition to Welsh Language Standards	<p><b>Why?</b> We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p><b>When:</b> Q4 2023 <b>Who:</b> Neil Roberts</p>		<p>The deadline for compliance with the Welsh Language Standards is 6 December. Draft internal compliance guidance has been endorsed by the Welsh Language Standards Project Board and more detailed supplementary guidance is being developed by workstream teams. External compliance guidance and webpages are also being prepared and are due to be published at the start of December, in advance of the compliance deadline.</p>
Regulatory Fairness Implementation	<p><b>Why?</b> We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023.</p> <p><b>When:</b> Q4 2024 <b>Who:</b> Shaun Gallagher, Claire Light</p>		<p>The programme is nearing completion of Phase 1 which included running workshops for the relevant GMC directorates. Some of the workshops covered how the directorates will be delivering against recommendations from the Regulatory Fairness Review. Others were to review the High Impact Regulatory Decisions (HIRDs) and to explore how the mitigations against bias and assurance of fairness can be improved.</p> <p>Phase 2 of the programme is anticipated to begin in Q1 2024 and will cover the development of directorate level plans, to implement the actions from the Phase 1 workshops.</p>



## Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2022 (%)	2022 (Vol)	2023 <sup>1</sup> (%)	2023 <sup>1</sup> (Vol)	End of 2023	% points off 2023 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	236	34.2%	419	27%	+7.2%	30%
	Interviews	23.1%	42	17.9%	45	22%	-4.1%	25%
	Offers	12.1%	^	12.0%	6	17%	-5.0%	20%
	Workforce	14.0%	88	14.0%	91	16%	- 2.0%	20%
level of minority ethnic representation at Level 2+		12.7%	27	12.6%	27	14%	-1.4%	20%
level of minority ethnic representation at level 3		14.7%	61	14.7%	64	16%	- 1.3%	20%
Increase the level of minority ethnic representation at all levels	Applications	44.4%	1,697	44.3%	2,314	37%	+7.3%	40%
	Interviews	28.1%	260	29.4%	320	32%	-2.6%	35%
	Offers	24.3%	61	24.2%	68	27%	-2.8%	30%
	Workforce	17.3%	278	18.7%	317	17%	+1.7%	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023		3.7%	-	Minority Ethnic (%)	Non-Minority Ethnic (%)	1-2%	% points between groups	1.0%
				10.1%	7.2%		2.9%	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level*		-1.77%	-	BME (%)	Non-BME (%)	18%	% points between groups	18%
				9.5%	12.1%		2.6%	
Pay differentials within a confined band limited to 2% by 2023 <sup>2</sup> <i>(table shows the proportion of bands that are outside of the +/-2% tolerance)</i>		58.3%	7/12	75%	9/12	2.0%	N/A	2.0%

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

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

^ Volumes fewer than 5 have been redacted to preserve anonymity

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

## Financial summary (October)

Financial summary as at October 2023	Budget October	Actual October	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%			£000	£000
Operational expenditure	109,762	112,333	(2,571)	(2)%	134,533	135,223	(690)	(1)%
Capital expenditure	7,166	7,590	(424)	(6)%	9,793	11,754	(1,961)	(20)%
<b>Total expenditure</b>	<b>116,928</b>	<b>119,923</b>	<b>(2,995)</b>	<b>(3)%</b>	<b>144,326</b>	<b>146,977</b>	<b>(2,651)</b>	<b>(2)%</b>
Operational income	119,606	122,061	2,455	2%	144,483	147,510	3,027	2%
<b>Operational surplus/(deficit)</b>	<b>2,678</b>	<b>2,138</b>	<b>(540)</b>		<b>157</b>	<b>533</b>	<b>376</b>	

Financial summary as at October 2023	Budget October	Actual October	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%			£000	£000
Investment income / (loss)	0	(260)	(260)	0%	0	(260)	(260)	0%
Investment management fees	146	177	(31)	(21)%	194	242	(48)	(25)%
<b>Net investment return</b>	<b>(146)</b>	<b>(437)</b>	<b>(291)</b>		<b>(194)</b>	<b>(502)</b>	<b>(308)</b>	
<b>Total surplus/(deficit)</b>	<b>2,532</b>	<b>1,701</b>	<b>(831)</b>		<b>(37)</b>	<b>31</b>	<b>68</b>	

# Financial detail (October)

Expenditure as at October 2023	Budget October	Actual October	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%		£000	£000	£000
Staff costs	70,138	71,006	(868)	(1)%	84,605	85,543	(938)	(1)%
Staff support costs	2,823	2,769	54	2%	3,490	3,560	(70)	(2)%
Office supplies	1,237	1,231	6	0%	1,229	1,263	(34)	(3)%
IT & telecoms costs	4,697	4,612	85	2%	5,658	5,647	11	0%
Accommodation costs	7,477	6,595	882	12%	8,726	8,123	603	7%
Legal costs	3,435	3,673	(238)	(7)%	3,960	4,251	(291)	(7)%
Professional fees	2,027	2,047	(20)	(1)%	3,052	2,681	371	12%
Council & members costs	295	327	(32)	(11)%	365	412	(47)	(13)%
Panel & assessment costs	14,999	15,031	(32)	(0)%	18,310	18,291	19	0%
Associate fee changes	390	800	(410)	(105)%	468	960	(492)	(105)%
PSA Levy	744	742	2	0%	895	892	3	0%
Contingency fund	0	0	0	0%	1,000	100	900	90%
Gateway fund	0	0	0	0%	1,275	0	1,275	0%
Pension top up payment	1,500	3,500	(2,000)	(133)%	1,500	3,500	(2,000)	(133)%
<b>Total operational expenditure</b>	<b>109,762</b>	<b>112,333</b>	<b>(2,571)</b>	<b>(2)%</b>	<b>134,533</b>	<b>135,223</b>	<b>(690)</b>	<b>(1)%</b>

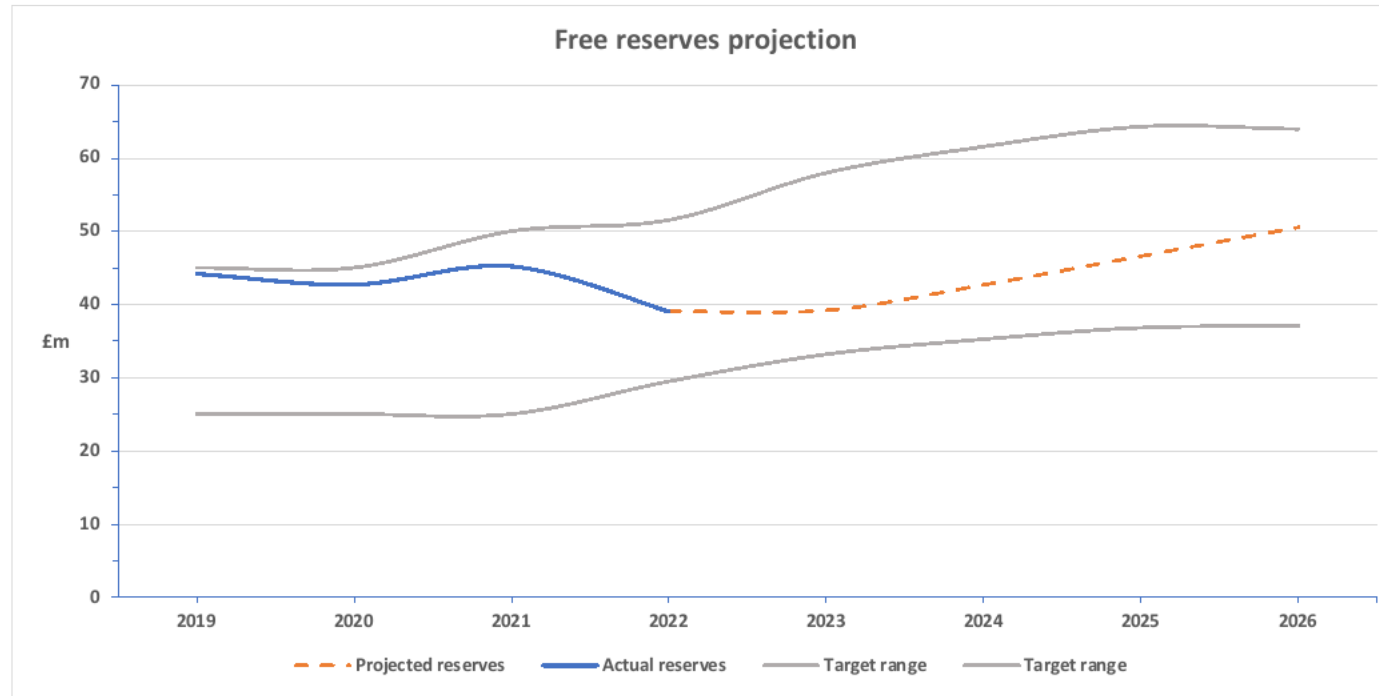
Income as at October 2023	Budget October	Actual October	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%		£000	£000	£000
Annual retention fees	92,878	92,888	10	0%	112,193	112,203	10	0%
Registration fees	5,481	6,198	717	13%	6,262	6,941	679	11%
PLAB fees	15,756	16,329	573	4%	19,569	20,413	844	4%
Specialist application CCT fees	2,780	3,109	329	12%	3,138	3,517	379	12%
Specialist application CESR/CEGPR fees	1,263	1,685	422	33%	1,518	2,012	494	33%
Interest income	1,010	1,568	558	55%	1,259	2,043	784	62%
Other income	438	284	(154)	(35)%	544	381	(163)	(30)%
<b>Total Operational Income</b>	<b>119,606</b>	<b>122,061</b>	<b>2,455</b>	<b>2%</b>	<b>144,483</b>	<b>147,510</b>	<b>3,027</b>	<b>2%</b>

## Finance - GMCSI summary (October)

GMCSI summary as at October 2023	Budget October	Actual October	Variance	
	£000	£000	£000	%
GMCSI income	377	286	(91)	(24)%
GMCSI expenditure	309	232	77	25%
<b>Profit/(loss)</b>	<b>68</b>	<b>54</b>	<b>(14)</b>	

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
408	402	(6)	(1)%
393	378	15	4%
<b>15</b>	<b>24</b>	<b>9</b>	

# Finance – Financial stability monitoring



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Demand continuing to rise significantly	PLAB 1 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10%
Register growth	4.5% per year	5.8%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£0.2m loss to October	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - September 2023 - 6.7%	10% per year	6% per year
Staff vacancy rate	5.0% per year - based on budget values	4.7%	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	No increase in average salaries since annual pay award	In year increase of 3%	In year increase of 1%

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

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

# Litigation overview for Q3 2023

The graph on incoming litigation shows all new litigation records opened between 01 July and 31 of September 2023.

**Total Open Litigation: 38** - as at 2 October 2023

**Concluded litigation: 12**

**6 = GMC Successful**

- x2 = s40 (doctor) Appeals
- x1 = Judicial Review – MPTS
- x1 = Information Tribunal
- X1 = COA Appeal
- X1 = Other

**2 = GMC unsuccessful**

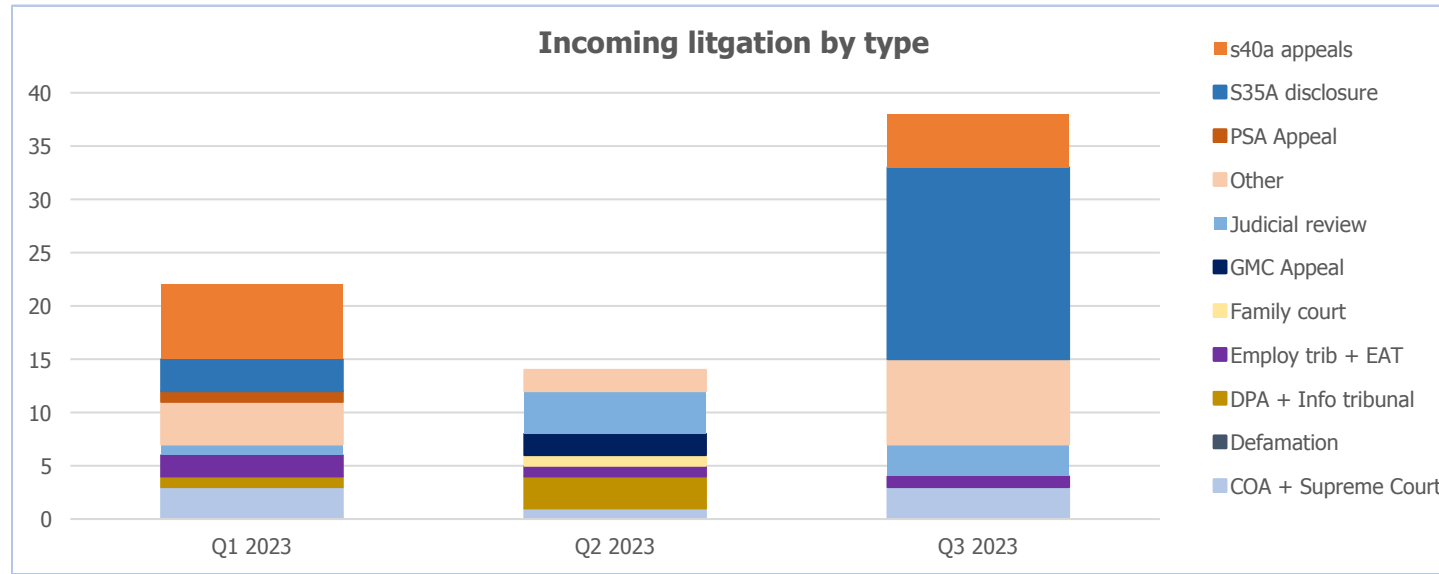
- x1 = PSA Appeal
- X1 = S.41A - 10 IOT Challenge

**1 = No Claim/Withdrawn**

- x1= s40 (doctor) Appeals

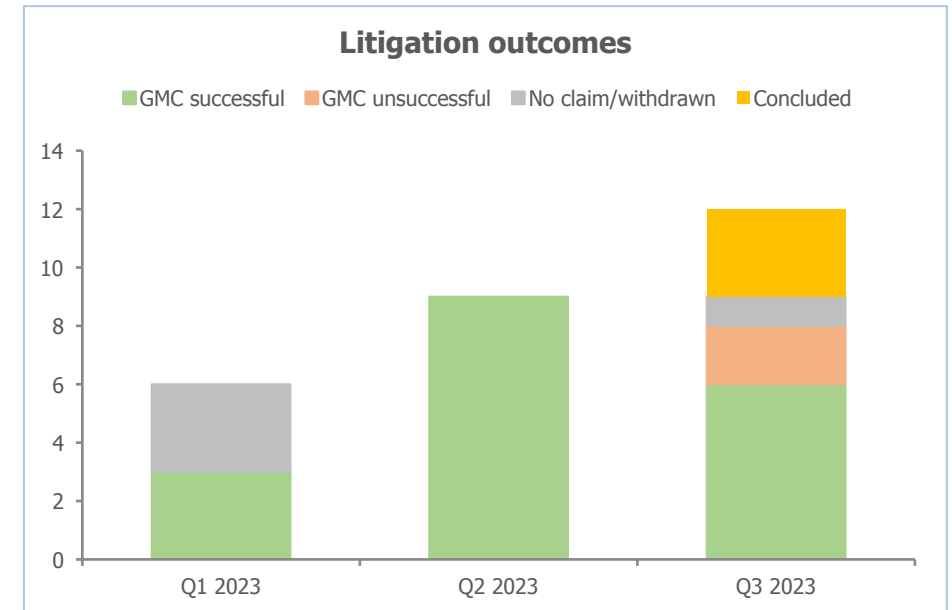
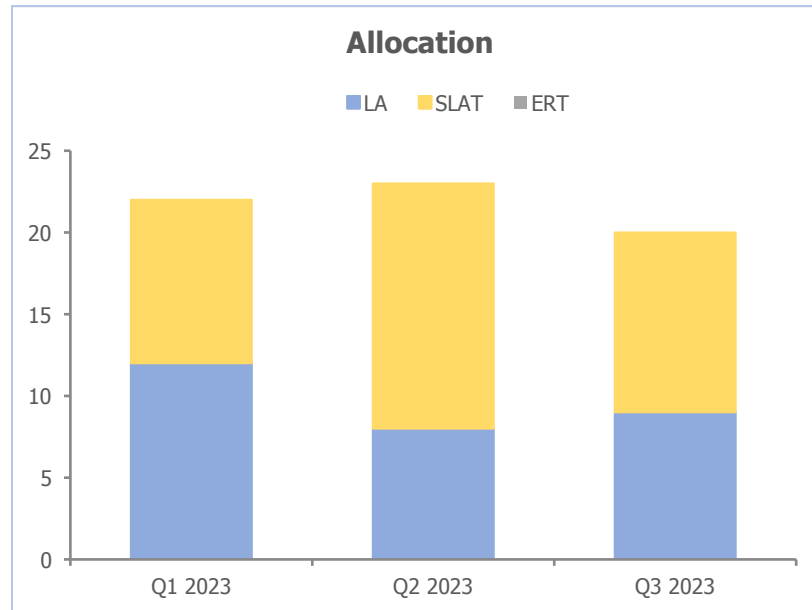
**3 = Concluded**

- x1 = Supreme Court Appeal
- x1 = Other
- x1 = Family Court



**Key:**

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



# Finance - Investment Committee Update (October)

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

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

## Performance Overall

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

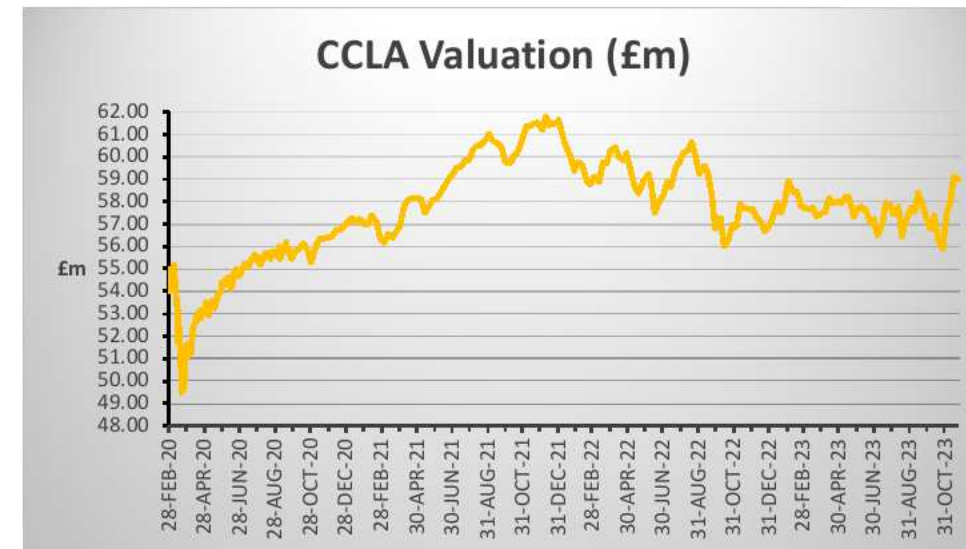
As at 31 Oct 2023	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	(2.6)%	(0.9)%	1.1%	2.6%
Target: CPI + 2%	1.3%	6.5%	8.4%	6.3%
Benchmark	(2.3)%	(3.8)%	(5.1)%	(0.8)%
Actual minus Target Performance	(3.9)%	(7.4)%	(7.3)%	(3.7)%

As the table shows over the 12 months to 31/10/2023 the portfolio has delivered a return of (0.9%) and an average of 1.1% p.a. over the 3 years, which is below target. However, when compared to the benchmark performance, which we also monitor against, the outcome is a positive one, with outperformance of 2.9% and 6.2% p.a over 12 months and 3 years respectively. The 5 year average, shows us once again falling below target by 3.7%, but once again exceeding our benchmark group by some 3.4% p.a.

We continue to monitor performance carefully, working in conjunction with both mercers and CCLA. The investment committee continues to review the Investment Strategy and will share their proposed update with Council for approval in February 2024.

