

Public External - Council Meeting 6 June 2024

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Council

Manchester

Agenda

Main meeting

Thursday 6 June 2024 – 11:40 – 13:20

11:40 – 11:43 **M1** **Chair’s business**
3 mins

11:43 – 11:45 **M2** **Minutes of the meeting on 18 April 2024**
2 mins

11:45 – 12:05 **M3** **Chief Executive’s report**
20 mins

12:05 – 12:20 **M4** **Trustees’ Annual report and accounts**
15 min

12:20 – 12:35 **M5** **Fitness to practise statistics report**
15 mins

12:35 – 12:55 **M6** **Report of the MPTS Committee**
20 mins

12:55 – 13:15 **M7** **Freedom to Speak Up Guardian annual report**
20 mins

13:15 – 13:20 **M8** **Any other business**
5 mins

Below-the-line items*

M9 **Council forward work programme**

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To approve

Minutes of the meeting on 18 April 2024

Members present

Carrie MacEwen, Chair

Alison Wright

Paul Knight

Anthony Harnden

Raj Patel

Deepa Mann-Kler

Steve Burnett

Douglas Millican

Suzanne Shale

Jeeves Wijesuriya

Vanessa Davies

Others present

Clare Barton, Assistant Director MAPs (for Una Lane, Director of Registration and Revalidation)

Shaun Gallagher, Director of Strategy and Policy

Charlie Massey, Chief Executive and Registrar

Colin Melville, Medical Director and Director of Education and Standards

Anthony Omo, Director of Fitness to Practise and General Counsel

Paul Reynolds, Director of Strategic Communications and Engagement

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

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Minutes of the meeting on 18 April 2024

Chair's business (item M1)

- 1 The Chair welcomed members of Council, the senior management team (SMT) and observers to the meeting.

Minutes of the meeting on 14 February 2024 (item M2)

- 2 Council approved the minutes of the meeting on 14 February 2024 as a true record subject to an amendment to paragraph 7b '...additional payments to the DB pension scheme.'
- 3 Council noted that apologies had been received from Una Lane, Director Registration and Revalidation.

Chief Executive's Report (item M3)

- 4 Council considered the Chief Executive's Report.
- 5 Council received an oral update and noted that:
 - a The GMC is now required by law to regulate AAs and PAs from 13 December 2024 and our consultation on the rules and guidance is live.
 - b There has been media coverage of the migration research commissioned by the GMC in which one third of doctors who responded said they are likely to leave the UK in the next 12 months. It was highlighted that 'likely' does not necessarily mean they will but workforce planners are encouraged to address the negative issues emphasised by the research.
 - c The MLA is on track, with evidence to allow decisions to be made about medical schools' compliance with the clinical and professional skills assessments (CPSAs) all provided by the May 2024 deadline. Applied knowledge test (AKT) compliance decisions are more complex but are all in progress with decisions anticipated by June 2024. Feedback from medical schools has been positive.
 - d The fourth PLAB circuit at the GMC's Hardman Street offices in Manchester has been opened on time to cater for the demand from overseas doctors to join the UK register.
- 6 Council received an oral update on finances and noted that:
 - a Finances are broadly in line with the budget for 2024. Though there has been a slight fall in the value of investments, performance is ahead of the benchmark.
- 7 During the discussion, Council noted that:

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- a** It is positive to see so many Key Performance Indicators (KPI) have been met. Data for the Media KPIs have not been available for January and February due to a cyber-attack on our press cuttings provider as reported to Council earlier in the year.
- b** The first MLA examinations will be in the summer of 2024 and a full communications plan is in place. Data will be analysed as it becomes available.

Education Quality Assurance Update (item M4)

- 8** Council received an update on our education quality assurance activities in 2023.
- 9** Council noted that:
 - a** Engagement is ongoing around the Long-term Workforce plan for England as the expansion of medical school places will have a significant impact on the GMC. The GMC is supportive of the plan and is encouraging the Department of Health and Social Care to include the GMC in workforce planning conversations in order to help ensure our standards for medical schools can be maintained. There are also potential resource implications for the GMC quality assurance activities depending on the scale of the expansion.
 - b** The merger of Health Education England (HEE) with NHS England has led to redundancies at HEE. This may have an impact on GMC quality assurance activities as HEE colleagues assist with these.
 - c** There is ongoing engagement with providers of AA and PA courses.
- 10** During the discussion, Council noted that:
 - a** The GMC is proactive at seeking feedback, making use of associates to gather feedback from organisations, students and teachers. The self-assessment approach helps mitigate familiarity bias risks in the QA process. The National Training Survey results also feed into the process.
 - b** Sharing good practice is often only read by those affected at the time. Consideration needs to be given to the best way to share good practice with everyone.

Amending the list of bodies entitled to award a UK primary medical qualification (item M5)

- 11** Council was asked to approve adding Sunderland University to the list of bodies entitled to award a UK primary medical qualification (PMQ).
- 12** Council noted that:

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- a** Strengths of the university include a focus on primary care, meeting the challenges of the geographical region, the training of other healthcare workers, and a focus on a students' individual needs.
- b** The university has a good level of enthusiasm and engagement with positive student feedback.