## Holdings as at 24 November 2023 (reflected in the graph below)

	£millions	%
Total Equities	15.4	26.2%
Fixed Interest	25.2	42.8%
Property	3.7	6.3%
Infrastructure	5.4	9.1%
Other Income	1.4	2.4%
Private Equity	1.9	3.2%
Cash	5.9	10.0%
<b>Total</b>	<b>59.0</b>	<b>100.0%</b>



# Corporate Opportunities and Risk Register - November 2023

Risk ID	Title Date Raised	Category	Detail	Owner	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite	
537	MLA Timescales 05/10/2023	Timescales	The unexpected complexity of checking the compliance of the MLA Applied Knowledge Test (AKT) for students in UK medical schools (MS) with GMC requirements has led to repeated pressures on GMC resources, prolonged GMC communications with MS staff and delayed other aspects of the MLA programme. As a result, it could delay the timeline for implementing the MLA in UK MSs. Currently there is a requirement that a medical degree should be awarded by a UK university on the GMC's list of awarding bodies, which must include a pass in the MLA from the academic year 2024/25 in order to be recognised as a UK Primary Medical Qualification.	Colin Melville	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Regular reviews and revisions of project and resource plans, including review of the compliance process, within the team and through the programme's Operational Monitoring Group.</li> <li>Ongoing dialogue with the MSC – as the co-ordinating body of the MS AKT and as the representative body for the MSs we regulate – including at senior level, to build a shared understanding of MSs', MSC's and GMC's respective roles and responsibilities regarding the MS AKT and the broader MLA.</li> <li>Accelerated communications with assessment teams in MSs.</li> <li>Offering bespoke support to MSs who will be holding live MLA assessments in the penultimate year of their programmes (AY 2023-24) and thus have the most pressing need for compliance to be confirmed.</li> </ul>	QUITE LIKELY	MAJOR	CRITICAL			<ul style="list-style-type: none"> <li>Currently exploring whether any realistic options have emerged for accessing additional short-term resources for the programme.</li> </ul>	Medium	
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Due to the NHS England merger and planned workforce reductions, there may be a loss of relied upon resources, which could impact the GMC's ability to fulfil some operational processes in relation to a number of statutory functions in Education. This could increase our resource requirements, and necessitate exerting our regulatory influence more assertively and independently in cases where trainees need to be removed from training environments..	Colin Melville	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Ongoing engagement with NHSE stakeholders, including at leadership level.</li> <li>New approach to proactive quality assurance, reduces regulatory burden and is designed to be flexible and future proofed. It could withstand a lot of change, but not a complete withdrawal of resources from partner organisations.</li> </ul>	HIGHLY LIKELY	MAJOR	CRITICAL			<ul style="list-style-type: none"> <li>Increasing efforts to work more closely with other regulators may help further reduce regulatory burden and improve intelligence.</li> </ul>	Medium	
315	MAPs regulation delay 10/03/2022	Reputational	If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders and incur additional costs that increase our funding requirement from DHSC, for which we must bid annually.	Una Lane	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity.</li> <li>We are maintaining some dedicated staffing resource on each workstream until regulation starts, in order to retain expertise and ensure readiness for implementation.</li> <li>Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs.</li> <li>Principle clearly established that costs of MAPs regulation will not be met from doctor fees.</li> <li>Regular liaison with DHSC to help progress drafting of the AA and PA Order.</li> <li>Plans in place to deliver regulation within 12 months of the Order being laid in Parliaments.</li> </ul>	HIGHLY LIKELY	MODERATE	CRITICAL		<ul style="list-style-type: none"> <li>The DHSC AAPAO consultation closed on 16 May 2023. DHSC are analysing the feedback and making revisions to the draft legislation.</li> <li>NHS long-term workforce plan for England published in June includes commitments to significantly raise numbers of PA and AA training places, which increases confidence in our projections for future fee income.</li> </ul>	<ul style="list-style-type: none"> <li>Continue liaison with DHSC to ensure they understand our relationships with key PA/AA stakeholders and the importance of maintaining trust for our continuing progress on regulatory development.</li> <li>Use our influence with Governments, statutory education bodies and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation.</li> </ul>	Low	
538	PA/AA regulation – external environment challenges 30/10/2023	Customer	There is a risk that increasing opposition from doctors to the expansion of PA/AA numbers in the workplace, and the GMC becoming their regulator, may have a negative impact on the delivery of our programme to bring these professions into regulation.	Una Lane	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Regular liaison by the GMC Chair, Chief Executive, Medical Director and AD for MAPs with the British Medical Association, NHS England, Royal College of Physicians, Royal College of Anaesthetists, statutory education bodies, PA/AA groups and other stakeholders.</li> <li>Use of MAPs Community of Interest and External Advisory Group to engage and involve doctors (including doctors in training leaders) in regulatory development.</li> <li>Bespoke communication strategy developed.</li> <li>Published updated FAQs and blog for doctors in June 2022.</li> <li>Published AA registration assessment content map in June 2023.</li> <li>Published further materials in October 2023, including a factsheet about PAs/AAs.</li> <li>Chief Executive wrote to health service leaders in England, Northern Ireland, Scotland and Wales (cc'd to all college presidents) in October 2023 to ask them to make specific commitments to protect postgraduate training, including by growing training opportunities and capacity, protecting time for training and expanding the trainer workforce.</li> <li>Continue to use our influence via SCHER reports, National Training Survey and other publications to press key stakeholders to make improvements to postgraduate training.</li> </ul>	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> <li>MAPs Programme Manager and MAPs Communications Manager to liaise with SRU, Strategic Communications and Medical Director to ensure all external messaging is sensitive to public and professional audiences.</li> <li>Rules-specific engagement with BMA in four countries.</li> <li>Chief Executive / AD for MAPs to attend Academy meeting in November 23 to discuss 'Supporting collective leadership in training, the workplace, and regulation.</li> </ul>	Medium	
207	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability value of the pension scheme have reduced (assets to a greater extent). This could lead to continued funding of the deficit from the employer. The funding position remains under review and Trustees will continue to liaise with the employer.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Trustees meet regularly and continue to take professional advice in relation to the existing deficit.</li> <li>The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit.</li> <li>The employer factors annual payments into the budget to cover the agreed funding arrangements.</li> </ul>	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> <li>Strategy now set as part of triennial valuation – Trustees have received a report on fiduciary manager's performance, and will work on this over the next 6 months.</li> </ul>	Medium	
452	Regulatory reform - potential delays introducing reform for doctors 04/05/2023	Strategic / Policy	There is a risk that external factors such as limited DHSC legal resources and the threat of an early general election will cause delays to the development of the Medical Professions Order, which in turn will affect the timing for the implementation of reforms for doctors. This will lead to us needing to run two systems (one for doctors and one for AAs and PAs) and using workarounds for a longer period of time.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Included content in our response to the DHSC's consultation on the AAPA order that reinforces the importance of DHSC prioritising the Medical Professions Order (MPO) as soon as possible, as well as maintaining an influencing strategy that keeps pressure up on this issue.</li> <li>Meeting held with the current Health Minister, to discuss and escalate our concerns.</li> <li>Two GMC lawyers recruited to assist with consequential amendments to help speed up the progress of the development of the MPO.</li> </ul>	QUITE LIKELY	MODERATE	SIGNIFICANT	Council This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.				Low
120	ED&I compliance 17/02/2020	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and weakens confidence in regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion (ED&amp;I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress.</li> <li>Supporting governance including the Strategic EDI Advisory Forum (external) and ED&amp;I Steering Group (internal) provides senior oversight and guidance to inform action and priorities.</li> <li>Skilled ED&amp;I team provide strategic advice across the GMC.</li> <li>Mandatory training for all staff and associates.</li> <li>Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway.</li> <li>Approach to a regulatory new Equal Opportunities Policy has been reviewed.</li> </ul>	UNLIKELY	MAJOR	SIGNIFICANT	Council Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. Reg Fairness Council report - September 2023. Executive Board ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. Programme Board Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations.	Internal Audit <ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Tickell (2020).</li> <li>Regulatory fairness review operationalise delivery of external facing targets (2022, no rating).</li> <li>Efficacy of ED&amp;I reporting (2023, green-amber for design, green for effectiveness).</li> </ul> Other assurances <ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Tickell (2020).</li> <li>Regulatory fairness review operationalise delivery of external facing targets (2022, no rating).</li> <li>Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019).</li> <li>Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018).</li> <li>Plymouth University Review of decision-making in the GMC's FTP procedures (2014).</li> </ul>	<ul style="list-style-type: none"> <li>Develop new decision making principles and consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (this is already in progress as part of the regulatory fairness work).</li> <li>Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in directorate action plans by Q1 2024.</li> <li>Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact. Tender complete, supplier appointed, design to commence Q1 2024 and delivery from Q3 2024.</li> <li>Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process, and possible real-time interventions required to address risks of unfairness - this exercise has been completed for fitness to practice and has not identified differentials.</li> <li>Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach - this is integrated into the audit programme considerations and will be reported to the Regulatory Fairness board in December 2023.</li> <li>Launch new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&amp;I SG) – launch before the end of 2023.</li> <li>Regulatory fairness implementation programme considering future assurance measures across specific high impact regulatory decisions. Future audit programme will also be developed as part of this programme of work by the end of Q1 2024.</li> </ul>	Low	

148	<b>Delivery of statutory functions</b> 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Monitoring and reporting against statutory delivery to Executive Board and Council.</li> <li>Forecasting of operational demand is built into budget planning.</li> <li>Active engagement with doctors about potential situations which may put patients at risk.</li> <li>Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation).</li> <li>Available staff with relevant training and skills.</li> <li>Information exchange with competent authorities informs our processes.</li> <li>Documented operational process and procedures subject to regular review and continuous improvement by specialist staff</li> <li>Auditing our decisions on a regular basis.</li> <li>SMT oversight over our continued recovery from the Covid-19 pandemic through regular reporting.</li> <li>Assessments teams running three PLAB 2 circuits concurrently through 2023 in order to accommodate as many candidates as possible.</li> <li>'Yellow' circuit behind reception in Manchester's 3 Hardman Square reopened in September 2023 to further increase PLAB 2 capacity.</li> <li>Digital ID checking in place to verify new registrants' identities accurately and efficiently.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Review of performance metrics through the quarterly CEO report.</li> </ul> <p><b>Executive Board</b></p> <ul style="list-style-type: none"> <li>Review of performance metrics through the bi-monthly Performance and Risk Report.</li> <li>Risk deep dive (Nov 2020, Feb 2022, Nov 2022, March 2023, May 2023).</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Legal Services (May 2022, green/amber).</li> <li>Clinical Assessment Centre, (2022, green/amber).</li> <li>Post COVID renewal FTP and MPTS (2022, green/amber).</li> <li>MPTS Continuous Improvement and learning (2022, green).</li> <li>Good Medical Practice (2022, green/amber).</li> <li>Safeguarding arrangements (2022, not rated).</li> <li>Registration services (2023, green/amber control design, green/amber control effectiveness).</li> <li>Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness).</li> <li>Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness).</li> <li>FTP triage arrangements (2023, green control design, green control effectiveness).</li> </ul> <p><b>Other assurances</b></p> <ul style="list-style-type: none"> <li>Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020).</li> <li>The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days.</li> <li>The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines.</li> <li>Passed all PSA standards of good medical regulation in 2022.</li> </ul>	<ul style="list-style-type: none"> <li>We'll consider and triage all new concerns, progressing those requiring investigation.</li> <li>We are in the planning stage of the creation of a fourth PLAB 2 circuit to help manage demand from International Medical Graduates seeking registration.</li> </ul>	Low
149	<b>Availability of resources</b> 31/03/2020	Resource	If we don't secure and retain: an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce.</li> <li>We have processes in place to identify and manage key staff risks.</li> <li>We consider recruitment market surveys and data to identify potential skills shortages.</li> <li>Our Health and safety policies and procedures are robust in regards to our workforce.</li> <li>Clear financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions.</li> <li>New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively.</li> <li>Routine monitoring and reporting of operational performance and the volume and complexity of our work.</li> <li>Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions.</li> <li>We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation.</li> <li>We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels.</li> <li>We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation.</li> <li>We have business continuity champions and robust business continuity plans in place that are tested regularly.</li> <li>We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants</li> <li>Annual training and exercise sessions are delivered for all incident responders.</li> <li>We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities.</li> <li>We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres, backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure.</li> <li>Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular security assessments take place to validate our position.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Review of annual budget and Annual Accounts.</li> </ul> <p><b>Executive Board</b></p> <ul style="list-style-type: none"> <li>Executive Board regular review of finance, HR, project and operational performance and risks.</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Social engineering: (Nov 2021 green/amber).</li> <li>Recovery and renewal: (Nov 2021 green/amber).</li> <li>Payroll (May 2021, green/amber).</li> <li>Procurement (March 2021, green/amber).</li> <li>Fraud arrangements (March 2021, green).</li> <li>Raising concerns arrangements (March 2021, green).</li> <li>Recruitment (2022, green/amber).</li> <li>ED&amp;I internal target progression (2022, green/amber control design, green/amber control effectiveness).</li> <li>Values and behaviours (2023, green/amber control design, green/amber control effectiveness).</li> <li>Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness).</li> </ul>	<ul style="list-style-type: none"> <li>Our external relations team are due to complete their relationship health assessments by the middle of November 2023.</li> <li>SMT Stocktake of four country strategic relationships (December 2023 TBC).</li> </ul>	Medium
150	<b>Ability to work with others</b> 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEO RB) Group).</li> <li>Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation, co-ordinated through use of Engage system by external affairs, policy and operational teams.</li> <li>Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT.</li> <li>Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement.</li> <li>Relationship stocktakes on annual basis with Chief Executive and directors.</li> <li>Relationship plans with external stakeholders are mapped and refreshed annually.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Seminar: Findings of our 2022 perceptions survey (December 2022)</li> <li>Annual update on communications and engagement (including four country update) (June 2023).</li> </ul> <p><b>Audit and Risk Committee</b></p> <ul style="list-style-type: none"> <li>Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022).</li> </ul> <p><b>Executive Board</b></p> <ul style="list-style-type: none"> <li>Four country public affairs update (March 2021).</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>UK-wide stakeholder relationships (March 2022, Control design - Green; Control effectiveness - Green/Amber).</li> <li>Annual update on communications and engagement (including four country update) (May 2021, Green/amber).</li> </ul> <p><b>Other assurance</b></p> <ul style="list-style-type: none"> <li>Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment due Q3 2023).</li> </ul>	<ul style="list-style-type: none"> <li>Our external relations team are due to complete their relationship health assessments by the middle of November 2023.</li> <li>SMT Stocktake of four country strategic relationships (December 2023 TBC).</li> </ul>	Medium
152	<b>Unplanned event</b> 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Crisis management policies (including crisis communications plan) &amp; procedures; pandemic response plan.</li> <li>Business continuity champions and emergency response plans in place with regular testing.</li> <li>Mandatory e-learning for GMC staff and support from business continuity consultants.</li> <li>Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation.</li> <li>Arrangements in place between regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation.</li> <li>Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum.</li> <li>Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19).</li> <li>Health and Safety (H&amp;S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&amp;S risk.</li> <li>Quality assurance of H&amp;S management system provided through H&amp;S audit process.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>'Deep Dive' Executive Board (June 2021).</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021).</li> <li>Report on Significant Event Review follow-ups (March 2021).</li> <li>Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021).</li> </ul>	<ul style="list-style-type: none"> <li>Our external relations team are due to complete their relationship health assessments by the middle of November 2023.</li> <li>SMT Stocktake of four country strategic relationships (December 2023 TBC).</li> </ul>	Medium
200	<b>Regulatory Reform</b> 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery.</li> <li>Stakeholder influencing plan developed to ensure we secure external support for changes.</li> <li>Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation.</li> <li>Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required.</li> <li>Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Provided an update on progress and programme timelines, an overview of our initial feedback on draft AAPO Order and plans for responding to DHSC's consultation when this goes live - 3 Nov 2022.</li> <li>Provided an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response - 14 Dec 2022.</li> <li>Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 1 Mar 2023.</li> <li>Council meeting to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council - 27 April 2023.</li> <li>Delivered several Council webinars setting out our proposed approach to Education and Training, Registration and setting Fees for AAs and PAs, based on provisions in the updated AAPAO (further sessions planned on FTP and Revisions and Appeals during Nov 2023) - Oct 2023.</li> </ul> <p><b>SMT</b></p> <ul style="list-style-type: none"> <li>Provided SMT with an update on the re-drafted AAPAO (received from DHSC on 29 Sep 2023), including an overview of our key concerns and points that we wish to escalate - 9 Oct 2023.</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>BDO spot checks completed in Sep 2022, June 2022, March 2022, Nov 2021 and Sep 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC).</li> <li>Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale.</li> <li>Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately.</li> <li>Be prepared to continue to escalate concerns to senior DHSC officials as appropriate.</li> </ul>	Medium
234	<b>ED&amp;I Strategic Ambition</b> 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> <li>Clear timebound targets to focus system-wide efforts.</li> <li>Nominated Executive leads for each of our strategic commitments.</li> <li>Skilled and resourced teams designing interventions to deliver against the targets.</li> <li>Established plans of action to deliver against the targets both internally and externally.</li> <li>Annual and bi-annual progress reporting.</li> <li>Scrutiny and monitoring and reporting from the ED&amp;I Steering Group, Executive and Council to allow refinement of plans in response to progress.</li> <li>Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change.</li> <li>Supporting and aligned commitments of others (ie reducing differentials in disciplinary processes).</li> <li>Research and data assets including our surveys and insights to highlight relevant issues and support calls for action.</li> <li>Annual reports published 2022 and June 2023.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Regular agenda item on ED&amp;I and ED&amp;I annual progress update reported to council in April and published.</li> </ul> <p><b>Executive Board</b></p> <ul style="list-style-type: none"> <li>Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting.</li> </ul> <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>ED&amp;I internal facing targets reporting (2023, green control design, green/amber control effectiveness).</li> <li>ED&amp;I external facing targets reporting (2023, green/amber control design, green control effectiveness).</li> </ul> <p><b>Other assurances</b></p> <ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Tickell (2020).</li> </ul>	<ul style="list-style-type: none"> <li>Council directed the need to extend our understanding of inequalities impacting on other projected groups, specific disaggregated groups and also intersectional groups. The 2023 ED&amp;I annual progress update (already published) contained some intersectional information and some evidence on the wider work we are doing for other protected group. We will build on this in the ED&amp;I annual report for 2024 (reporting to council in April 2024) and also through the regulatory fairness work.</li> <li>Within the scope of the regulatory fairness work, we will be considering developing inclusive assurance measures at High Impact Regulatory Decision points, this work is ongoing - workshops planned during September and October 2023.</li> <li>Internal audit report completed in Sept 2023 and workstream to work on recommendations agreed from the audit - recent audit made recommendations for consistent approach to reviewing the aspirations in the run up to the existing milestones.</li> </ul>	Medium

309	<b>Safeguarding at the GMC</b> 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having insufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness; and insufficient collation of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we have contact. We must be alive to the risk to both the individual and to the reputation of the organisation if we encounter a safeguarding issue which results in harm to a vulnerable person.	Neil Roberts	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Safeguarding Working Group in place since 2019 chaired by Director of Resources.</li> <li>Action plan in place – Project team assembled to take forward recommendations</li> <li>Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff. A new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager.</li> <li>Comms strategy drafted</li> <li>Pilot completed - 90 referrals made to the safeguarding manager. Analysis has taken place on results along with capacity modelling for gateway.</li> <li>Gateway and SMT approved our bid for additional resources which includes one permanent Safeguarding Officer and the extension to the secondment of the Safeguarding Project Manager to Dec 2024.</li> <li>Safeguarding Policy was approved at Exec Board on 30th May. A phased program of training has commenced starting with Resources Directorate. Information on our policy and processes is available for colleagues on our Intranet via a new Safeguarding Hub which helps to raise awareness and knowledge about safeguarding and roles and responsibilities. The risk will remain significant until the policy, process and training has been implemented across all directorates.</li> <li>Guidance documents for staff and the DSM have been drafted, digital training materials will go live in July 2023.</li> <li>Digital training has commenced in Resources and Corporate directorates, a two day training for colleagues in these directorates who deal with safeguarding on a regular basis has been completed. Training for colleagues in FTP will commence in September 2023 in line with our release plan.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<b>Audit and Risk Committee</b> <ul style="list-style-type: none"> <li>Advisory report – Safeguarding, (September 2020).</li> <li>Presentation given to SMT and Council (Feb 2022) on direction of project</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Safeguarding progress green, (November 2020).</li> <li>BDO audit - Safeguarding Learning Review (November 2022, Green with advisory recommendations).</li> </ul> <b>Other assurances</b> <ul style="list-style-type: none"> <li>Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend action plan.</li> <li>Identified measures to support the aspirations and governance structures in place to develop strategic direction of work programmes within directorates.</li> <li>Regular internal audit planned to provide assurance - for example on the efficacy of the measures.</li> </ul>	<ul style="list-style-type: none"> <li>Team are working with Safeguarding Alliance to develop further SMT training content. Training to be delivered in February 2024.</li> </ul>	Low
303	<b>Welsh Language</b> 03/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and are expected to be legally compliant by 6 December 2023. If all directorates do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Neil Roberts	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Senior Sponsor in place.</li> <li>Senior Project Manager appointed (from 24 October 2022 until May 2024).</li> <li>Ongoing engagement with the Welsh Language Commissioner's office on readiness.</li> <li>Welsh Language Consultants retained to support negotiations with the WL Commissioner.</li> <li>Project Governance established (November 2022) with representation from all Directorates.</li> <li>Project escalated to Corporate Priority number 5, which has helped increase prioritisation of this work amongst other directorate priorities.</li> <li>Project Manager has coordinated compliance mapping by each Directorate and workshops to agree which standards we need to challenge.</li> <li>Project Board considered impact of final compliance notice (received on 6 June), with insight from WLS Commissioner meetings and the board also conducted a risk assessment against standards we didn't receive our desired outcome. It was agreed not to pursue a further formal challenge. SMT endorsed this recommendation on 21 Aug 2023.</li> <li>Regular Joint Regulatory Forum meetings in place to align and share information.</li> <li>WLS manager appointed, taking up post in late October 2023.</li> <li>Senior PM maternity cover now in place, handed over on 12 Oct 2023.</li> </ul>	UNLIKELY MODERATE LOW	<b>SMT</b> <ul style="list-style-type: none"> <li>SMT received a project update and signed off the Consultation response to the Welsh Language Commissioner 13 March 2023.</li> </ul> <b>Project Board</b> <ul style="list-style-type: none"> <li>We have worked with colleagues to understand the impact of the final compliance notice, gained insight from the Commissioner and her officers and agreed an approach with Project Board. Project Board's recommendation not to pursue a further challenge was agreed at SMT on 21 Aug 2023.</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>BDO audit, Welsh Language Standards Implementation (June 2023, green-amber).</li> </ul>	<ul style="list-style-type: none"> <li>QA of translations will take place by the WLS manager where they are classified as high risk.</li> <li>Final compliance notice received and some adjustments have been rejected, further work ongoing to manage the impact of these standards. Risk based approach taken to ensure the scope remains aligned.</li> <li>Compliance planning across all 74 Standards continues, internal compliance guidance is being drafted and staff briefing sessions to be held throughout November.</li> <li>Compliance readiness review to be planned for Q1 2024.</li> </ul>	Low
151	<b>Responding to a changing environment</b> 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, profession and political confidence in our role.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Proactive, senior-level engagement with stakeholders to understand their agendas.</li> <li>Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems.</li> <li>Contribution to government and system initiatives across four nations.</li> <li>Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession).</li> <li>Contributing to meetings and networks across the UK and Europe.</li> <li>Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings).</li> <li>Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making.</li> </ul>	UNLIKELY MODERATE LOW	<b>Council</b> <ul style="list-style-type: none"> <li>Seminar: Findings of our 2022 perceptions survey (December 2022).</li> <li>Annual update on communications and engagement (incorporating extensive four country update) (April 2022).</li> </ul> <b>Audit and Risk Committee</b> <ul style="list-style-type: none"> <li>Seminar: building the trust and confidence of our audiences and stakeholders (January 2022).</li> </ul> <b>SMT</b> <ul style="list-style-type: none"> <li>Discussion about health service winter pressures and GMC response (January 2023).</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber).</li> <li>Review of progress in implementing Outreach (May 2021) (Outcome: Green-Amber).</li> <li>IA horizon scanning rated green for both control design and control effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>Fieldwork for our interim perception surveys with doctors and patients has been completed and we are currently considering the results. We plan to hold a seminar with Council towards the end of 2023.</li> <li>Our external environment remains challenging, with quarters of the medical profession continuing to take industrial action over their pay and conditions. Junior doctor members of the BMA in England have recently renewed their mandate for industrial action until the end of February 2024.</li> <li>Inquiries have recently been announced into the Lucy Letby case and Professor Sam Eljamel in Scotland, which we are likely to be involved in. There is the potential for these inquiries to be critical of the GMC's actions.</li> <li>The next UK General Election is due by January 2025 and there is speculation that it will be held towards the end of 2024 (perhaps October or November) in order to allow as much time as possible for inflation to be tamed. Our external relations teams are planning to hold a seminar with Council about our public affairs work (including our preparations for the next UK General Election) in early 2024.</li> </ul>	Low
27	<b>Deriving more insight from our data capability</b> 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailouts, briefings and other external engagement.</li> <li>Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting.</li> <li>Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice.</li> <li>Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic.</li> <li>Provide data to support the development of policy and process plans for MAPs and regulatory reform.</li> </ul>	HIGHLY LIKELY MAJOR GOLD	<b>Executive Board</b> <ul style="list-style-type: none"> <li>Risk 'deep dive' (July 2023).</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber).</li> </ul> <b>Other assurances</b> <ul style="list-style-type: none"> <li>Corporate strategy and stakeholder perceptions baseline survey (published March 2019).</li> <li>Corporate strategy and stakeholder perceptions baseline survey (published March 2021), provides data for our assessment on progress on the corporate strategy.</li> <li>Tracking survey, undertaken every two years.</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing and providing substantial ED&amp;I data for EQJAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes.</li> <li>Development of a new platform for our data that will allow more interactivity and self-service. As well as developing a GMC data hub bringing together all our data into a single entry point on the GMC web site, with further development through 2024.</li> </ul>	High
28	<b>Working with patients and public</b> 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator.	Paul Reynolds	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> <li>Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation.</li> <li>Strategic ambition to improve patient and public involvement and long-term outcomes agreed.</li> <li>Clear information easily accessible for patients and public about how we work and can support them (such as on our website).</li> <li>Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the commissioning of independent research.</li> <li>Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey).</li> <li>Regular engagement with patient leaders in all four countries of the UK (such as through our bi-annual roundtable, our UKAF meetings in the devolved nations, and other activities).</li> <li>Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public.</li> <li>Insights and perspectives from patients regularly shared with the organisation to inform its work.</li> <li>Information and guidance in place to support policy and operational teams with their patient involvement activities.</li> </ul>	QUITE LIKELY MODERATE SILVER	<b>Council</b> <ul style="list-style-type: none"> <li>Annual update on patient and public involvement (November 2022).</li> <li>Annual update on communications and engagement (June 2023).</li> </ul> <b>Executive Board</b> <ul style="list-style-type: none"> <li>Opportunity deep dive scheduled for SMT meeting on 11th December 2023.</li> </ul> <b>Audit and Risk Committee</b> <ul style="list-style-type: none"> <li>Update on how we involve patients and the public in our work (March 2023).</li> <li>Review of arrangements for patient and public engagement (November 2022).</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Review of arrangements for patient and public engagement (November 2022, Control design: Amber; Control effectiveness: Amber).</li> </ul> <b>Other assurances</b> <ul style="list-style-type: none"> <li>Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies.</li> <li>Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community.</li> </ul>	<ul style="list-style-type: none"> <li>Results of external review of other organisations' approaches to PPI to be shared and discussed with Policy Leadership Group on 8 November 2023.</li> <li>Our next roundtable with patient bodies is scheduled to take place on 28 November 2023. Agenda to include items on: working in partnership with patient organisations to implement Good medical practice 2024; involving patients in regulatory reform; and updates to our guidance on low-level violence and dishonesty.</li> <li>Directors will hold deep dive discussion about this opportunity in December 2023.</li> <li>Our regulatory reform programme is out to tender for a provider that can facilitate our engagement with patients and our other audiences in the development of our policies, processes and communications. This will include the establishment of an audience panel and independent research that will support our public consultation in 2024.</li> </ul>	Medium
59	<b>Corporate Social Responsibility</b> 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with medical professionals.	Jane Durkin	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> <li>Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year.</li> <li>We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable healthcare'.</li> <li>The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEORB group. This meets quarterly and from mid-2023 includes representatives from the Greener NHS Team.</li> <li>External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates.</li> <li>The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors.</li> <li>CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU.</li> <li>Sustainability Working Group, sponsored by Director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity.</li> </ul>	QUITE LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Annual update on progress for Council given in March 2023.</li> </ul>	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Review of ESG, (March 2022, amber).</li> </ul>	<ul style="list-style-type: none"> <li>CSR Community of Interest created in August 2023 to maintain oversight of CSR activity across GMC. Work is ongoing to help identify further opportunities, risks and dependencies.</li> </ul>	High

## Business plan and budget 2024

<b>Action</b>	To approve
<b>Purpose</b>	This paper sets out our 2024 priorities and associated budget required to deliver the ambitions of our Corporate Strategy.
<b>Decision Trail</b>	Council considered the approach to setting the fee increases and pay budget at the meeting in September. Executive Board considered the budget in November 2023.
<b>Recommendations</b>	<ul style="list-style-type: none"> <li><b>a</b> To approve the draft Business plan and Budget for 2024</li> <li><b>b</b> To approve the proposed changes to performance measures reported to Council for 2024</li> </ul>
<b>Annexes</b>	<p>Annex A: 2024 draft Business Plan</p> <p>Annex B: 2024 budget</p> <p>Annex C: Income and expenditure movements</p> <p>Annex D: Reserve estimates</p> <p>Annex E: Reserves projections</p> <p>Annex F: Fee considerations</p> <p>Annex G: Performance Measures</p>
<b>Author contacts</b>	<p><b>David Donnelly</b> – Assistant Director, Finance</p> <p><b>Lara Drake</b> – Head of Management Accounting</p> <p><b>Anisah Chowdhury</b> - Head of Business Planning and Reporting</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<p><b>Neil Roberts</b> – Director, Resources</p> <p><b>Shaun Gallagher</b> – Director, Strategy and Policy</p>

## Background

- 1 The Corporate Strategy sets out the strategic direction of the organisation and the business plan sets out the immediate priorities to realise the ambitions of the Strategy. Our priorities and the resources required to deliver them determine our budget.
- 2 This review also lends itself to the review of our corporate reporting measures. As such in considering our strategic direction we have aimed to build on the changes made in the prior year to further enhance the monthly reporting to council to ensure the most effective monitoring of these priorities.
- 3 At Council, in September we proposed to move to increase the level of reserves held to the middle of our target parameters (20%-35% of expenditure) over the next 3 years. This approach will allow us to replenish reserves after a period of investment, ensure we adhere to our reserves policy while still protecting us from potential economic shocks. To do this we need to be surplus generative in the region of £3.0- £4.0 million per annum.
- 4 Furthermore, Council considered the approach to pay budget increases to marginally exceed the CPI rate at September 2023. This acknowledged the financial pressures felt by staff, and the potential impact of a second year of below inflationary pay increases on retention and engagement. An appropriate fee increase in the region of 2% below the proposed Pay award increase was notionally also agreed to ensure our continued financial sustainability.
- 5 To support those previously reported budgeting priorities, we have undertaken the business planning and budget process in broadly the same way as previous years including the use of budget scrutiny to effectively challenge budgetary inputs. We have sensitised the budget, with respect to key risks to ensure its robustness.

## 2024 – 2026 priorities

- 6 We continue to maintain a published list of cross-GMC change projects. This is reviewed quarterly by the Planning Gateway and SMT. Periodically, we also carry out a more in-depth analysis of this list and we plan a holistic prioritisation exercise for mid-2024, to align with commencement of the work on the new corporate strategy.
- 7 The current list has nine key priorities, reflected in the draft Business Plan at Annex A. Given that we have a rolling three-year business plan, the 2024-25 plan is broadly the same as last year. Key changes include:
  - Addition of one statutory function activity – our work to monitor 104 postgraduate curricula.
  - Addition of education strategy work programme that will commence in 2024.

**Agenda item M4**

**Business plan and budget 2023**

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- Update to the fairer regulatory outcomes section, to bring together the narrative relating to our ED&I aspirations and the three priority activities: Fairer Employer Referrals, Fairer Training Cultures and Regulatory Fairness Implementation.

**8** We expect these priorities to be significant commitments, most of which extend beyond 2024 and have a high alignment to our strategic ambitions and the ongoing delivery of our regulatory functions.

## 2024 budget – Financial context

**9** We originally targeted a breakeven budget in 2023, following a period of investment linked to the COVID pandemic, which has seen our reserves reduce from £44.2 million in 2019 to a projected £39.2 million at the end of 2023. During 2023 we have seen significant movements in the forecast, which have informed the budget setting for 2024, albeit the likely out-turn will remain broadly breakeven. Points of note:

- An increase in income with BOE base rate hikes increasing interest income received, coupled with boosts in PLAB and Specialist Applications compared to budget. Both of these trends we anticipate will continue into 2024.
- Increased expenditure all of which have implications for 2024 and beyond:
  - Pension top up payments to our defined benefit scheme increasing in 2023 by £2.0 million to £3.5 million. We anticipate paying £3.5 million in 2024, £2.5 million in 2025 and return to £1.5 million in 2026.
  - PLAB 4<sup>th</sup> Circuit investment following increased demand, requiring capital investment in 2023 of £1.3 million. The remaining capital investment of £1.3m is budgeted in 2024.
  - Additional costs of classing associates as workers of £0.5m in 2023 linked to the costs of holiday pay and pension entitlement coupled with increases in the associate fee.
- Lower utilisation of the contingency and Gateway funds than anticipated, in total c. £1.2 million unlikely to be expended.
- We prudently assumed investment income would generate no returns in 2023, given historical volatility. At present we are anticipating some small upside but it is worth noting than over the course of 2023 we have seen fund valuation swings of up to £1.6 million month to month.

**10** There continues to be a number of financial challenges heading into 2024:

- We have ongoing legal cases, which may result in both one off and ongoing costs.

**Agenda item M4**

**Business plan and budget 2023**

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- Work continues to deliver changes for our regulatory reform programme, and we anticipate it will be several years until we secure financial benefits.
  - High levels of inflation will continue to impact our cost base, both in terms of third-party costs, but it will also continue to put pressure on our staff costs. We believe the full impact of inflationary increases has not been seen in 2023 and some lag will be reflected in 2024 contract renegotiations.
  - Continuing volatility of financial markets, making returns on our investment unpredictable.
- 11** At its meeting on 28 September Council considered that we should include a pay budget increase marginally higher than the September CPI figure. As detailed in the September paper, this had the intended aims of ensuring we stayed well placed in the market, continued to reduce pay gaps and to support good employee relations and retention. It will also be used to address in year adjustments (addressing market pressures, equal pay anomalies and retention payments where we have key staff risks).
- 12** As a result, the likely fee increase would fall between 3-5% to ensure our ongoing financial sustainability through the management of our free reserves.
- 13** The Office for National Statistics released a CPI figure of 6.7% for September. We are therefore proposing a pay budget increase of 7% and a fee increase of 5% both with effect from 1 April 2024. These are the assumptions included in the budget presented in Annex B.
- 14** We note that cumulative inflation over the 2 year period, ending October 2023 is more than 16%, which would compare to cumulative fee increases of 8%, including the proposed 5% fee uplift included in the 2024 budget. We would always aim to constrain fee increases where possible and at an appropriate time will look to strengthen the link between CPI and fee increases.
- 15** Overall, the surplus on the 2024 Budget, when compared to 2023 Budget, increases by £3.0 million. Within the expenditure lines both a Gateway fund and a contingency exist to ensure continued targeted investment, and to recognise the wider risks present resulting from ongoing uncertainty in the current economic climate.

## 2024 budget – Fees & income

- 16** In deriving a fee increase of 5%, we have considered those proposed across the wider regulatory environment. There is a wide range of recent fee uplifts, with ours being modest within the range. The vast majority of regulators appear to be aligning closely to September CPI. Some detail around the benchmarking is included in Annex F.

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**17** Applying a 5% increase to our schedule of fees results in the following key changes:

		2023	2024
		£	£
Newly qualified doctors	Provisional Registration fees	25	25
	Full registration	166	174
	Annual retention fee (years 2-5)	166	174
Other doctors	Full registration	433	455
	Annual retention fee with a licence	433	455
	Annual retention fee without a licence	155	163
Other fees	PLAB test – part 1	255	268
	PLAB test – part 2	934	981
	Portfolio pathway to specialist & GP registration*	1,781	1,870
	Other pathways to specialist & GP registration^	466	489

**Note:** All fees (with the exception of provisional registration fees) have had a 5% increase applied and the result rounded to the nearest whole pound.

\*Formerly known as certificate of eligibility for specialist registration and certificate of eligibility for GP registration (CESR and CEGPR)

^ Includes certificate of completion of training fees; a new fee for relevant European qualifications and EFTA applicants, to be introduced in Spring 2024; and the introduction of the recognised specialist qualification pathway in Spring 2024.

**18** Based on the above fee increase and a short-term modelling assumption of increased register growth rate of 5.5% in 2024, we have included a fee income of £161.9 million in the 2024 budget.

**19** In the forecast period beyond 2024, we have reverted our fee assumptions to the medium-term assumptions of 2% fee increase (with the 2% being reflective of target CPI within the UK) and 4.5% register growth. Our current forecast assumptions, show that if register growth remains above 4% we should be able to constrain fee increases to CPI or below in the period to 2026. These assumptions are indicative at a point in time and the approach to fee increases will need to be reviewed and flexed on an annual basis to ensure we are responding to cost pressures both internal and external and considering long term financial sustainability.

**20** Legislative changes affect our pathways to specialist and GP registration. While the fees are unchanged, the following is true:

- The Portfolio pathway to specialist and GP registration was formerly known as CESR and CEGPR. From 30 November doctors who completed specialist training outside the UK no longer have to demonstrate their specialist knowledge or training are equivalent to a CCT. Instead, doctors will now demonstrate they have the knowledge, skill and experience required for practising as an eligible specialist or general practitioner in the UK. We have also introduced evidential flexibilities and improvements to the pathway.
- We will introduce a new pathway called the ‘recognised specialist qualifications’ (RSQ) pathway, anticipated in Spring 2024. We will also introduce a fee for doctors moving from full to specialist or GP registration when using the existing EEA EFTA trade deal pathway

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(EFTA) or Relevant European Qualifications pathway (REQ) pathways on 15 May 2024. These new fees are set at the same level as the fees for certificates of completion of training.

- 21** In 2022 as part of the budget paper we did a thorough review of the support offered to doctors around fee levels. As part of this we reduced the provisional registration fee to £25 and removed administration fees attached to any status changes of the registrant.
- 22** No additional changes to fee levels are proposed to take effect in 2024, however we propose to increase the income discount in line with the increase in fees, to £36,000 (2023: £34,000) from 1 April 2024. While this adjustment is relatively modest the income discount is funded predominantly by the ARF and therefore any increase to the discount threshold creates upward pressure on the ARF. Details of support offered to doctors is included within Annex F.
- 23** For 2024 we have included a £1.0 million budget for income generated through our investment with CCLA, compared to a budget of zero included in 2023. The risk of investment volatility remains, however given a proposed target return of CPI plus 2%, we thought it prudent to include some return on our investment in the short term. Our approach to budgeting investment returns going forward will be determined by any changes to investment objectives shaped by the ongoing review of the investment policy.
- 24** We have also increased our interest income budget to £2.0 million in 2024 to reflect the higher interest rates currently being received and anticipated in the short term. In the 3year forecast period, this reduces to £1.0 million by 2026 in keeping with market expectations that bank of England will reduce the base rate as we move to our inflation targets.
- 25** The draft 2023 income budget is £165.7 million. An analysis of the changes from 2023 to 2024 is at Annex C.

## **2024 budget – Expenditure & Surplus**

- 26** We have used the 2023 forecast of actual expenditure as our starting point for the 2024 budget, adjusted to reflect:
  - the full year effect of 2023 business plan decisions and in-year allocations from the Gateway fund.
  - The removal of 2023 costs that are not required in future years – which will include recovery expenditure and one-off project costs.
  - A pay budget increase of 7% from April 2024. The People Board were presented with options for the pay award in October and November. The final structure of the award will reflect our priorities on recruitment and retention, primarily below management level, and our continued focus on reducing pay gaps, or keeping them narrow where this is already the case.

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- A staff churn adjustment of 4.25%, reducing from 5% in 2023. With discussions at Executive Board confirming the staff churn should be a tool to aid accurate budget setting rather than a directorate target we have flexed the churn slightly across the directorates to align more closely with historic trends.
  - Additional payments approved by Council in June 2023 to address the deficit on the defined benefit scheme. We will continue to pay £1.5 million per annum until 2030, with a further £2.0 million and £1.0 million approved top-up in 2024 and 2025 respectively.
  - The build costs of the PLAB 4<sup>th</sup> circuit in 2024. Previously £2.4 million was agreed to be funded through reserves on an assumption of largely being built in 2023. It is likely that c. £1.5 million of costs will be incurred in 2024. This figure includes c. £0.3 million of overspend when compared to the business case presented to council in April 2023, largely a result of inflationary increases. We do not believe this will materially affect the payback period of the investment.
- 27** While developing the 2024 expenditure budget we built upon the budget scrutiny process, feeding in learnings from the 2023 mid-year review to ensure we effectively deliver our strategic aims and constrain growth within the financial envelope provided by our income. The core aim of this was to identify targeted expenditure reductions.
- 28** The draft budgets submitted prior to budget scrutiny meant we had to reduce the expenditure budget by roughly £2.0 million. It is important to remark on the efforts made by directorates to present a realistic budget prior to scrutiny, which in all cases was significantly more considered than historically noted.
- 29** We therefore used the scrutiny meetings to determine the appropriate balance of constraint on Business-as-Usual Activity (BAU) through directorate budgets and future investment, via the Gateway. Areas considered were:
- Volume assumptions in operational areas. In setting the 2023 budget we assumed lower activity levels and held a central contingency at a fraction of the reduced value. For 2024, we challenged the assumptions once more.
  - In non-operational areas asking directors to consider the scale and feasibility of their potential contribution to the £2.0 million and to the extent not possible looking at their future asks upon the Gateway fund. Both of which leads to a greater degree of internal prioritisation.
  - Contingency, which was factored in at £1.25 million. This was included to cover:
    - Potential roll-forward of Gateway funds due to delays, rather than separately coming to council to request the change in budget bottom-line.
    - Volume assumptions

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- Inflationary pressures not yet fully realised through renegotiated contracts and therefore not reflected within the directorate budgets.
  - Gateway initially budgeted at £3.0 million plus any potential draw down approved through Q4 Gateway 2023 at a maximum of £2.3 million, a total of £5.3 million.
- 30** Following the conversations, a combination of all the above levers were used to achieve the desired outcome, with £0.5 million being removed from directorates and £2.0 million being removed from central costs including contingency and Gateway provisions. We think the choices made will not seriously undermine our planned work to support the corporate strategy.
- 31** Throughout the budget scrutiny meetings we continued conversations around strategic efficiency ideas that may produce benefit in the medium term rather than having a short-term focus. We noted a number of ways to embed this into our ongoing thinking including:
- the continuing development of the Gateway process with increased focus on and commitment to invest to save initiatives.
  - rationalisation of systems and space in line with future business requirements
  - baseline mapping of activities and the resources required to deliver in a steady state.
- It was acknowledged that each of these represent considerable time investment and will require process development.
- 32** The total 2024 expenditure budget is £162.2 million. Budget details are at Annex B and an analysis of expenditure movements between 2023 forecast and 2024 budget is in Annex C.

## 2024 budget – reserves policy and forecast

- 33** We measure our financial health by the level of our free reserves. We hold reserves for the following reasons:
- To provide working capital to undertake ongoing business.
  - To provide funds to deal with any risks that materialise, resulting in an unexpected increase in expenditure and/or a reduction in income.
  - To provide funds to respond quickly to new initiatives, opportunities and challenges that may present themselves during the year.
  - To cover the time-period before any changes to fee levels take full effect.
- 34** There is no set formula to calculate the appropriate level of free reserves. However, in line with Charity Commission guidance we set reserve parameters of 20%-35% of expenditure which allows the level of our reserves to reflect the growth in the organisation and the risks we face.

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- 35** In September we reported to council our aim to maintain the level of reserves as close to the centre of our stated thresholds as practicable, by being surplus generative into the medium term, and progressing this objective over the 3-year period to 2026.
- 36** Our latest projections show that free reserves will be c. £39.2 million at the end of 2023, which falls at the lower end of our reserve range. The 2024 budget, plus 2 year forecast to 2026, would see free reserves sit at £50.9 million, broadly the middle of our stated range and in line with our stated aims. Annex E shows our reserve projections through the medium term.
- 37** We as an institution are subject to a number of risks both internal and external, which could have a financial impact. We have completed some sensitivity modelling to test the risks on our reserve levels. Annex D sets out risks and their likely impact.
- 38** We believe that by being surplus generative into the medium term, including generating a surplus of £3.5 million in 2024, that we appropriately balance any future financial risks and ensure appropriate resources to deliver our strategic ambition in the short and medium term.

## Performance measures

- 39** Alongside renewing our change priorities, we conducted our annual review of corporate performance measures to ensure these remain relevant and fit for purpose. The review highlighted a few measures within the Strategic Communications and Engagement directorate already reported regularly to Executive Board that could benefit from Council oversight through the bi-monthly Chief Executive's paper via the performance annex. We believe this will provide greater visibility of the operational work in this area and some of the communication channels we monitor. In addition to these, we have proposed updated targets for measuring progress on improving the diversity of our organisation. The specifics of these proposed changes are as follows:
- GMC media coverage: Following removal of the media score from corporate reporting last year, Council flagged this to be a potential gap. This measure was removed because we were changing media monitoring providers to gain a better understanding of perceptions of the GMC. We have now been working with a new provider for 8 months and accumulated enough independent analysis to suggest a more appropriate replacement in the form of two new measures: one telling us the proportion of positive sentiment of news relating to the GMC, and the other on negative sentiment. We have used a baseline of data to introduce targets of 45% or above for positive sentiment and no more than 15% for negative, although we may need to adjust these targets in the next annual review while the analysis process take time to settle.
  - Outreach learning sessions: The Outreach function is a key area for engagement activity, in particular, the delivery of our learning sessions for doctors on how to apply GMC guidance. We currently evaluate doctors' experiences of these sessions and report on whether they

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intend on changing the way they practise as a result of attending, with a target of 75% saying they will. We think this is a useful measure for Council to see how much impact we are making through this engagement work.

- GMC website: We think it is important to understand and report on users' experience with the GMC website so that necessary improvements can be made. We do this through a survey which asks users to give a score between 0 and 10 which is then used to calculate a Net Promoter Score (NPS). Within the marketing industry, an NPS of 20 and above is considered good. Our KPI is set at 30 based on past performance. It may be useful for Council to have access to our website performance, particularly as it is a key communication channel that a range of our customers interact with.
- Updating our diversity targets: We have proposed new 2024 targets to replace our 2023 targets (a mock-up can be found in Annex G). The approach taken is to incrementally increase percentages each year as we strive towards reaching our overall targets for the end of 2026.

**40** We also continue to identify and make progress with some of our longer-term ambitions for improving our KPIs, which we hope to implement through future reviews. This includes the continued exploration of how we measure the quality of our processes whilst ensuring there is a balanced view across all our core functions (for example we are looking into stakeholder feedback surveys for processes in Educations and Standards, and first contact resolution as part of the Contact Centre Customer Service Strategy in Registration and Revalidation). Additionally, we are considering how regulation of AAs and PAs will impact our corporate reporting, and in 2024 we will work with business areas to shape appropriate measures for AA and PA processes - however implementation of this is dependent on DHSC timeframes for laying the AAPA Order and the timeliness of subsequent milestones before regulation of these professions can commence.

**41** Annex G illustrates how the corporate performance measures will look with all the above amendments. We ask that Council approve these proposed changes and note the ongoing work to drive further improvements. If approved, these changes will be implemented for 2024 reporting.

## Business plan 2024–2025

### Our priorities for 2024 to support our corporate strategy

Our vision is to be an effective, relevant, and compassionate regulator for patients, the public, and medical professionals. Our core role is to deliver flexible and responsive regulation that protects patients, supports professionals to deliver quality care, and meets the needs of the UK health system. To do this we:

- set the standards of patient care and professional behaviours doctors need to meet.
- make sure doctors get the education and training they need to deliver good, safe patient care.
- check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards we set throughout their careers.
- give guidance and advice to help doctors understand what's expected of them.
- investigate where there are concerns that patient safety, or the public's confidence in doctors, may be at risk, and take action if needed.

Given the unprecedented uncertainties and challenges facing the healthcare system, and the medical profession, we'll continue to:

- listen to the experiences and needs of patients, the public, and the profession to inform our priorities
- use evidence and data to maximise the part we play in responding to those challenges.

We are now at the midpoint of the corporate strategy. Our focus for the coming year will be to build on the progress we've achieved so far and focus our efforts on our priority areas.

Compassionate regulation will continue to be a priority. And we expect to see the projects and activities we started under the *Making every interaction matter* theme start to gain momentum. Our assessment of progress shows that we've started, and in some cases completed, much of the planned work for the current corporate strategy.

However, many of the long term outcomes and impact will only be fully realised once the current strategy has ended. This is the case for some of our large change projects and ambitions, such as:

- our work on regulating physician associates (PAs) and anaesthesia associates (AAs)

- introducing the Medical Licensing Assessment (MLA)
- our ED&I targets.

We're now in a stronger position to consider the opportunities that lie ahead, such as those provided by regulatory reform, our future role as a multiprofessional regulator, and how we can collaborate with others to make us more effective.



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## Delivering our statutory functions

### Efficient and effective regulation:

#### In 2024 we expect to:

- process **c.66,000** revalidation recommendations for doctors
- support **c.27,500** qualified first-time applicants to join the UK register (including 18,500 applications from international medical graduates and 9,000 applications from UK medical graduates)
- triage complaints of about **10,500** doctors and investigate approximately **1,500** doctors
- take further action in response to concerns in the form of running approximately **300** medical practitioner’s tribunal hearings
- visit **11** new medical schools and use our proactive quality assurance process to review **15** postgraduate training organisations and **38** established medical schools (see our reports [here](#))
- review **104** postgraduate curricula and their programmes of assessment to make sure that they continue to meet our standards
- respond to **c.450** ethical enquires in relation to our standards for doctors
- host over **1,000** events, engaging with over **45,000** doctors and students
- host over **150** Welcome to UK practice events and in doing so, support more than **12,000** international medical graduates new to UK practice
- approach **64,000** trainees and **53,000** trainers to understand their views on training, and on the quality of postgraduate medical education through our national training survey
- make sure at least **3,500** doctors complete the 2024 Barometer survey.



## Making every interaction matter

### Regulation of physician associates (PAs) and anaesthesia associates (AAs)

We'll complete our framework for regulating PAs and AAs – and subject to legislation, we expect to start registering these professionals around the end of 2024. We'll continue to engage with PAs, AAs, employers, and educators to help them prepare for regulation. And we'll support and encourage actions by partner organisations on wider issues relating to the deployment and development of PAs and AAs within the multidisciplinary team.

Sponsor: Una Lane

### Regulatory Reform

We'll continue to work closely with the Department of Health and Social Care (DHSC) to reform our legislation. We're currently developing the new legal framework, rules, policies, and processes that will sit across all our regulatory functions – these will support the new legislation when it comes into effect. Our timeframes for when we can consult and implement these reforms are dependent on DHSC.

We'll also continue our ongoing engagement with stakeholders by sharing information about what regulatory reform will look like and taking a co-productive approach to process design where possible.

Regulatory reform will change the way we regulate and give us more flexibility to set our own rules and change the way we work in the future when evidence suggests there are improvements that can be made. This will enable us to be more supportive, inclusive, and compassionate in the way that we regulate. It will also provide greater consistency between us, and other regulators.

Sponsor: Shaun Gallagher

### Transition to Welsh Language Standards

From 6 December 2023 we are subject to the Welsh Language Standards for healthcare regulators. This follows the Senedd (the Welsh Parliament) approval in July 2022 and receipt of our compliance notice in June 2023. We've taken the opportunity to enhance our Welsh language offer to those accessing our services. This has involved making changes to make sure

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we're compliant with the standards across all functions of the GMC. You can find out more at [\[insert link – will be available after 4 December\]](#).

Sponsor: Paul Reynolds



## Developing a sustainable medical workforce

### Expanding our registration pathways

We've continued to expand our registration pathways in response to the increasing demand from overseas doctors and the workforce pressures in our health service.

We're updating existing pathways as well as developing new ones, implementing further international trade deals, and responding to any changes to the post-Brexit standstill arrangements. This will make sure we're able to register skilled professionals so more doctors can work in the UK.

Sponsor: Una Lane

### Introducing the Medical Licensing Assessment

We're introducing a new assessment of the core knowledge, skills and behaviours of doctors who want to practise in the UK. Students at UK medical schools will need to pass the Medical Licensing Assessment (MLA) as part of their degrees before they can join the medical register from the academic year 2024–25 onwards. The PLAB test for international doctors will also become compliant with the MLA in 2024. As such, UK medical students and international doctors will take assessments that draw from the same topics and meet the same requirements.

Sponsor: Colin Melville

### Launching our education strategy

We're launching a programme of work to develop and implement new standards, and work with others to achieve ambitious goals in medical education.

Over the next five years, we plan to:

- 
- improve our support for a larger, more diverse pool of multi professional medical educators
  - support changes in pre-qualification education by encouraging innovation and diversity in programmes that meet our standards.

We'll reimagine post-qualification education so it's more flexible and easier to navigate – this will involve considering the role of assessment and encouraging generalism. And we'll secure improved career development for all by improving access, quality, and consistency in lifelong learning.

Sponsor: Colin Melville



## Investing in our people to deliver our ambitions

### Continuing to attract and retain talent

We'll continue to attract and retain diverse talent, including maintaining a competitive package for new recruits and existing staff, and building resilience for our future skills requirements.

We are also targeting the progression barriers some colleagues experience and supporting future skills needs via a comprehensive L&OD programme. Alongside this, we are working to achieve Gold accreditation under Investors in People (IiP).

Sponsor: Neil Roberts



## Enabling professionals to provide safe care

### Fairer regulatory outcomes

Our corporate strategy for 2021–2025 renewed our commitment to foster a culture of ED&I in everything we do as a regulator and employer. In 2020 we set equality aspirations to highlight the need for meaningful action to address longstanding inequalities and the impacts of racial discrimination and disadvantage.

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Our ED&I aspirations collectively are aiming to address inequalities and improve the trust and confidence in the GMC. We have three projects to help us focus on making fairness central to our work.

- We have a programme of work to eliminate disproportionate referrals from employers on the basis of ethnicity or Primary Medical Qualification (PMQ) by 2026.

Sponsor: Anthony Omo

- We have a programme of work to eliminate discrimination, disadvantage, and unfairness in medical education and training pathways by 2031.

Sponsor: Colin Melville

- In 2022 an internal review (Regulatory Fairness Review – RFR) was undertaken to check how the GMC monitors for and mitigates against bias in its decision making. In 2023 we began implementing the findings from this review. This programme of work is the fourth pillar of our ED&I aspirations and one that will sit alongside our other long-term commitments.

Sponsor: Shaun Gallagher

## Professional standards

We'll make sure our standards for the professions we regulate reflect current patient and public expectations.

We'll maximise the relevance of our guidance to the profession and optimise how it applies to care. We will give advice on how our guidance applies in practice and leverage opportunities to influence others to embed the guidance across UK healthcare.

Sponsor: Colin Melville

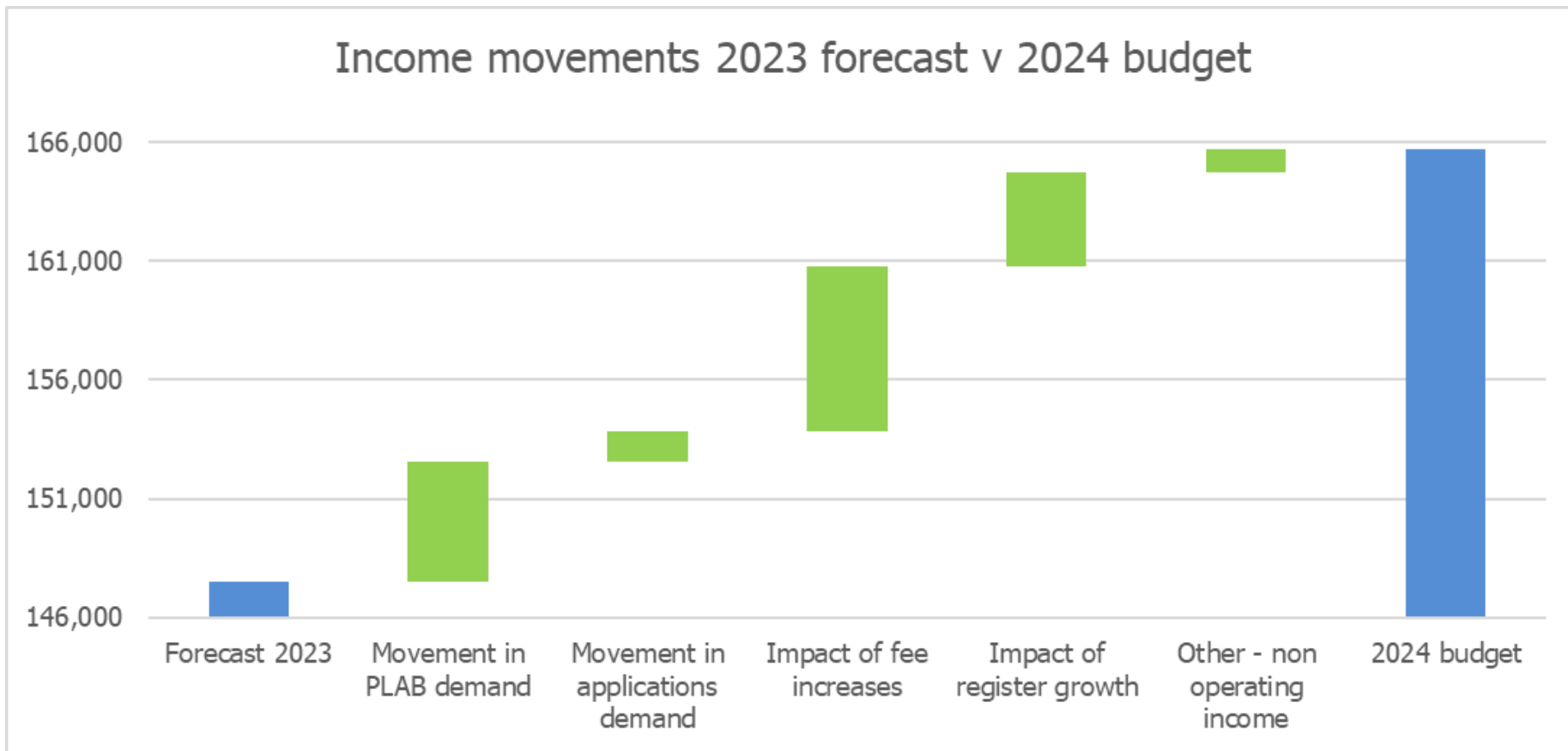
## Annex B

### 2024 Budget, 2025-2026 Forecast

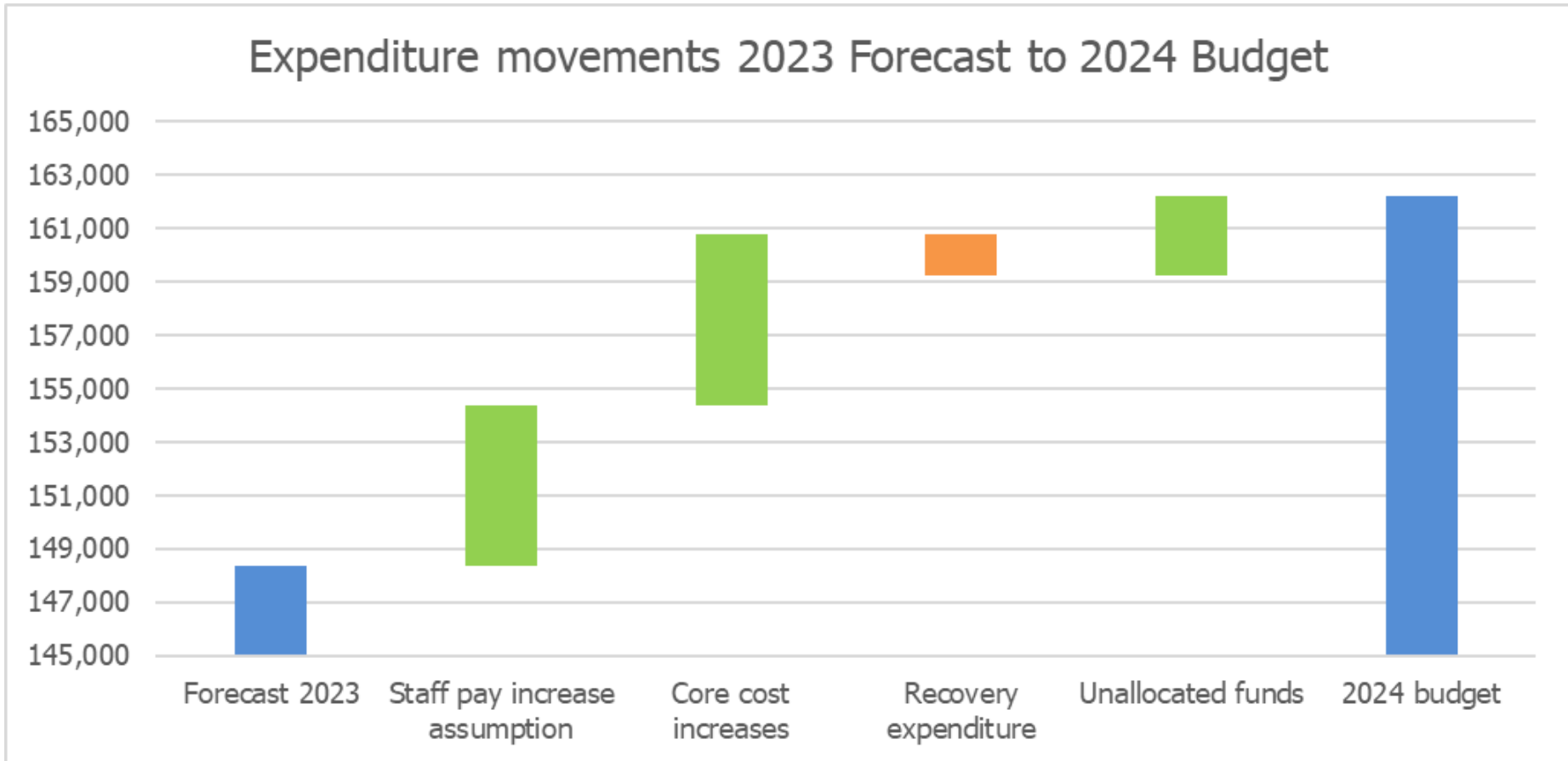
Financial summary	Budget 2023 £000	Budget 2024 £000	Forecast 2025 £000	Forecast 2026 £000
<b>Operational income</b>	<b>143,224</b>	<b>162,664</b>	<b>173,461</b>	<b>181,757</b>
Operational expenditure	129,086	144,036	153,276	159,849
Central costs	6,395	7,688	10,218	12,247
Capital Expenditure	8,822	10,472	8,354	7,561
<b>Total Expenditure</b>	<b>144,303</b>	<b>162,196</b>	<b>171,848</b>	<b>179,657</b>
<b>Operational surplus/(deficit)</b>	<b>(1,079)</b>	<b>468</b>	<b>1,613</b>	<b>2,100</b>
Interest Income	1,259	2,030	1,509	1,019
Investment Income	0	1,000	1,000	1,000
<b>Total surplus / (deficit)</b>	<b>180</b>	<b>3,498</b>	<b>4,122</b>	<b>4,119</b>

## Annex C

### Income movements



## Expenditure movements



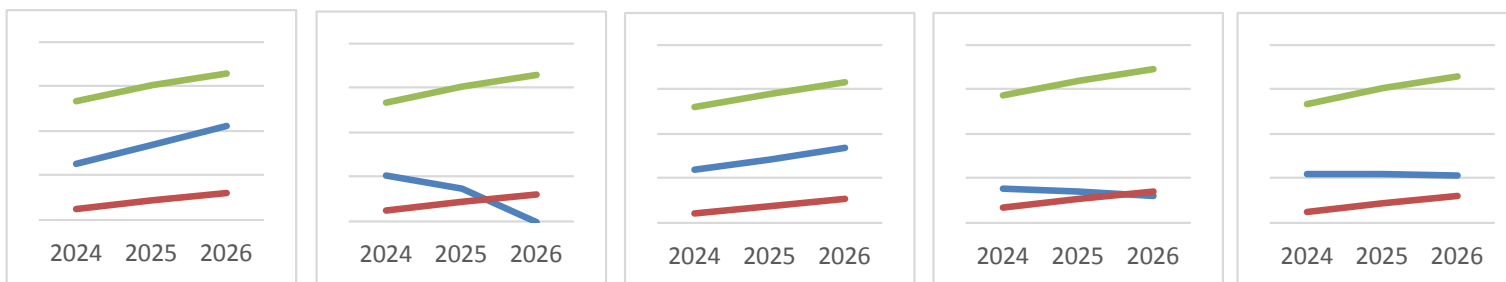
## Annex D

### Reserve estimates

Base case	Base scenario with no increase in register size (from 1 Jan 2024)	Base scenario with reduction in PLAB candidates (10%)	Base scenario: increased investment of £5m per annum (e.g. pension/ legal costs)	2024 - Fee increase 3% wage inflation 8%
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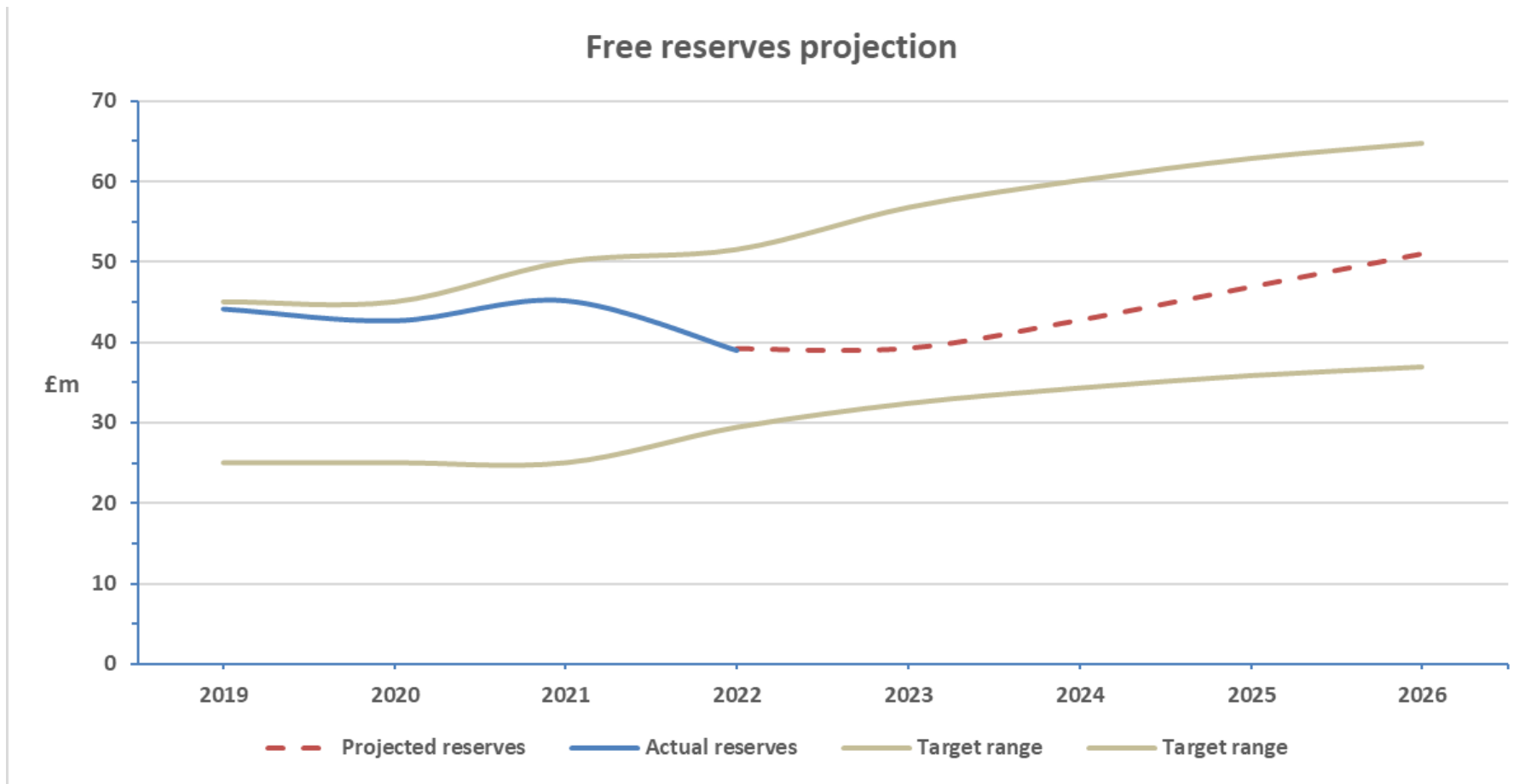
Surplus / (deficit)	£'000	£'000	£'000	£'000	£'000
2024	3,498	1,147	2,696	(1,502)	1,642
2025	4,122	(2,903)	2,447	(878)	16
2026	4,119	(7,791)	2,411	(881)	(216)

Reserves	£'000	£'000	£'000	£'000	£'000
		39185	39185	39185	39185
2024	42,683	40,332	41,881	37,683	40,827
2025	46,805	37,429	44,327	36,805	40,843
2026	50,924	29,638	46,738	35,924	40,627



# Annex E

## Reserve forecasts



Council/Committee/Board - insert date

**Agenda item xx**

**Title of paper**

**Agenda item M4**

**Business Plan and Budget 2024**

# Annex F

## Fee Considerations

As part of the budget setting process we have considered both fee increases being offered across the sector and the support, we as an organisation offer to doctors, with lower incomes to ensure we are being proportionate with our proposed fees which will apply from 1 April 2024.

**Fee Increases**

Our fee increases support the level of expenditure required in 2024, while ensuring, based on current information, longer term sustainability of reserves. We looked at proposed fees across the regulatory sector to ensure we remained reasonable and proportionate.

Regulator	Status	Effective Date	Fee Increase
GMC			5.0%
General Pharmaceutical Council *	Confirmed	April 2024	7.5%
General Optical Council *	Unconfirmed	April 2024	6.6%
The Health and Care Professionals Council *	Confirmed	April 2024	20.0%
General Dental Council ^	Confirmed	January 2024	(15.8%) / (10%)
The Nursing and Midwifery Council, General Osteopathic Council, General Chiropractic Council ~	Confirmed		0.0%

\* Multiple years without a fee increase (regulators 1-3), resulting in a more significant increase in year. Longer term the intention is to align closely to CPI.

^Approach to fees set in 2023 as part of a 3 year strategy to 2025 – current year reduces fees, at various levels, but this will be reviewed again in 2025.

~Fee freezes across multiple years. Fee changes subject to consultation.

**Financial Support**

Our support comes in 3 specific forms (doctors can only receive one form of discount at a time):

- Provisional registration for doctors**  
 At the point of application for Provisional Registration and payment medical students are yet to have commenced their first full time employed position. At this point in their career registrants have not received any full-time income and have a number of fees to pay to various organisations. Fee is set at a notional £25. This is proposed to be held at this level in 2024.
- Discounted Registration Fee / Fixed term discount** This applies to doctors moving from provisional to full registration or for any doctor who submits their application within five years of passing a primary medical qualification. This recognises the lower levels of income earned by this cohort of medical practitioners. We also apply it to the annual retention fee for up to four years. Fee is set at £166 in 2023. With the proposed increase, this becomes £174 in 2024.
- Income Discount**  
 This applies to doctors with worldwide income below £34,000 in 2023. We propose to increase this by £2,000 to £36,000 in 2024 which is in-line with the fee increase proposed of 5%. This entitles them to a 50% discount on the full fee.

Furthermore we offer the opportunity to pay via direct debit to spread the cost with quarterly or ten monthly instalment options.

# Annex G: Council 2024 performance measures

Proposed changes indicated below

Indicator		2022		2023										
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	97%	98%	98%	99%	99%	98%	98%	97%	97%	97%	
	Decision on 95% of all revalidation recommendations within 5 working days	96%	97%	96%	98%	98%	97%	98%	99%	99%	99%	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	96%	94%	96%	100%	100%	100%	100%	93%	97%	98%	98%
	Conclude 90% of fitness to practise cases within 12 months	94%	94%	97%	94%	95%	93%	94%	92%	96%	96%	94%	96%	
	Conclude or refer 90% of cases at investigation stage within 6 months	95%	97%	97%	97%	97%	97%	98%	98%	98%	97%	98%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	97%	98%	97%	98%	97%	97%	98%	98%	98%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	0%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%	100%	No Cases	No Cases	No Cases	
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	92%	100%	100%	100%	100%	92%	100%	100%	100%	100%	
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	83%	78%	85%	79%	81%	82%	81%	78%	79%	81%	82%	83%	
	Contact Centre - Answer 80% of calls within 20 seconds	82%	81%	92%	87%	87%	85%	83%	85%	90%	89%	89%	85%	
	Positive media coverage of GMC (target 45% or above) - <b>NEW</b>			47%	38%	34%	36%	52%	50%	46%	33%	31%	37%	
	Negative media coverage of GMC (target 15% or below) - <b>NEW</b>			15%	28%	39%	20%	11%	19%	8%	5%	17%	10%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30) - <b>NEW</b>	29.4	31	24	38	33	35	35	33	32.4	50	40	39	
	75% of doctors intend to change practice following Outreach learning session - <b>NEW</b>	76%	90%	83%	84%	78%	74%	77%	82%	78%	79%	78%	81%	
Organisation	2023 Income and expenditure [% variance +/- 4%]	+2.52%	+2.57%	+2.38%	+1.89%	0.43%	-0.47%	-0.05%	-2.79%	-2.65%	-2.01%	-1.46%	0.53%	
	Rolling twelve-month staff turnover within 8-12%	10.3%	10%	10.3%	10.4%	9.5%	9.1%	8.9%	9.2%	9.6%	9.3%	9.3%	7.7%	
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	99.99%	100%	100%	100%	100%	99.93%	



# Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target			
		2022 (%)	2022 (Vol)	2023 <sup>1</sup> (%)	2023 <sup>1</sup> (Vol)	End-of 2023	End of 2024	% points off 2023 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	236	34.2%	419	27%	28%	+7.2%	30%
	Interviews	23.1%	42	17.9%	45	22%	23%	-4.1%	25%
	Offers	12.1%	^	12.0%	6	17%	18%	-5.0%	20%
	Workforce	14.0%	88	14.0%	91	16%	17.33%	-2.0%	20%
level of minority ethnic representation at Level 2+		12.7%	27	12.6%	27	14%	16%	-1.4%	20%
level of minority ethnic representation at level 3		14.7%	61	14.7%	64	16%	17.33%	-1.3%	20%
Increase the level of minority ethnic representation at all levels	Applications	44.4%	1,697	44.3%	2,314	37%	38%	+7.3%	40%
	Interviews	28.1%	260	29.4%	320	32%	33%	-2.6%	35%
	Offers	24.3%	61	24.2%	68	27%	28%	-2.8%	30%
	Workforce	17.3%	278	18.7%	317	17%	18%	+1.7%	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023		3.7%	-	Minority Ethnic (%)	Non-Minority Ethnic (%)	1-2%	1.5%	% points between groups	1.0%
				10.1%	7.2%			2.9%	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level*		-1.77%	-	BME (%)	Non-BME (%)	18%	2.0%	% points between groups	18%
				9.5%	12.1%			2.6%	
Pay differentials within a confined band limited to 2% by 2023 <sup>2</sup> <i>(table shows the proportion of bands that are outside of the +/-2% tolerance)</i>		58.3%	7/12	75%	9/12	2.0%	2.0%	N/A	2.0%

Proposed 2024 targets included in above table

Agenda item:	<b>M5</b>
Report title:	<b>Report of the MPTS Committee to GMC Council (for Council on 13 December 2023)</b>
Report by:	<b>Her Honour Deborah Taylor, Chair of the MPTS, <a href="mailto:MPTSCChair@mpts-uk.org">MPTSCChair@mpts-uk.org</a></b>
Considered by:	<b>MPTS Committee, GMC/MPTS Liaison Group</b>
Action:	<b>To consider</b>

### **Executive summary**

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2023.

Key points to note:

- ▶ The MPTS has returned to pre-pandemic hearing volumes and staffing levels.
- ▶ At the end of October, we will be introducing changes to our pre-hearing case management process.
- ▶ We have reorganised responsibilities within our senior management team to ensure we are best able to respond to upcoming opportunities and challenges, including the UK Government's work to reform the regulations that govern the GMC.

### **Recommendation**

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

## Governance

- 1** The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament. This paper is the MPTS Committee’s second report of 2023.
- 2** The MPTS Committee met in Manchester on 13 September when it considered an internal audit of our management of listings and hearings, and updates on case management and tribunal member resourcing.
- 3** The Committee met in Manchester on 15 November when it reviewed this report and received updates on the MPTS budget for 2024 and adjournments.
- 4** The MPTS’s annual report for 2022 was laid before the UK Parliament on 4 September, at the same time as the GMC’s annual report.

## Operational update

- 5** The MPTS has now returned to pre-pandemic levels of hearings and staffing. We operated at a higher than usual capacity between late 2021 and mid-2023 to enable us to hold all the hearing days that were lost because of the COVID-19 pandemic.
- 6** All new referrals from the GMC are being listed within our 9-month service target.
- 7** Since Her Honour Deborah Taylor joined the MPTS as Chair in March this year, the organisation has benefitted from her knowledge and experience of improving case management.
- 8** From the end of October, we will be making changes to our pre-hearing case management process. These include the introduction of listing questionnaires, application forms and certificates of readiness.
- 9** We will be running a pilot scheme of pre-hearing meetings at the start of the case management process, as well as introducing more proactive follow-up in respect of the timeliness and quality of parties’ hearing bundles.
- 10** This work will involve the update of various pieces of guidance, which will be added to the MPTS website along with several new forms.
- 11** In September Scott Geddes retired as Head of MPTS Operations after 25 years’ service with the MPTS and GMC. Scott played a significant part in our history,

first in establishing the GMC’s Manchester hearing centre then in helping to set up the MPTS.

- 12** The MPTS senior management team took this opportunity to review whether we are organised in the best way to be able to respond to upcoming opportunities and challenges, including the UK Government’s work to reform the regulations that govern the GMC.
- 13** The changes we have implemented ensure we are structured in a logical way, formalising the working arrangements of teams that regularly work together and the activities that the MPTS carries out:
  - **Operations and Development**, including all colleagues involved in running hearings, managing projects and the development of tribunal members.
  - **Legal and Policy Advice**, including training of tribunal members and quality assurance of decisions.
  - **Case Management and Hearing Preparation**, including all colleagues preparing MPT hearings and empanelling tribunals.
  - **Communications & Corporate Affairs**, including media and public interest in hearings, publication of decisions and preparation of transcripts.

## Tribunal members

- 14** Annual training for tribunal members took place in October. The core focus was effective hearing management.
- 15** Other topics covered included cultural competence and recent learning points from our quality assurance group.
- 16** We are working with our GMC colleagues to ensure tribunal members understand the forthcoming changes to *Good Medical Practice* and how these might impact the work of the MPTS and their future decision-making.

## Support for doctors

- 17** We continue to support doctors attending their hearings without legal representation. We know from academic research that both non-attendance and self-representation at our hearings often leads to more serious outcomes for this group.
- 18** Our *Resources for doctors’* guides are available on our website and around our hearing centre. They explain the hearing process step by step, making clear the practical steps a doctor should take. They are written specifically for doctors without legal representation but can be of use to any doctor wanting to better understand how a hearing works.

**19** Our Doctor Contact Service is available to all doctors, both before and on the day of a hearing and is particularly aimed at those attending alone or without legal representation. A member of our staff unconnected to the doctor’s case can be available to talk at any time. In the first three quarters of 2023 the service was accessed by 53 doctors on 104 occasions.

## **Hearing outcomes**

**20** In the first three quarters of 2023, tribunals made decisions in 160 new MPT hearings and 198 new IOT hearings.

**21** Details of the outcomes of those hearings, and others, are included at Annex A.

## Annex A - Hearing outcomes 2021 to Q3 2023

### Concluded hearings

New IOT hearing outcomes	2021		2022		Q1-3 2023	
	Cases	%	Cases	%	Cases	%
Suspension	35	11.4%	34	12.5%	22	13.75%
Conditions	217	70.5%	184	67.6%	116	72.5%
No order	56	18.2%	54	19.9%	22	13.75%
<b>Total</b>	<b>308</b>	<b>100%</b>	<b>272</b>	<b>100%</b>	<b>160</b>	<b>100%</b>

New MPT hearing outcomes	2021		2022		Q1-3 2023	
	Cases	%	Cases	%	Cases	%
Impaired: Erasure	58	21.6%	68	24.9%	42	21.2%
Impaired: Suspension	91	33.8%	101	37.0%	87	43.9%
Impaired: Conditions	14	5.2%	18	6.6%	12	6.0%
Impaired: No action	2	0.7%	4	1.5%	2	1.0%
Not impaired: Warning	28	10.4%	21	7.7%	14	7.0%
Not impaired	71	26.4%	58	21.2%	37	18.7%
Voluntary erasure	4	1.5%	2	0.7%	1	0.5%
Undertakings	1	0.4%	1	0.4%	3	1.5%
<b>Total</b>	<b>269</b>	<b>100%</b>	<b>273</b>	<b>100%</b>	<b>198</b>	<b>100%</b>

Non-compliance outcomes	2021	2022	Q1-3 2023
Suspension	8	3	7
Conditions	1	1	1
Non-compliance not found	0	0	1
<b>Total</b>	<b>9</b>	<b>4</b>	<b>9</b>

Restoration outcomes	2021	2022	Q1-3 2023
Application granted	6	6	2
Application refused	15	17	10
<b>Total</b>	<b>21</b>	<b>23</b>	<b>12</b>

## Review hearings concluded

Review hearing types	2021	2022	Q1-3 2023
Medical practitioners tribunal review hearings	96	94	80
Medical practitioners tribunal reviews on the papers	14	16	20
Non-compliance review hearings	8	13	11
Non-compliance reviews on the papers	1	0	0
Interim orders tribunal review hearings	422	397	277
Interim orders tribunal reviews on the papers	762	819	575

## Total hearings concluded

All hearings concluded	2021	2022	Q1-3 2023
<b>Total</b>	<b>1910</b>	<b>1911</b>	<b>1342</b>

## ARC report to Council

<b>Action</b>	To consider
<b>Purpose</b>	To report the work of the Audit and Risk Committee between June – November 2023.
<b>Decision Trail</b>	This report is based on the Committee’s activities and scrutiny of papers discussed on 11/12 September and 15/16 November 2022.
<b>Recommendation</b>	To consider the Committee’s work and offer suggestions for areas to seek assurance through its work in 2024.
<b>Annex</b>	Annex A - Internal audit reviews completed in 2023
<b>Author contacts</b>	<b>Lindsey Mallors</b> , Assistant Director, Audit and Risk Assurance Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Paul Knight</b> , Chair Audit and Risk Committee

**Agenda item M6**

**Report of the Audit and Risk Committee**

## Background

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

## Key activities

### *Seminars*

- 4 Since its June report, the Committee has met twice in both seminar and formal meetings - 11/12 September online and on 15/16 November in person in London.
- 5 The seminar session in September, led by BDO, was a rich discussion focused on helping the Committee consider its forward work programme for 2024 and potential assurance areas for the internal audit plan. We used case studies of organisations where there has been some kind of ‘failure’ in the last 12 months to stimulate the conversation covering:

<p style="text-align: center;"><b>Cyber security</b></p> <p>Data security through procurement and contract management including third parties’ access to information being breached and potential for internal data breaches – either malicious or human error</p>	<p style="text-align: center;"><b>Raising concerns about behaviours</b></p> <p>How we might understand the assurance process of recruiting to senior posts from a values and behaviours perspective. We discussed considering how the GMC would handle complaints of inappropriate behaviours from senior management or Council members and offer a suggestion that Council refreshes its knowledge of their responsibilities as trustees</p>
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**Report of the Audit and Risk Committee**

<p><b>Organisational culture</b></p> <p>Methodologies for qualitative measurement of cultural complexities in an organisation such as the GMC</p>	<p><b>Capacity planning</b></p> <p>Assurance around capacity planning, and how project versus BAU activities is apportioned</p>
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**6** In November the seminar had two sessions:

- business continuity, disaster recovery and incident management (for example in response to a media or reputational urgent matter) arrangements. The Committee were assured not only as to the arrangements in place but the extent to which they are tested on a regular basis, extend across 47 business areas supported by business continuity champions, and the continuous improvement programme looking over the next 12-24 months
- an insight session from the external auditor, Crowe, of recent Charity Commission updates and guidance. This was a useful discussion ensuring as trustees we continue to be aware of our charity responsibilities.

**Meetings**

- 7** The Committee continues to welcome the attendance of Executive members and a range of wider colleagues as relevant to the business agenda at each meeting. This adds to our knowledge of the business and provides assurance on the strength and depth of professionalism across the organisation which is important for business resilience and confidence in succession management.
- 8** In November we welcomed three new members, Douglas Millican and Jeeves Wijesuriya join as Council members and Aneen Blackmore as a co-opted member. We also offered our appreciation to Raj Patel who is demitting from the Committee at the end of the year.
- 9** We have met individually with the external and internal auditors (Crowe and BDO) without management present providing an opportunity to assure ourselves of the independence of both audit parties.

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**Report of the Audit and Risk Committee**

**10** Our main activities are outlined below.

**Key activities**

- Scrutinised the Business Assurance Framework
- Met the new Crowe partner, Jayne Rowe
- Considered the external auditor’s terms of engagement, plan and audit scope for the 2024 external audit and approved the fee
- Reviewed our Statement of Purpose
- Reviewed and re-signed the Internal Auditor Charter
- Received and scrutinised 10 internal audit reports
- Held BDO and Crowe insight sessions
- Undertaken our annual effectiveness review

In each meeting we have continued to hold an open discussion with the CEO on hot topics in the external environment which impact GMC activities and scrutinised the Corporate Opportunities and Risk Register. We can therefore assure Council that risk management arrangements are in place and operating effectively.

We also received progress updates on the implementation of previous audit recommendations and appreciate the continued Executive focus on this.

**11** We are also now beginning to prepare for a procurement exercise for external audit services as the current contract with Crowe will end after completion of the external audit on the 2023 financial accounts.

**Key observations**

***Business assurance framework***

**12** The Business Assurance Framework provides us with a structured overview mapping the main sources of assurance for each directorate and business area in the organisation. It draws attention to where assurance activities need strengthening and helps inform corporate internal quality assurance activity as well as internal audit future planning. The Framework has developed over a number of years and continues to mature. The Committee were impressed with the thoroughness of the work that is done across the business and the richness of information and insight it provides.

***Delivery of 2023 internal audit programme***

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

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**Report of the Audit and Risk Committee**

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

Audit review	Assurance ratings		Number of recommendations (high priority)
Corporate Strategy progress	Green	amber	4
	N/A		
Implementing Welsh Language Standards	Green	amber	6
	Green	amber	
Implementing People XD HR system	Red		14 (9)
	N/A		
Regulatory reform progress spot check 5	Green	amber	4
	Green	amber	
ED&I external targets reporting	Green	amber	3
	Green	amber	
Triage arrangements in Fitness to Practise	Green		1
	Green		
██████████	██████████	██████████	██████████
Expanding registration pathways	Green	amber	4
	Green	amber	
Fees and billing arrangements	Green	amber	3
	Green		
Enhanced monitoring arrangements	Amber		8
	Green	amber	
<b>Total</b>			<b>51 (9)</b>

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**Report of the Audit and Risk Committee**

- 14 The high priority recommendations in relation to implementing the People XD system were aimed at supporting the teams to get the project on track. However, it also provided an opportunity to consider whether work should be paused, or the project stopped. After a review to quantify the likely timetable, costs and risks involved in the delivery of a minimum viable version of the new system, the Director of Resources took the decision to cancel it. At our meeting in September, we were assured to hear the lessons learned and how they are already being applied to other significant projects.
- 15 We also considered the general learning applicable across the GMC in relation to managing long term projects. This was drawn from an additional report, commissioned outside the approved audit programme by the Director of Education and Standards, to inform a review on the future of credentialing which Council will be considering in December.

***Significant event reviews***

- 16 We have considered two significant events. Sadly, the first was in relation to a doctor who had been subject to health monitoring before relinquishing their licence to practise. The review did not identify any weakness in GMC processes.

17 [REDACTED]

**Closing remarks**

- 18 In January the Committee will be considering the outcome from its 2023 effectiveness review. We will use this opportunity to explore the focus of our activities to ensure there is an appropriate balance between the forward-looking risk horizon and the backward-looking assurance which gives us confidence in the organisation’s systems of control, risk management and resilience.
- 19 Over the last 12 months we have welcomed an increasing number of GMC colleagues to our meetings and believe their input to seminars or responses to audit reports provide a valuable contribution to the Committee’s discussions and knowledge of the business. The Chair continues to have regular meetings with Crowe, BDO, the Chair of Council and the Chief Executive and ongoing dialogue with the Assistant Director Audit and Risk Assurance. We believe that this enables us to carry out our assurance role to Council, efficiently and effectively.

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**Report of the Audit and Risk Committee**

**20** To support our activities in 2024, Committee members would welcome feedback on:

- which of the items reported in 2023 as noted in Annex A have been of the most value to Council
- suggestions on areas of assurance Council would like the Committee to include either in its work programme or the internal audit plan in 2024.

## Annex A

### Internal audit reviews completed in 2023

Audit review	Assurance ratings		Number of recommendations (high priority)
Embedding values and behaviours	Green	amber	3
	Green	amber	
Arrangements and progress in delivery of the internal facing ED&I targets	Green		1
	Green	amber	
Registration Services arrangements	Green	amber	3
	Green	amber	
MPTS listings and hearings	Green	amber	2
MLA implementation progress	Green	amber	8 (1)
Corporate Strategy progress	Green	amber	4
	N/A		
Implementing Welsh Language Standards	Green	amber	6
	Green	amber	
Implementing People XD HR system	Red		14 (9)
	N/A		
Regulatory reform progress spot check 5	Green	amber	4
	Green	amber	

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**ARC report to Council**

Audit review	Assurance ratings		Number of recommendations (high priority)
ED&I external targets reporting	Green	amber	3
	Green	amber	
Triage arrangements in Fitness to Practise	Green		1
	Green		
██████████	██████████		█
Expanding registration pathways	Green	amber	4
	Green	amber	
Fees and billing arrangements	Green	amber	3
	Green		
Enhanced monitoring arrangements	Amber		8
	Green	amber	
<b>Total</b>			<b>68 (10)</b>

# Remuneration Committee report to Council 2023

<b>Action</b>	To approve
<b>Purpose</b>	The Remuneration Committee is required to report to Council on its activities at least annually. The report summarises the work undertaken in 2023. The Committee is also required to review its Statement of Purpose, included at Annex A. It has done so and does not propose any changes at this time.
<b>Decision Trail</b>	Reviewed by Remuneration Committee on 10 October 2023
<b>Recommendation</b>	To approve the report of the Remuneration Committee's work in 2023.
<b>Annexes</b>	Annex A: Remuneration Committee Statement of Purpose
<b>Author contacts</b>	<b>Melanie Wilson</b> , Head of Corporate Governance/ Council Secretary  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Anthony Harnden</b> , Council Member and Chair of Remuneration Committee

## Agenda item M7

### Remuneration Committee report to Council 2023

## Background

- 1 The Committee has met twice in 2023. It has the scope to consider issues on email circulation where action was required to be taken between meetings, but this has not been required as a formal process in the current year. The Committee is satisfied that in undertaking its work programme for 2023 it has fulfilled its responsibilities under its terms of reference. The Remuneration Committee's Statement of Purpose is at Annex A.
- 2 For reference, Council members can access the Remuneration Policy on the 'Useful documents' shelf in Board Intelligence.

## Recruitment to Council

- 3 The process to recruit two GMC council members commenced in December 2022 and finally concluded when the Privy Council wrote to Jeeves Wijesuriya and Douglas Millican in April 2023 to appoint them to the roles of registrant and lay members of Council.
- 4 GatenbySanderson hold the contract for executive search for member recruitment and were the search agency for this process. The post was advertised in a wide range of on-line locations to access as diverse a pool of applicants as possible. This process was supplemented with a 'search', again focused on seeking a diverse pool of candidates.
- 5 The calibre was incredibly high. In the lay cohort, there were 65 applicants, with 11 reaching the long list and 3 reaching the final interview. There were 191 registrant applicants in total, of whom 11 made it to the first stage interview and 4 reached the final stages.
- 6 The selection process consisted of:
  - A competency-based application form
  - An initial interview with GatenbySanderson
  - A final interview
- 7 The interview panel was chaired by Carrie MacEwen and consisted of Anthony Harnden, Steve Burnett, Cindy Butts (independent) and Christine Elliot (Chair of HCPC). Aneka Popat, Marx Fellow was involved at all stages apart from the final interview. Between them, this diverse group of panel members brought registrant, lay and four nations perspectives to the decision making.

## 2023 Pay award

- 8 The Committee considered the annual pay award for the Chief Executive, directors and Chair of the Medical Practitioners Tribunal Service.

## **Agenda item M7**

### **Remuneration Committee report to Council 2023**

- 9 The Committee considered the available options, which included making no annual base award, applying the base award as agreed for all other GMC staff, and recognising performance by applying a variable non-consolidated element.
- 10 The Committee agreed that the base pay award for roles within its remit would be 4%, in line mirroring the approach taken for the wider staff group.
- 11 The committee decided to use the variable pay element for 2023 as follows, which is in line with the approach taken for the wider GMC staff:
  - Successful – base pay award and no variable pay
  - Highly accomplished – base pay award plus 1 % variable pay
  - Outstanding – base pay plus 2% variable pay

## **Talent and succession planning and market review**

- 12 The Committee considered talent and succession planning for roles within its remit, including capacity and potential at Assistant Director level to cover the roles within the Committee's remit. The Committee considered a half year interim review in March, with the annual review being reported to the Committee in October.
- 13 The overall position remains stable at a senior level, and the Committee noted that the position on contingency and cover for senior roles remained positive overall.
- 14 On behalf of the Committee, Croner is asked to provide an update on the market data relating to the roles the Committee is responsible for. This provides an independent view on where salaries for Senior Management team roles might be set. No changes to base salaries were proposed, beyond the standard annual review process. This is because the salary levels remain competitive against our comparators in the market and given our assessment of recruitment and retention.

## **Re-appointments in 2024**

- 15 The Committee agreed to a proposal to amend the terms of office for Council re-appointments from a straight four-year term to a three-year term, leaving an option of a further one year. This will allow the Council flexibility in its decisions about numbers and terms as it moves to a unitary board, which on the present timeframe is likely to occur in 2026 but may slip to 2027.
- 16 The Committee approved the proposed process for re-appointments, noting that six Council members reach the end of their first term of office in 2024.

**Agenda item M7**

**Remuneration Committee report to Council 2023**

## **2023 Work programme**

**17** The Committee reviewed and agreed the proposed work programme for 2024.

## **Review of Statement of Purpose**

**18** The Committee is required to review its Statement of Purpose at least once a year and suggest any amendments considered necessary to Council.

**19** The committee did not identify any changes required but noted that regulatory reform may have implications for this committee as part of wider governance changes in due course.

**20** The Committee is satisfied that in undertaking its work programme for 2023 it has fulfilled its responsibilities under its Statement of Purpose. Council is asked to note the report on the work of the Remuneration Committee in 2023.

## Annex B4b: Statement of purpose of the Remuneration Committee

### *Purpose*

- 1** The Remuneration Committee advises Council on remuneration, terms of service, and the expenses policy for Council members including the Chair.
- 2** The Remuneration Committee will agree and oversee the process for the recruitment or re-appointment of the Chair and Council members in accordance with Professional Standards Authority (PSA) guidance and the requirements of the Privy Council.
- 3** The Remuneration Committee will determine:
  - a** The appointment process for the Chief Executive.
  - b** The remuneration policy and underlying principles for remuneration of the senior management roles within its remit.
  - c** Remuneration, benefits, and terms of service for permanent and interim appointments to the role of Chief Executive and directors.
  - d** The appointment and suspension/removal process for the Chair of the Medical Practitioners Tribunal Service (MPTS) and members of the MPTS Committee.
  - e** Remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee.

### *Duties and activities*

- 4** The Committee is responsible for reviewing and advising Council on the remuneration arrangements and levels (including expenses policy) for Council members, including the Chair.
- 5** The Committee sets all aspects of salary or honoraria, the provision of any other benefits, and any other arrangements or contractual terms, unless these are required by employment law or are routine changes to GMC staff policies.
- 6** The Committee will consider all proposed changes which will have a material impact on agreed terms and conditions, such as an extended leave of absence, sabbatical arrangements and relocation support, and offers advice in respect of the following roles:
  - a** The Chief Executive.

- b** Directors.
  - c** The Chair of the MPTS and members of the MPTS Committee.
  - d** Any other such staff and posts as may be required.
- 7** In respect of the appointments of the Chief Executive and the Chair of the MPTS and members of the MPTS Committee, the Committee is responsible for designing the recruitment/appointment processes in accordance with Council's agreed delegation.
- 8** The Committee will:
- a** Ensure that the assessment and measurement of performance takes place within an appropriate framework for the senior management roles within its remit.
  - b** Ensure that the assessment of talent management and succession planning issues takes place within an appropriate framework for the senior management roles within its remit.
- 9** The Committee will ensure that equality and diversity principles are embedded in the issues relevant to its remit.

#### *Working Arrangements*

- 10** The Committee may commission appropriate external advice where required.
- 11** Meetings are held twice a year. At the discretion of the Chair of the Committee, additional meetings can be convened.
- 12** The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.
- 13** Papers for each meeting will be sent electronically to Committee members at least seven days in advance of meetings.
- 14** Draft minutes, recording conclusions of the issues discussed, should be cleared by the chair and circulated to members for comment within two weeks of the meeting. The Committee approves minutes at its next meeting.
- 15** The Chair of the Committee presents a report on its activities to Council at least annually.

## Update on the progress of the AA and PA Order and GMC rules consultation.

<b>Action</b>	To note
<b>Purpose</b>	<p>To update Council on recent progress, including our engagement with DHSC as they finalise the Anaesthesia Associate and Physician Associate Order (AAPAO) and the work we are doing to develop the rules we will be consulting on next year.</p> <p>To share plans for further Council engagement ahead of the final review and sign-off of the documents we will be consulting on before commencing regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs).</p>
<b>Decision Trail</b>	<p>The Regulatory Reform and MAPs Programme Boards and SMT have been regularly kept informed of progress.</p> <p>This paper also follows the series of recent Council webinars delivered by the regulatory reform and MAPs programmes.</p>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li><b>a</b> To note DHSC’s progress in relation to laying the Anaesthesia Associate and Physician Associate Order (AAPAO) in legislatures.</li> <li><b>b</b> To note the work being done to prepare for the GMC’s consultation ahead of AA and PA regulation and the steps that we will need to take after the consultation closes.</li> </ul>
<b>Annexes</b>	None
<b>Author contacts</b>	<p><b>Jennifer Agbanoma</b>, Programme Manager, Regulatory reform</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Shaun Gallagher</b> , Director, Strategy & Policy

## Agenda item M8

### Update on the progress of the AAPAO and the GMC rules consultation

## Background

- 1 This paper is designed to provide Council members with an update on the progress of the legislation that is being drafted by DHSC, and the work that we are doing to prepare for the consultation we will be running next year, ahead of commencing regulation of AAs and PAs.
- 2 This paper follows a recent series of Council webinars that have been taking place over Oct, Nov and Dec, where we have been taking Council through the draft policy and rules that we have been developing, ahead of these being signed off prior to consultation early next year.

## Progress on the drafting of the AAPAO and MPO

- 3 At the time of writing this paper, DHSC is on track to lay the AAPAO in legislatures on 13 December 2023. This marks a significant milestone for the programme on the path to bringing AAs and PAs into regulation by end 2024.
- 4 Council will be aware that we have been working closely with DHSC as they have been drafting the AAPAO. As part of this ongoing engagement, we have been providing feedback on previous iterations of the AAPAO to influence what goes into the final draft.
- 5 Our engagement has generally been very successful, and we are broadly happy with where the drafting has ended up. However, both we and DHSC recognise that there is additional, ongoing work to do as part of updating the legislation to introduce reforms for doctors and we will be pushing for additional changes to be made in some areas as part of these updates.
- 6 DHSC have told us that they are committed to re-looking at some of the issues we have raised previously.

## Preparing for our consultation next year

- 7 We continue to work at pace to draft the consultation document and accompanying rules, guidance and standards for AAs and PAs in preparation for the eight-week consultation we will be launching in March next year. Our plan is for this package of documents to begin going through a final review and sign-off process starting in Feb 2024.
- 8 In order to prepare for this review and sign-off, we have been recently engaging with Council members via a series of evening webinars, setting out (by function) how we will implement the regulatory framework, and how we have been developing policy and drafting rules on this basis.
- 9 These Council webinars have been very useful for the programme to get feedback from Council members on the steps we will be taking and have helped us to refine our approach as we move closer to the consultation going live.

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### Update on the progress of the AAPAO and the GMC rules consultation

- 10 It is important to note that the documents we're developing now are the *proposed* rules that we will be introducing, subject to consultation. We will be completing a full analysis of the consultation responses we receive next year and making any changes that arise from the consultation.
- 11 Council members will then be asked formally to approve the *final* versions of these materials post consultation, before they are implemented.
- 12 We recognise the value of continued engagement with and input from Council and have been thinking carefully about how we can maintain proportionate engagement with Council members over the next few months as we prepare for the consultation.
- 13 We continue to hold a slot for a Regulatory reform and MAPs update at every Council meeting and will be using these meetings as opportunities to provide updates on progress as we near the consultation go live date.

## Pre-consultation engagement with external stakeholders

- 14 Throughout the regulatory reform programme, we've taken a phased approach to our communications and engagement plans. This has allowed us to be flexible and responsive to changes in the external environment. Our plans for this phase of the programme cover three key areas:

### Policy engagement:

- Phased pre-consultation engagement plans in place
- Extensive engagement planned with AA/PA representatives and doctor organisations on FTP reforms
- Wider preparatory activity with patient organisations, ED&I doctor groups and Royal Colleges from early 2024, to help them to understand and be able to respond to the consultation when it comes.

### External affairs and engagement:

- Plan to raise awareness among wider stakeholders of the forthcoming regulation of PAs and AAs
- Specific Outreach plan to engage PAs and AAs
- Share key lines and messages with senior stakeholders and external affairs contacts in key strategic fora including UKAFs, AoMRC/Presidents' meeting, Peers dinner, patient group and education roundtables, BMA Professional Regulation Committee.

### Strategic communications:

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### Update on the progress of the AAPAO and the GMC rules consultation

- Updated key lines to include detail on the consultation period
- Developing a visual of the timeline for future consultations
- Use of the new Connect and change community of interest we have established to engage with stakeholders around our programme of reform and the MAPs community of interest newsletters
- Updated webpages, including focus on consultation sequencing

**15** We're also working closely with DHSC, NHSE and NHS Employers to ensure that our communications and engagement activity is coordinated around the time that the AAPAO is laid in legislatures.

## Tasks that need to be completed after the consultation closes

**16** There are several tasks that need to be completed once the consultation closes and before we can begin regulation of AAs and PAs, these include:

- Analysing the responses fairly and proportionately. We are preparing for a large response to our rules consultation, partly driven by a raised level of interest from stakeholders in PAs and AAs more generally and the GMC's role in regulating these professions.
- Revising any rules, guidance, policy and standards accordingly in light of responses
- Council reviewing and approving the final set of rules, guidance and standards.
- GMC operational colleagues implementing the processes, information systems, and professional training and development to start regulating two new professions.
- Updating our charitable objects with the charities regulators.
- Continuing our ongoing programme of stakeholder engagement.

**17** We have a well-developed programme plan for managing and delivering this work through the course of next year, so that as long as the DHSC lays its Order according to the planned timetable, we will open registration for PAs and AAs before the end of 2024.

## Conclusion

**18** Council members are asked to note the programme update. We welcome any questions or comments.

## Fairer Employer Referrals

<b>Action</b>	To discuss
<b>Purpose</b>	To update Council on progress against our commitment to eliminate disproportionate employer referral of ethnic minority doctors and non-UK graduates by 2026
<b>Decision Trail</b>	Council approved our ED&I priorities in February 2021 Council considered an annual ED&I report on progress in February 2022 and April 2023.
<b>Recommendation</b>	To consider performance against our commitments, our priorities and asks of others
<b>Annexes</b>	Annex A: Working with others: The picture across the four nations
<b>Author contacts</b>	<b>Anna Rowland</b> , Assistant Director Policy and Business Transformation  <b>Rachael Elliott</b> , Project Manager  Any enquiries to: <a href="mailto:governanceteammailbox@gmc-uk.org">governanceteammailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Anthony Omo</b> , General Counsel and Director, Fitness to Practice

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**Fairer Employer Referrals**

## Executive Summary

- 1 This is the second-year report provided by the Fairer Employer Referrals (FER) programme.
- 2 In 2021, we set a target to eliminate disproportionate referrals from employers in relation to ethnicity or origin of Primary Medical Qualification (PMQ) by 2026. We committed to deliver the programme in phases, allowing us to learn as we progressed and to take account of wider changes in the healthcare environment.
- 3 To date, we have completed two phases and have commenced a third. Each phase has been developed considering the initial [Fair to Refer?](#) report, which is currently our most reliable qualitative evidence base on the causes of disproportionality, along with any additional evidence and learning we have identified as we have progressed through the phases. We have also continued to use our in-house-generated quantitative evidence base. It has helped us identify which specific designated bodies (DB) appear to require additional support to make their referral systems proportionate as well as which comparable DBs we can learn from, as they already appear to have proportionate systems.
- 4 We are seeing signs of improvement in our disproportionality data year on year; although we remain cautious about drawing conclusions as we know that continued and persistent efforts are needed across the whole system. We are mindful that there is no quick solution to cultural change and therefore the activities that we are pursuing in this programme are not just about reaching our target but also aimed at shifting perspectives and generating engagement.
- 5 We are working towards eliminating differentials in employer referrals by the end of 2026, and we are closely monitoring any factors or developments that emerge during this period which might impact our ability to do so.

## Progress

- 6 At the outset of the FER programme, we set two performance measures, or key process indicators (KPIs). They reflect the nature of the challenge which requires attention by employer DBs to assure themselves that their systems produce proportionate referrals (KPI1), and that this needs attention by all employers (not all are DBs), across regulators, and system partners to affect change (KPI2):
  - **KPI1:** the percentage of DBs with evidence of disproportionality in their referrals, for either ethnicity or origin of PMQ

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- **KPI2:** the difference in rates of employer referral between ethnic minority and white licensed doctors and between UK PMQ vs non-UK PMQ

**Table 1 Fairer referrals measures**

<b>TARGET: Eliminate disproportionality in fitness to practise referrals from DBs based on ethnicity and PMQ by 2026</b>				
		<b>2016-2020</b>	<b>2017-2021</b>	<b>2018-2022</b>
<b>KPI1:</b> % of DBs with evidence of disproportionality, for ethnicity or PMQ	<b>Ethnicity or PMQ</b>	<b>5.6%</b>	<b>5.3%</b>	<b>4.4%</b>
<b>KPI2a:</b> Difference in rates of referral between ethnic minority and white doctors	<b>Ethnicity</b>	<b>0.28%</b> 0.58% ethnic minority 0.30% white	<b>0.24%</b> 0.50% ethnic minority 0.26% white	<b>0.19%</b> 0.41% ethnic minority 0.22% white
<b>KPI2b:</b> Difference in rates of referral between UK and non-UK doctors	<b>PMQ</b>	<b>0.42%</b> 0.28% UK 0.70% non-UK* (*made up of 0.73% IMG and 0.63 % EEA)	<b>0.34%</b> 0.25% UK 0.58% non-UK* (*made up of 0.59% IMG and 0.56% EEA)	<b>0.27%</b> 0.21% UK 0.48% non-UK* (*made up of 0.48% IMG and 0.45% EEA)

**Index measures**

- 7 The KPIs established and agreed with Council at the outset of the programme, are calculated quarterly, using a five-year rolling period. This is necessary for robust analysis based on the small volume of referrals per DB. However, this means that any improvement will take time to show in the progress against the KPIs and could take up to five years to be evident.
- 8 For each KPI, we produced a forecast of the current direction of travel and contrasted it with another reference forecast of what would be expected from 2021 if nothing had changed. They all show that FER KPIs are expected to move towards our aspired targets and are likely to be near them by the end of 2026. However, given the time lag, it is likely that we will not know in 2026 if we have achieved the target. The time lag also means our quantitative metrics are not immediately useful for judging the impact, or lack of impact, of on-going or recently completed activity. The current data set will only begin to show the full impact of the project after project closure. For this reason, measuring progress will need to focus on activities as well as data.

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- 9 Our multivariate statistical models of employer referrals confirm that doctors being non-white or having graduated outside the UK are factors separately related to being referred more by employers. This after controlling for a host of other characteristics of doctors and their practice.
- 10 It is important to note that most referrals that are coming to us from employers are appropriate at the point of referral and that the vast majority of these will have been subject to a conversation between an Employer Liaison Adviser and a Responsible Officer. However, we are keen to understand what is happening within organisations far earlier than the point of referral that leads to non-UK graduates or ethnic minority doctors being referred to us more than white or UK qualified doctors. For example, differences in support and feedback provided to doctors both prior to and after concerns about them are identified where white doctors may be more likely to receive early effective feedback, support, and mentoring. In Phase 3 we are commissioning a piece of research to compare Designated Bodies who are proportionate and disproportionate to reliably identify evidence-based good practice that can be recommended for implementation.
- 11 To support our understanding of our progress, we have identified interim measures through a detailed benefits analysis to recognise the tangible and intangible impacts of the activity we complete. For those benefits where sufficient information is available, we have evaluated the extent to which those benefits are being realised and use that information to support our next steps. We will continue to progress this for other areas as soon as the information needed to complete evaluation becomes available. We have prioritised activity we feel will be the most impactful in each phase and are adjusting our activity and priorities as more reliable information becomes available.

*Fair to refer?*

*“Factors likely to account for disproportionate representation of certain groups of doctors in GMC FtP referrals are multiple and intricately linked. The findings suggest that it is combinations of these multiple factors that lead to observed differential referral rates, that is, the under-representation and over-representation of some types of doctors in referrals by employers or healthcare providers into the GMC FtP process.”*

**Trajectory of KPIs**

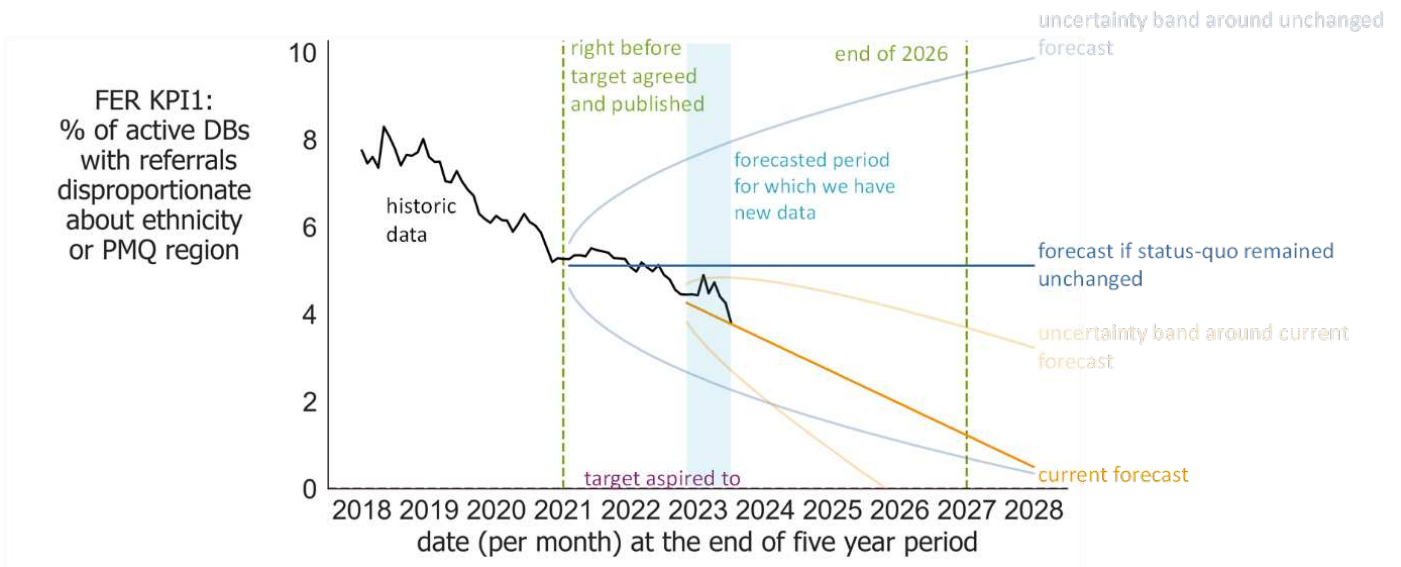
- 12 For this paper, we updated the historic data in the charts published in our recent [report on EDI progress for 2023](#) and marked the updated period in teal shading. The format is the same and the forecasts are those presented in that report. For each KPI we then prepared two statistical forecasts with accompanying uncertainty bands. One forecast in blue started right before we agreed and published our targets, showing the expected trajectory of KPIs if the status quo had remained unchanged. And another forecast in orange started with 2023, showing the expected

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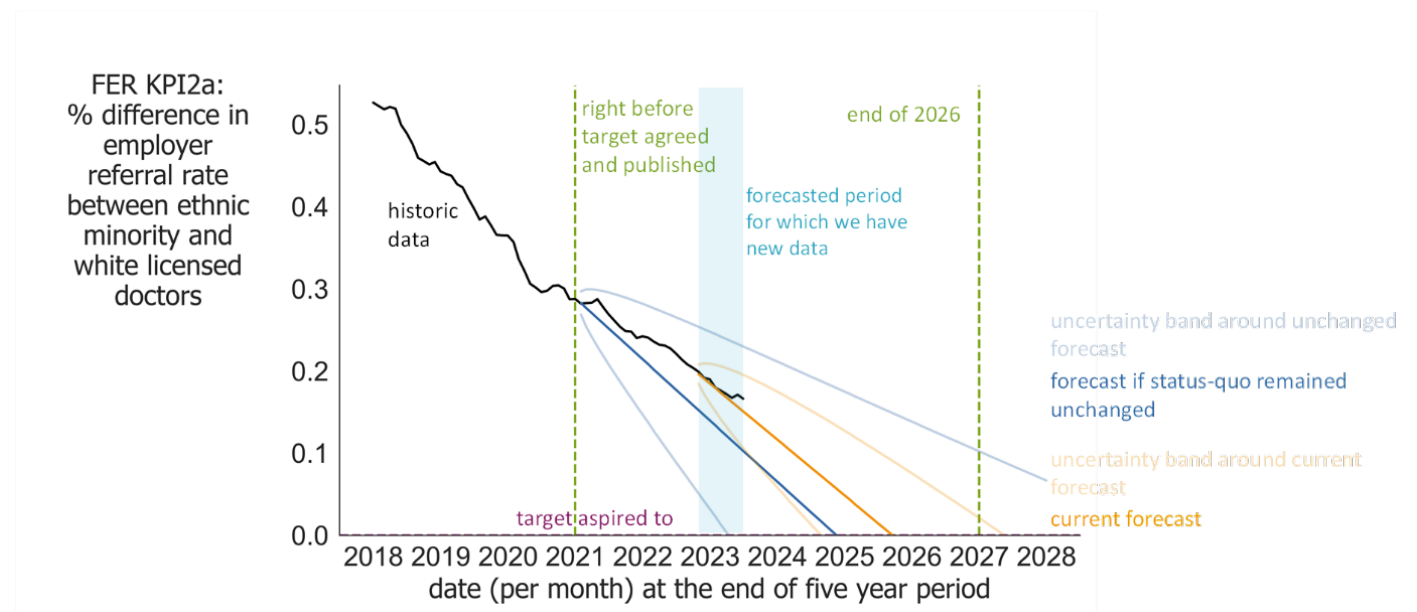
**Fairer Employer Referrals**

direction of travel of each KPI. The chart on KPI1 shows that the proportion of DBs with disproportionate referrals has continued to decrease during 2023 (teal shading in chart below).

**FER KPI1 over time**

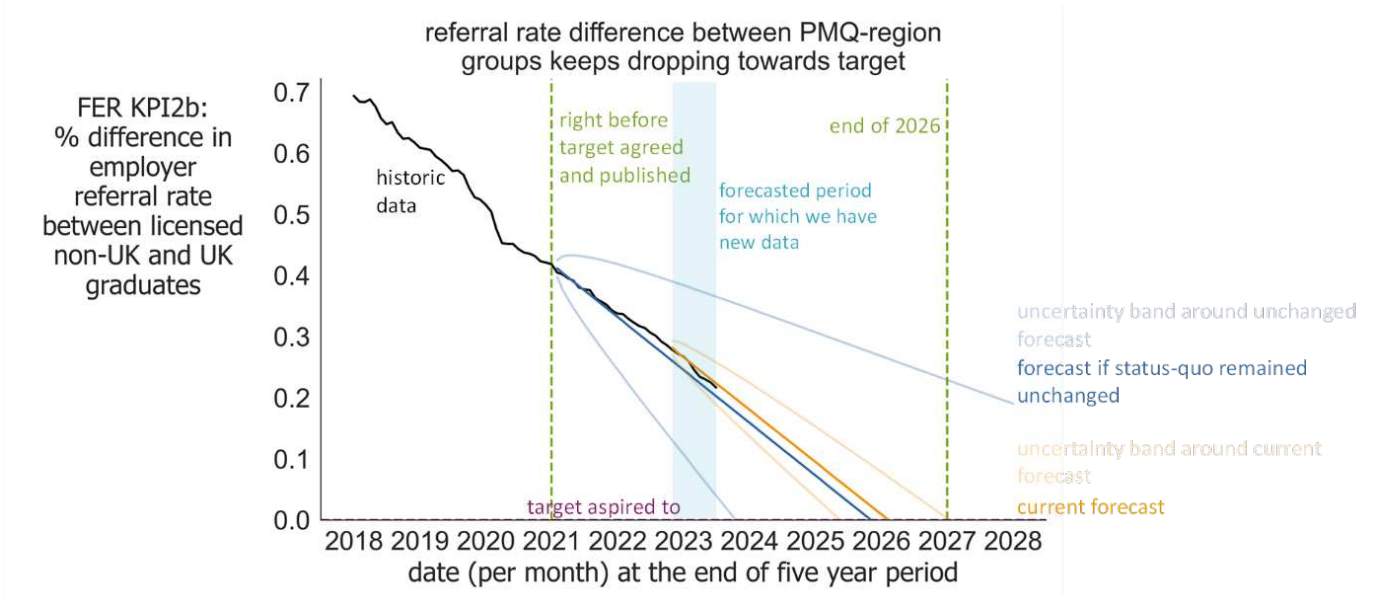


**FER KPI2a (about ethnicity) over time**



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**FER KPI2b (about PMQ region) over time**



- 13** Likewise, the charts on KPI2a, b show that the gap in referral rates between ethnicity and PMQ groups has reduced further. As seen in the shaded areas, all KPIs have followed trajectories close to those expected by the 2023 forecasts in orange.
- 14** A small number of DBs continue to move in and out of the group with disproportionate referrals. In Q4 of 2020 before we set our targets, 65 DBs were disproportionate. As at Q2 2023, only 29 of the original disproportionate DBs remain in this group. A further 22 DBs have joined it since, bringing the disproportionate list to a total of 51. The net result of this is that both the proportion and total number of DBs with disproportionate referrals has continued to decrease.
- 15** The fluctuations in the DBs that show disproportionality reinforce the need to keep focused on these issues, to keep promoting change in all DBs in collaboration with our partners, and to remain ready to quickly respond to any new developments.
- 16** For every DB in the group with disproportionate referrals, we have automatically identified another DB of the same type and similar referral patterns but whose referrals are proportionate. We have used those pairings to refine our learning, then share it in our conversations with employers.

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**Primary care**

17 Most disproportionate DBs are NHS Acute, Non-Acute, or Primary Care Trusts (all in England), with Primary Care tending to have disproportionate referrals more often than other types of DBs. This can be seen in the table below, as of Q2 2023. The DB types shown separately are the main contributors to the values taken by KPI1.

		No. DBs		% DBs
	No. active DBs	disproportionate	disproportionate	
NHS Acute or Non-Acute Trust	230	16		7.0
NHS Primary Care	38	12		31.6
NHS/HSC	57	8		14.0
LETB/Deanery	20	3		15.0
Locum agency	120	5		4.2
rest of DB types	876	7		0.8
<b>all together (KPI1 as above)</b>	<b>1341</b>	<b>51</b>		<b>3.8</b>

18 In interpreting the table above, we should remain mindful that the percentages at the rightmost column are computed out of the often-small numbers in the left columns.

19 The structure of the disciplinary and referral process for primary care brings specific challenges to considering where change can be focussed to have the best impact. These include:

- The referring DB is not the direct employer of the doctors and Primary Care covers many small independent organisations. This span and distance make reporting, consistency, and messaging difficult and may lead to issues being addressed late.
- GP practices serve very different and diverse communities and will experience very different and nuanced challenges. *Fair to Refer?* found that ethnic minority doctors or overseas doctors by PMQ are disproportionately found in smaller practices, in more challenging and deprived areas and are more likely to experience professional isolation and work longer hours. Additional challenges can include cost of living impacts across the four countries, the impacts of the pandemic still being felt within Primary Care, recruitment, and the diversity of the patient group. These are not always sufficiently recognised in funding which can add to pressure.
- Our multivariate statistical models of employer referrals confirm that being a GP is separately related to being referred more often by employers, compared to not being a GP. Again, controlling for other characteristics of doctors and their practice.

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- It is harder for new international medical graduates (IMGs) to become embedded into UK culture if they are working relatively remotely as a GP. Lack of monitoring data within the DB's makes it hard for them to measure activity.
- From our perspective, it can be difficult to engage with GP's as they do not come together for training as often as colleagues in secondary care may do.

**20** We are working closely with the NHSE regional teams across England to address a range of issues relating to EDI, including disproportionate referral with a key focus on Primary Care. We have supported them with data and are a part of a working group which has a range of actions in progress to drive change. We will be continuing this partnership in Phase 3.

**Audit and Findings**

**21** In July 2023, the FER programme was audited as part of a broader audit of the GMC's ED&I targets. The audit found that overall, the GMC is reporting good progress in achieving its key targets for FER and that the data sources used for reporting are validated and scrutinised and that the analysis is presented in an honest and transparent way to provide accurate updates to stakeholders.

**22** The audit highlights the reference within the GMC's ED&I Annual Report that it is not possible to quantify the impact made to the KPIs being attributable solely to the GMC as this is a collaborative effort. It goes on to say that the front of the report could emphasise more strongly that the GMC can only go so far in achieving the KPIs and closing the gaps between ethnic minority and white doctors as it is about changing the way organisations (such as DBs) think and work. It highlights a risk of trust and confidence if the GMC does not achieve the targets, which is recognised. The report goes on to recommend that the GMC assess the risk of trust and confidence as we approach the end point of the existing external measures. It also found there to be an opportunity to consolidate our thinking on how performance will continue to be monitored and measured post the target deadline of 2026.

**23** These recommendations are noted within the FER programme documents and are being reflected on as we prepare for the later phases of the plan, approaching the end of the point of the existing external measures.

## Completed activity to date

### Phase 1

24 Phase 1 actions were carried out from September 2021 – July 2022. In Phase 1 we:

- **Held fairness conversations with employers regarding [Fair to Refer?](#):** We met with all of the designated bodies identified as having referral data indicating disproportionality in our dataset to emphasise their duty to provide supportive and inclusive working environments and to explore how they are implementing the findings of the '[Fair to Refer?](#)' research.
- **Made changes to the RO referral form:** We added three new questions to our referral form to require Responsible Officers (ROs) to confirm the steps they have taken to ensure the referral is appropriate before it is submitted to us. The new questions prompt the RO to consider any environmental or systemic issues that may have contributed to the concern, what induction and support was provided if the doctor qualified overseas and what impartial checks were carried out to ensure the referral is fair and inclusive. ROs were supportive these changes, although some felt that they were already giving system factors due consideration.
- **Mechanism for feedback to employers about CE decisions:** We developed a feedback loop between CEs and ROs via Outreach teams including mechanisms for developing, recording, and sharing the feedback.
- **Trained Triage Assistant Registrars about risk of authority bias in employer referrals:** We reviewed how we dealt with employer referrals and developed training to assist Assistant Registrars in Triage to counteract bias.
- **Analysed data on AOI:** Analysed the additional concerns (known as allegations of impairment or AOI) we receive about doctors already in are fitness to practise procedures for disproportionality based on ethnicity and PMQ. The initial review found no significant over-representation.
- **Shared narrative to support NHS Resolution's Being Fair programme:** We detailed the importance of this work to address disproportionality, what our pooled data showed, effective interventions and why healthcare organisations should prioritise it.

### Phase 2

25 Phase 2 of our action plan was delivered between September 2022 and July 2023. In Phase Two we:

- **Reviewed the changes we made to the RO referral form:** via 6- and 12-month reviews of the changes to assess the impact and identify and deliver further improvements. It was found

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that the process was well embedded with Triage and ROs and that the quality of the responses to the questions were generally good:

- a In 2022 100% of RO referrals had considered if there were any environmental pressures or systemic issues that may have related to the concern being raised.
- b In 2022 100% of RO referrals had considered, if the doctor qualified overseas, had they completed their first revalidation cycle and if they have more than 5 years' experience of UK practice.
- c Of the 75 forms received in 2022, the question 'Please confirm whether this referral has been subject to an impartial check' all, but one had been completed. 13 of the forms stated no check had been made, seven of these then explained this was because the concern had been discussed with an ELA. Five of the referrers stated that the check had been made with the ELA alone. This flagged the need for greater clarity about the need for an impartial check, which is not met by a discussion with an ELA.

We will be clarifying our guidance to support this process in Phase 3, see the Phase 3 plan for further details.

- **Extended anti-bias training re employer referrals:** Building on the success of our Assistant Registrars anti-bias training in Triage (Phase 1) we have delivered further anti-bias training to Case Examiners and our Employer Liaison Advisors about authority bias regarding employer referrals. We also developed refresher sessions and reflection exercises to ensure an ongoing conversation among trained decision makers. Feedback from these sessions indicated that it was helpful to discuss the potential biases specific to GMC decision making and advice. We will be reflecting on feedback and adapting our training accordingly. We will also be making updates to our anti bias training to include aspects of cultural competence.
- **Implemented a new feedback mechanism to ROs about triage outcomes:** Similar to the case examiner mechanism we implemented in Phase 1. We will be looking to evaluate this at the 6- and 12- month mark and will include any improvements gleaned through this in either the Phase 3 plan or the Phase 4 plan depending on our resource capacity.
- **Audited our use of GMC levers to deliver the FER target:** This was completed via a survey and workshop to identify whether we are using all GMC levers to maximum effect to deliver the target. We received good uptake for the workshop and gained 16 points of note that we are looking to explore further in Phase 3.
- **Reviewed our mechanisms for receiving additional concerns:** Received about registrants already in our FTP process and have identified process changes for Phase 3 to support ongoing monitoring and analysis.
- **Worked with NHSR to support local systems:** By supporting their 'compassionate conversations' training designed to help all involved in local concerns to address matters

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with compassion. Pilot outcomes are to be discussed at the November Outreach Development Day.

- **Delivered training to support good local cultures:** Outreach have delivered a wide range of sessions aimed at supporting doctors to build inclusive cultures and workplaces. One example of this is the professional behaviours patient safety training programme. This aims to support positive culture change through collaboration, communication and learning how to constructively feedback on issues at an early stage. The training has been well received in the healthcare service with:
  - a 95% of responding participants rating the training as good or very good overall.
  - b 99% of responding participants feeling very confident or moderately confident of recognising when behaviour is unprofessional following the training sessions.
  - c Over 90% of responding participants reported feeling moderately/very confident in challenging and escalating concerns about unprofessional behaviour following training.
- **Scoped research to identify effective interventions:** To identify what concrete mechanisms are in place in DBs, which may relate to whether they are proportionate. Mechanisms identified as importantly related to having proportionate referrals could then be recommended to other DBs for implementation. Scoping has now been completed and a tender is in the process of being finalised. Commission of this research will be undertaken as part of Phase 3.
- **Focus on primary care:** We have now set a monitoring mechanism separating primary care DBs from other DB types, which confirms our intuition that they are overrepresented in the group of DBs with disproportionate referrals. This is monitored on a quarterly basis and the data is shared with Outreach. We also joined the newly created NHS England Professional standards working group to consider how to support fair local primary care disciplinary processes and will continue this engagement in Phase 3.
- **Carried out a rapid scan to assess what other organisations in the regulation sectors are doing in the face of disproportionality:** We explored potential differentials seen by other regulatory organisations in the UK in the individuals referred into FTP processes. Looking at the information available, this piece of work found differentials exist in other regulatory organisations around various protected characteristics and demographics.
- **Supported consistent induction:** We worked with NHSE to embed standard IMG induction launched in 2022 and appointing Profs. Mala Rao and Partha Kar from MWRES Team to support further rollout of IMG induction and to drive uptake of Welcome to UK Practice. We continue to deliver our Welcome to UK practice induction to IMGs and expect to support 11000 IMGs through the programme this year.

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- **Supported effective feedback:** We developed a framework to identify and classify good practice on the provision of effective feedback. We will begin piloting this in Phase 3.
- **Support locum doctors:** Locum doctors make up a significant proportion of the medical workforce and with current pressures on healthcare there will be a greater reliance on them. Locums often report a poor experience of working environments. They are placed in environments with no proper induction, expected to pick high volumes of work with no training and development, and when issues arise about their practice their contracts are often terminated with no feedback or support. We are working with employers to encourage them to induct locums properly, ensure they are working in an inclusive and supportive environment, and are provided with effective feedback and that if something does go wrong, it is dealt with fairly.
- **Collaborated with a range of bodies to support work in the system:** Including supporting the MWRES First Five initiative, contributing to the Royal College of Surgeons England SAS strategy, scoping our ask of NHS ICSs and contributing to training for NHS Boards. We have supported initiatives in the devolved countries to address disproportionality such as working with the Scottish Government on their new *Improving Wellbeing and Workforce Cultures Strategy* and their *Leading to Change Equalities Sub-Group*. See Annex A: Working with others – four country context, for further details of activity across the four nations.

## Upcoming activity

- 26** Phase Three will be delivered between December 2023 and September 2024. During Phase Three we will reach the half-way point for the target timeline. In developing Phase Three we have utilised our knowledge and understanding gained throughout phases 1 and 2 and given careful thought to whether we are maximising our internal levers and external influence. We have looked to identify activities that will be the most impactful at continuing to support the positive trajectory seen so far in our data on disproportionality in employer referrals.

## Phase 3 Plan

27 The Phase three action plan has been split into four themes:



**GMC action:** This encompasses actions that we can take internally through GMC processes, evaluation of our methods and training to meet our targets.

**Influencing others:** Explores how we can influence the wider healthcare setting to create a fairer working environment at a local level.

**Collaboration:** We will collaborate with employers, regulators, and other stakeholders across the UK to share learning and deliver impactful work.

**Understanding local change:** Collating information to ensure that we have a broad understanding of the current landscape, recent changes and the influence and pressures that they are exerting on our targets.

28 In the action plan detailed below we have scheduled activity that we have identified through learning gained in the report and through appraisal of Phases 1 and 2 that we expect to have the biggest impact on our targets. We are developing an assessment matrix, similar to that developed by the Fairer Training Cultures Programme, to support us to effectively assess progress with activity to meet the target KPIs. This will provide additional rigour to our process for prioritising our activity. We plan to present the findings of this exercise in the annual ED&I targets paper to Council in 2024.

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**Fairer Employer Referrals**

## **GMC action**

- **Deliver actions arising from our staff audit and workshop to identify any GMC levers to support fair workplace cultures that are not currently being deployed to maximum impact:** This action arose from our reflection at the end of Phase 1 where we identified that there was a heavy focus on Fitness to Practise in the project work and we want to ensure we utilise all GMC levers across directorates to best effect. We will be using the evaluation of the audit to explore several ideas. For example, exploring our revalidation processes for mechanisms to embed FER.
- **Further roll out of anti-bias training to all FTP decision makers to mitigate the risk of bias in dealing with employer referrals:** This builds on the success of our employer referral anti-bias training for Assistant Registrars, Employer Liaison Advisers and Case Examiners in Phase 1 and Phase 2 to our operational staff who collect evidence to support decisions.
- **To review our mechanisms for using contextual information to support decision making, following changes to the RO referral form to collect that information about employer referrals:** In Phase 2 we evaluated the changes we made in Phase 1 to the RO referral form including the systematic collection of contextual information surrounding a referral. This review will focus on how we process and assess that contextual information.
- **A post implementation review of the feedback mechanism introduced in Phase 2 between Triage and ROs:** This will help us to identify any further learning points we can gather from the adoption of this feedback loop and if there are any additional process changes needed to help this process run as efficiently as possible.
- **Make changes to our systems to record information referred to us about doctors already in our procedures (AOI):** Since December 2020 ROs have been asked to speak to an ELA before referring additional information that may reach our threshold for investigation. A post implementation review of these changes highlighted that we are currently unable to systematically identify AOI provided by an RO. By categorising the source of AOI in our system we will be able to analyse referral trends more effectively and monitor AOI raised by ROs to apply targeted interventions through Outreach to establish why these concerns were not raised in the initial referral.
- **Scope the introduction of a referral form for referrals from employers that currently don't come via RO (PAPC referrals) and ensure they're directed via the RO and ELA:** Through conversations with operational teams following changes to the RO Referral form in Phase 1 we identified that not all employer referrals were channelled through this mechanism and thus we will be exploring the introduction of an additional form to ensure that all employers are considering the fairness questions introduced in Phase 1.

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- **Prioritise implementation of recommendations from the Singh Forde review and the Regulatory Fairness review that support the delivery of the FER target:** We have identified several interdependencies within the Singh Forde and the Regulatory Fairness reviews which we are looking to support through the FER project:

**Table 2 Prioritised recommendations**

Review	Recommendation	FER Phase 3 activity
Singh Forde 1	It is always best practise, in cases where there is no immediate risk to patient safety, for concerns to be raised either with one of the GMC’s ELAs, where available, or an RO. On receipt of an employer referral, the GMC should ask whether efforts have been made to liaise with the RO and, if not, encourage the referrer to consult with them before taking any further action.	FER will scope the introduction of a referral form for PAPCs to ensure they are directed via an RO and ELA where possible. This will ensure that systemic and environmental issues are considered, and that impartial checks are undertaken to ensure the referral is fair.
Singh Forde 3	Trusts and boards across the UK should consider using a digital system to share good practice in the local resolution and handling of complaints, as a means of learning and continuous improvement.	In Phase 2, our Outreach team (supported by a clinical fellow) developed a framework to identify, classify and store good practice in local complaint handling. In Phase 3 we'll pilot the mechanisms for sharing the good practice identified and encourage local organisations to adopt a similar approach.
Singh Forde 13	The GMC should ensure advice from internal or external experts and/ or training is available to relevant teams on issues linked to a doctor’s communication, attitude and/ or behaviours; cultural awareness, competence, and sensitivity; diversity intelligence; and eliminating bias in fitness to practise decision making.	
Singh Forde 15	The GMC should consider how it assures itself that its decision making is fair and unbiased, and whether the systems and processes already in place are appropriate. This includes proactive monitoring for ethnicity related variations in teams and developing frameworks to review practice. Given the small numbers involved, case mix considerations, and risk of confounding, analyses should be used as a tool for internal continuous improvement and interpreted with care. We also believe that others can make an important contribution in this area.	We will further roll out anti-bias training including aspects of cultural competence to FTP and embed the training into induction and mandatory training packages.

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<p>Regulatory Fairness 4</p>	<p>All Heads to use HSDP review approach and methodology to consider HSDP, assess risk of decision-making bias and develop and implement an improvement and evaluation plan (RFR 4)</p>	
<p>Regulatory Fairness 12</p>	<p>E&amp;S, FTP, MPTS and R&amp;R to assess the level of risk of bias that the inclusion of judgements/assessments by external experts in regulatory decision making represents and develop a proportionate approach to the identification and management of 3rd party bias, and mitigation of the risk of authority bias.</p>	<p>We will further roll out anti-bias training including aspects of cultural competence to FTP and embed the training into induction and mandatory training packages.</p>

## Influencing others

- **Commission research to compare Designated Bodies who are proportionate and disproportionate to identify evidence-based good practice:** From qualitative evidence gathered through our Outreach fairness conversations we have identified variations in practice among DBs. This has triggered us to explore this in further detail to gain insight into the trends and differences in practices between proportionate and disproportionate DBs. We will look to publish this research and share good practice identified.
- **Pilot mechanisms to share good practice with the system following work completed in Phase 2 to develop a framework to identify and classify good practice:** In phase 2, our Outreach team (supported by a clinical fellow) developed a framework to identify, classify and store good practice in local complaint handling. In Phase 3 we will pilot the mechanisms for collecting, classifying, and sharing good practice and encourage local organisations through our Outreach teams to adopt a similar approach.
- **Engage with NHSE’s Professional Standards Working Groups to identify how to support fairness in Primary Care, both in decision making and in wider ED&I related activities:** We continue to be a member of the NHSE’s Professional Standards Working Group to ensure that our messaging on fairness is joined up, and that we remain aware of other impactful work in this sector. We are particularly keen to expand our influence into the primary care setting as work in Phases 1 and 2 have focused on secondary care and we recognise that more is needed to address our targets in this area if we wish to continue to see a downward trend in disproportional referrals.
- **Increase RO understanding of the impartial checks they should carry out prior to referral to the GMC, to enhance their effectiveness in supporting fair referrals:** In Phase 2 we evaluated the changes we made in Phase 1 to the RO referral form. The evaluation highlighted that it was not fully understood by ROs what constituted an impartial check; we will resolve this by:

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- a Specifying who should be completing an impartial check of the form.
- b Strengthening the form wording to encourage all RO referrals to come via the RO referral form.
- c Continuation of Outreach’s ‘Fairness in Concerns’ conversations to encourage ROs to consider fairness earlier on in their discussions and embed the fairness questions in the referral form.

We will also be looking to schedule a further evaluation of this process when these changes have been fully integrated.

- **Scope further work to support the SAS workforce:** We identified in the SAS survey in 2020 that 30% of SAS doctors had been bullied, undermined, or harassed at work in the last year, either by colleagues or by patients and their families. We will consider what questions could be included in any future surveys to follow this up. Outreach are also exploring further offers for these critical roles.
- **Present the evidence base and actions that we are taking in the PSA research conference on 14<sup>th</sup> of November:** We were selected to deliver an oral presentation during it. Stakeholders across the health system are likely to attend this conference. We will take the opportunity to inform them about our programme, goals, and advances, and encourage them to partner with us in making referrals fairer.

## Collaboration

- **Discuss with NMC opportunities to support fair workplace cultures through joint work to improve multidisciplinary team working. Share the finding of our research on evidence of good practice with them:** This piece of work stemmed from a horizon scanning/benchmarking exercise undertaken in Phase 2. By collaborating with the NMC we believe that joint messaging targeting diverse medical teams will be more impactful and wider reaching.
- **Continue to collaborate closely with NHR including piloting joint conversations in London with senior leaders on their disciplinary data, sharing learning from their compassionate conversations programme and our PBPS programme and continuing to support their ‘Being Fair’ initiative.** Through these conversations we are looking to build on a long-term relationship with NHR that has been highly effective at fostering collaborative and impactful work across all regulators involved in clinical governance. We will consider the results of the pilot to understand if there is value in rolling this out outside of London.

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## **Building our understanding of changes to the local landscape**

- **Work with Outreach to develop a narrative on key changes to the external environment to better understand what local changes may underpin improvements in disproportionality data and to enable us to assess and support sustainability:** We know that there are many factors influencing our data trends on disproportionate referrals. By understanding changes in the wider environment, we are hoping to build a picture of the external and internal work that has impacted on our targets, including:
  - a CQC's new framework to assess the inclusivity of local environments.
  - b The PHSO complaint standards evaluation report in relation to local complaints handling.
  - c PSIRF on encouraging local cultures that focus on learning, not blame.
- **Continue to work with the National Offices to understand local landscapes across the four countries:** Through continuing to focus on our National Offices we are looking to ensure that our progress is sustained throughout the U.K.

## Annex A

### Working with others: The picture across the four nations

We continue to work closely with colleagues across the four nations to ensure that FER targets are being realised across the UK. Below we have outlined key activities that have taken place in each region.

#### Scotland

- We have shared our ED&I data with the Scottish Government, education bodies, and medical representative organisations.
- We fed into the Scottish Government's new Improving Wellbeing and Workforce Cultures strategy.
- We have engaged and collaborated with the Scottish Government's Leading to Change Equalities Sub-Group.
- We have joined the Scottish Fairer Working Cultures Joint Working Group with the BMA and NHS National Ethnic Minority Forum.
- We continue to deliver Welcome to UK Practice workshops and we have collaborated with health boards and NHS Education for Scotland to expand the induction support we can offer to IMGs. We are also working with these organisations with the intention to ensure that all IMGs joining the NHS in Scotland attend a WtUKP session.
- For the last 2+ years our Liaison Advisers have been leading sessions with trainers, consultants, students, and equalities groups on ED&I and our [Fair to Refer?](#) report to highlight the role they can play in reducing the disproportionality that exists in employer referrals and educational attainment.
- The sessions on [Fair to Refer?](#) are part of a series of sessions offered to boards which aim to address ED&I issues. This includes WtUKP but other sessions include:
  - a Good conversations, fairer feedback – based on the report written by Dr Alice Rutter, a former Clinical Fellow in the Scotland team (note, a new clinical fellow is working on a similar session).
  - b Team Based Reflective Practice – joint sessions with Manoj Kumar, NES Lead for Team Based Quality Review.
  - c Raising and acting on concerns.
  - d Demystifying the GMC – aiming to 'myth bust' around FTP, particularly for ethnic minority and IMG doctors.

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## Wales

- We are working with HEIW IMG/SAS Expert Group to develop a blueprint for supporting doctors new to the UK or not in training posts. Also, to deliver enhanced induction events to be run at health boards 2-3 times per year.
- We provided our differential attainment figures to be included in the Welsh Government's Anti-racist Wales Action Plan which provides for improvement against these.
- We are a member of the GMC SAS working group, and recently presented to the BMA Wales SAS Group.
- In response to differential referral figures, we have created and led bespoke enhanced induction programmes for IMGs at Aneurin Bevan University Health Board and Cwm Taf Morgannwg University Health Board.

## N. Ireland

- We hold sessions for all new IMG trainees during the first week of their induction.
- We facilitate an event to showcase ED&I initiatives across the five HSC Trusts and encourage a regional approach to support and induction for IMGs.
- We continue to engage with the NI Responsible Officer Forum and HSC Leadership Centre to share our position regarding compassionate regulation and encourage fair and compassionate leadership.

## England

Outreach continue to engage with the profession on a range of ED&I topics to create conversation and drive change.

- Between Jan-Sep 2023, we delivered nearly 100 training sessions that had a proactive input of ED&I activity. We also collected 150 intelligence items about ED&I, which are stored internally and used by teams across the GMC to guide our work.
- We have also developed training videos covering a range of topics such as giving feedback on cultural difference, misogyny, and responding to racism from colleagues and patients. The team have been trained on how to use these in our training sessions, and we will roll them out over the next year as part of our training on how to implement Good Medical Practice.
- We continue to work with employers and system partners to ensure delivery of the local IMG induction standards we co-produced, *Welcoming and valuing IMGs*. Following engagement work, this has now been adopted by BAPIO Training Academy, a GMC sponsor for IMG registration.
- Throughout the year we have also engaged with a range of organisations to help promote our work in this space and seek collaboration. This includes BIDA, MANSAG, APNA NHS

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Network, BIMA and RCGP – all of whom will use their networks to seek collaboration on positive interventions, such as IMG induction.

- We continue to work with employers and system partners to ensure delivery of the local IMG induction standards we co-produced, *Welcoming and valuing IMGs*. Following engagement work, this has now been adopted by BAPIO Training Academy, a GMC sponsor for IMG registration.
- Throughout the year we have also engaged with a range of organisations to help promote our work in this space and seek collaboration. This includes BIDA, MANSAG, APNA NHS Network, BIMA and RCGP – all of whom will use their networks to seek collaboration on positive interventions, such as IMG induction.
- We have also appointed two high profile associates to support our engagement to encourage and then monitor good practice interventions.
- As part of our work to further develop relationships with ICSs, our South team is piloting work with Chief Medical Officers in two areas to offer support around their obligations on workforce and culture. In those areas we've jointly explored the concerns and aspirations which CMOs have around retention and dealing with concerns fairly, including:
  - a Providing bespoke data by ICB on their workforce, broken down by gender, age, PMQ origin, ethnicity and other characteristics.
  - b High-level analysis on local reliance on doctor cohorts set in context of the national picture, and where the data highlights opportunities to improve workforce experience alongside our other tools such as the WtUKP dashboard.
  - c Using the ICSs' peer meetings of clinical and departmental leads to deliver tailored sessions on fairness in dealing with concerns locally, and professional behaviour, underpinned by our data and research on different experiences including [Fair to Refer?](#)
  - d Influencing continuous work on ICSs' five-year strategies on workforce by sharing and exploring the GMC's insight offers (SAS/LE paper and SoMEP workforce report).
- Within London we have collaborated with NHSE London to create a shared data platform that will enable organisations to check their progress against the Workforce Race Equality Standards. This is likely to be rolled out nationally moving forward.
- We have also developed and piloted training for educational supervisors which helps them understand how they can support new IMG's. This was prioritised following the evidence in [Fair to Refer?](#) that new IMG's will benefit from targeted support to help them transition into practice.
- Additionally, we have worked with NHSE London as part of the content development for the RO Networks to ensure that issues relating to diversity, fairness and inclusion are discussed each time, sharing our data, and learning as necessary.

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## England (a key example of driving local change)

We are also engaged in a range of activity at a local level to drive change directly within organisations. One example of this from the North of England where a Trust devised a new approach to managing concerns. There is a formal procedure document which primarily sets out the investigation process which follows MHPS, but the Trust hope few cases will reach that stage as they shift the focus to timely, local resolution. The guidance document has been developed to support those who manage concerns when they arise, and so all doctors know what to expect.

The basis of this has been the aim to minimise the ‘feedback gap’ that was highlighted in [Fair to Refer?](#), and to ensure that managers don’t avoid having difficult conversations, and allow what may be minor issues to develop into more significant concerns. The Trust want this to become the norm for all doctors to receive regular feedback, and for them to expect managers to have these conversations with them.

We shared our thoughts on the draft guidance including considering whether the doctor is an IMG, along with whether they have a protected characteristic. We offered challenge about what the ED&I Strategic Lead would bring to the conversation. We applauded positive inclusions in the policy such as a desire to embed the behaviours expected by all staff at the Trust and reference to WTUKP. We flagged the NHS IMG induction which the Trust weren’t aware of etc.

The new process was launched recently, and early feedback is positive. The Trust shared there are already examples of cases where a medical manager would previously have excluded a doctor due to being ‘overwhelmed’ by the number and apparent seriousness of concerns. Medical managers are empowered to approach these situations differently now and keep the doctor in work. The ED&I team have provided advice and support with some cases. In at least one example the concerns that were presented as very serious initially and would have usually seen a doctor excluded turned out to be low level and have been dealt with informally.

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

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

<b>13/14 February 2024 – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• Space for an external speaker	
	• TBC	
<b>Confidential session</b>	• Annual Review of Governance Framework: GMC/GMCSI	Charlie Massey
	• Unitary Boards	Charlie Massey
	• Evaluation – in-person vs virtual meetings	Charlie Massey
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Report of the Investment Committee	Neil Roberts
	• Update of Governance Handbook	Charlie Massey
	• Regulatory reform & MAPS update	Shaun Gallagher
	• PSA Annual report	Shaun Gallagher
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen
	• Report of the Executive Board	Charlie Massey

<b>TBC – End Feb/beginning March 2024 – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
	• The Consultation document on the Rules for the regulation of AAs and PAs.	Shaun Gallagher

**Agenda item M11****Council forward work programme**

<b>12/13 March 2024 Away Day – venue TBC</b>		
	<b>Item</b>	<b>Sponsor</b>
	<ul style="list-style-type: none"> <li>• <b>Education Reform</b></li> <li>• <b>Outreach work</b></li> <li>• <b>Public confidence</b></li> </ul>	Shaun Gallagher

<b>17/18 April 2024 – London</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• The Future of specialist registration	Una Lane
	• Voice of the registrant – going through our processes	Anthony Omo
<b>Confidential session</b>	• Report from GMCSI	Paul Reynolds
	• Space for an external speaker	
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• People Report	Neil Roberts
	• ED&I Annual report	Shaun Gallagher
	• 2023 national reports	Paul Reynolds
	• Annual QA update	Colin Melville
	• Adding to the list of bodies able to award a PMQ	Colin Melville
	• Biannual section 40a report	Charlie Massey
	• Unitary boards – decision	Charlie Massey
	• Regulatory reform & MAPS update	Shaun Gallagher
	• SoMEP Workplace & Experiences report – key findings/messages	Shaun Gallagher
	• SGGI – approval of policy decisions	Shaun Gallagher
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

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**Council forward work programme**

<b>5/6 June 2024 – Manchester</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• Space for an external speaker	
	• Our data capabilities	Shaun Gallagher
<b>Confidential session</b>	•	
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Report of the MPTS Committee	Deborah Taylor
	• Trustees’ Annual report and accounts	Paul Reynolds / Neil Roberts
	• Fitness to practise statistics report	Anthony Omo
	• Communications and engagement update	Paul Reynolds
	• Freedom to Speak Up Guardian annual report	Neil Roberts
	• Regulatory Reform & MAPS update	Shaun Gallagher
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen

<b>23/24 July 2024 – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• Safeguarding training for Trustees	Neil Roberts
	• Space for an external speaker	
<b>Confidential session</b>	•	
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Report of the Audit and Risk committee	Paul Knight/ Neil Roberts
	• Regulatory Reform & MAPS update	Shaun Gallagher
	• Financial update	Neil Roberts
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen

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**Council forward work programme**

<b>5 September 2024 – private meeting – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
	<ul style="list-style-type: none"> <li>TBC</li> </ul>	Carrie MacEwen

<b>1/2 October 2024 – Cardiff</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>Wales focus</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>Space for an external speaker</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li></li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Regulatory reform &amp; MAPS update</li> </ul>	Shaun Gallagher
	SoMEP Workforce report – launch & impact	Shaun Gallagher
	Reg fairness implementation update	Shaun Gallagher
	Regulatory Reform Consultation update	Shaun Gallagher
	Compliments and Complaints report	Charlie Massey
<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>Council members’ register of interest</li> </ul>	Carrie MacEwen

<b>4/5 December 2024 – London</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>Space for an external speaker</li> </ul>	
	<ul style="list-style-type: none"> <li>TBC</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li></li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>2025 Budget and Business Plan</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Report of the MPTS Committee 2024</li> </ul>	MPTS Chair

**Agenda item M11**

**Council forward work programme**

	• Report of the Audit and Risk Committee 2024	Paul Knight
	• Report of the Remuneration Committee 2024	Anthony Harnden
	• Regulatory Reform & MAPS	Shaun Gallagher
	• Compliments and Complaints report (new model full year report)	Charlie Massey
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen
	• Annual report on DC pension scheme	Neil Roberts

# Annual report of the Pension Plan Management Board

<b>Action</b>	To note
<b>Purpose</b>	This paper updates Council on the activities of the Pension Plan Management Board in 2023.
<b>Decision Trail</b>	This report was approved by the Pension Plan Management Board and the Executive Board.
<b>Recommendation</b>	To note the annual report of the Pension Plan Management Board.
<b>Annexes</b>	N/A
<b>Author contacts</b>	<b>Samuel Curtis</b> , Corporate Governance Manager  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Senior Responsible Owner</b>	<b>Neil Roberts</b> , Chair of Pension Plan Management Board

**Agenda item M12**

**Annual report of the Pension Plan Management Board**

## Background

- 1** The GMC Pension Plan Management Board is an advisory forum which monitors and reviews the operation of the GMC's Pension Plan, with a focus on performance of the default investment option, member engagement and the provider's customer service. There are a number of investment fund options made available to members by both the employer and the provider.
- 2** The choice of investment funds is a decision made between the member and provider, in this case Aviva. This is the Board's ninth annual report to Council.
- 3** The Board met three times during 2023- 30 March, 4 July and 11 October. At each meeting the Board received advice from the GMC's pension advisers, Aon and were provided with an update on performance and investment from the scheme's managers, Aviva. The Board also receive an update from the internal pension team.
- 4** The Board comprises of four employer nominated members and three Scheme member nominated members; and is chaired by the Director of Resources. One Member Nominated Member left the GMC this year and, by default, resigned as a Board member. There is a succession process underway for his replacement which will be brought to the Executive Board for approval in due course and will return the number of Member Nominated Members to four.

## Monitoring the investment performance and administration of the GMC Pension Plan

- 5** Investments are actively managed by Aviva and monitored by Aon who provide the Board with assurance that they fall in line with the standard performance and ethical measures set.
- 6** The Board receives regular updates on Aviva's investment performance and administration, provision including advice from Aon on its assessment of Aviva's performance. Investment performance has been within expectations, albeit at the lower end of the performance measures.
- 7** The triennial investment review of the default investment fund is now in progress and the Board will continue to assess the performance and compilation of the fund to determine if any changes are required to be made.
- 8** The investment market has been volatile this year due to the fallout of the Russian invasion of Ukraine, global uncertainty, the cost-of-living crisis and recession. The Board has been reassured that Aviva is managing the funds within the set risk parameters and on all ethical grounds.

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- 9 As at 31 July 2023, the number of active members of the DC scheme was 1,691 and the total the total value of scheme members' assets under management was £59,379,411.

## **Communications and Member Engagement**

- 10 Whilst we are evidencing a healthy improvement in member interest, member engagement continues to remain a focus for the Board. A communications schedule for 2023 was agreed by the Board which included seminars, newsletters and drop-in sessions.
- 11 The level of engagement from member has continued to improve, evidenced by attendance numbers at the educational webinars, number of queries received by the internal pension team.
- 12 The Pensions team has continued to work with Aviva and Aon to find ways to improve engagement with members. A member engagement objectives framework was created in 2021 and is regularly reviewed to understand what the membership needs and to monitor the current engagement methods to ensure that they are effective.
- 13 An induction programme continues to be provided to new members of staff and feedback has been that it gives a comprehensive overview of the pension scheme.
- 14 As of 11 October 2023 100% of employees were signed up to the GMC's pension scheme.

## **Risk Register**

- 15 The Board reviews its Risk Register at each meeting to provide an overview of the risks associated with running the GMC Pension Plan and the mitigation measures in place or required. The Risk Register will continue to be developed and regularly monitored by the Board.

## **Board Governance**

- 16 The Board reviewed its governance arrangements at the July 2023 meeting. Aon confirmed that all the principles of good governance were met, as determined by The Pension's Regulator.
- 17 During this review the Board approved minor updates to its Statement of Purpose which were approved by the Executive Board in October 2023.
- 18 The Board continues to undertake training sessions at each meeting to ensure member's skills and knowledge are up to date and a training log is maintained.
- 19 A further effectiveness review of the Board has been scheduled for 2024.

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- 20** The Board also receives updates at each meeting from Aon on legislative changes effecting defined contribution (DC) pension schemes.