13 During the discussion, Council noted that:

- a** In the event Council did not approve Sunderland University to be added to the list, students studying at Sunderland would still be awarded a degree from Sunderland's guarantor institution, in this instance, Keele University.
- b** All reports on the assessment of Sunderland University are published for transparency, and if there had been any serious concerns, these would have been highlighted to Council at an earlier time.
- c** Many higher education institutions are struggling financially with departments being closed. However, healthcare is a high funding priority and we anticipate no issues in this area.

14 Council approved Sunderland University being added to the list of bodies able to award a PMQ subject to no serious concerns being raised during the OSCE (Objective Structured Clinical Examinations) observation on 19 April 2024. Council delegated to the Chair the power to add Sunderland University to the list following the OSCE observation on 19 April 2024

Council member recruitment and Unitary board composition (item M6)

15 Council discussed the principles for the size and eventual composition when it transitions to a unitary Board, to inform Council appointments during 2024.

16 Council noted that:

- a** Proposals are for a 'best fit' and form a starting point.
- b** The recommendation is for an eventual board of 12 with the initial flexibility of 14, and a split of 4:4:4 executive directors (EDs), lay non-executive directors and registrant non-executive directors (NEDs).

17 During the discussion, Council noted that:

- a** The consensus was for appointing two new members initially. It was highlighted that to appoint four members in one go could mean a third of the board ending their terms at the same time.

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- b** The proposed split of EDs and NEDs, and the proposed registrant/lay split, were a sensible starting point to inform council member recruitment during 2024.
 - c** While the CE would decide which Director roles should sit on the Board, this would need Council's approval.
 - d** Although not mentioned in this paper, any skills gaps in the existing Council and committee structure will be taken into account when appointing new members.
 - e** Council noted the benefits of a Senior Independent Director and the introduction of this role will be explored further.
- 18** Council agreed in principle the proposals set out in the paper for the eventual size of the board, and the balance of executive/non-executive membership. Council approved the proposal to recruit as a minimum two positions.

People Team annual report (item M7)

- 19** Council received the People Team annual report.
- 20** Council noted that:
- a** There were challenges in the employment market during 2023 but we are now better placed.
 - b** Turnover of staff has been low. While this has provided stability, it has also hindered career progression.
 - c** Absences have been variable and we are looking to improve our absence process.
 - d** There has been greater diversity in the recruitment process but this has been less so for management positions, possibly linked to low turnover and progression challenges.
- 21** During the discussion, Council noted that:
- a** It would be useful for Council to see the organisational People plan and this will be shared.
 - b** Diversity statistics show applications from diverse candidates are not converting to offers. Analysis of recruitment campaigns show diverse applicants often provide more generic applications and are less likely to address specifics for the role.
 - c** Although some staff are being lost due to lower number of management career opportunities, there is support available for those wanting to progress their careers, such as leadership training, coaching and mentoring programmes, and secondments such as maternity leave cover.

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- d** Higher level management roles are advertised externally but usually attract a good pool of internal applicants.
- e** External recruitment campaigns are expensive and details of costs will be shared with Council. Campaigns are combined where possible to reduce costs.
- f** Although mental health, as a reason for absence, has increased, most staff do not cite work as the primary reason. The GMC continues to provide good support such as the mental health network, private medical health insurance and employee assistance programme.
- g** While granular data is helpful, a more thematic analysis of HR data would be useful accepting that for turnover, exit surveys/interviews are optional.
- h** It was felt providing diversity comparators for Greater Manchester and Greater London would be useful (rather than using the statistics for the cities themselves).

2023 National Reports (item M8)

- 22** Council was given the opportunity to review and approve the three 2023 National reports before they are laid before the relevant legislature.
- 23** Council noted the high quality of the reports and large amount of work involved in producing them.
- 24** During the discussion, Council noted that including a comparison with the other countries within each report, would be interesting.
- 25** Council approved the 2023 National reports for Scotland, Northern Ireland and Wales.

Review of customer Complaints and Compliments (item M9)

- 26** Council received the biannual review of customer complaints and compliments for July – December 2023, and were asked to approve a move to annual reporting.
- 27** Council noted that:
 - a** A BSI audit was completed on the GMC complaints handling process which was successful and complementary.
 - b** Trends for the period included: an increase in issuing apologies; more complaints were closed without further response, due to an increase in customers trying to use the complaints process to challenge other decisions. For example, complaints about FtP

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decisions, which cannot be challenged through our normal complaints process; and fewer cases escalated to the third stage of complaints.

- c There has been an improvement in meeting the 10-day service level agreement for responding to complaints, however, it is felt for complex cases, taking longer than 10 days and getting the response right is the best course for all parties.

28 During the discussion, Council noted that:

- a It is hard to breakdown complaints by the diversity of complainant, as that information is not collected. However, our ED&I team are looking into this.
- b It was questioned whether referring to GMC service users as ‘customers’ was still good practice.
- c It was felt moving to annual reporting would be acceptable if a more thematic analysis was provided, for example reasons for complaints, breakdown of themes by directorate etc.

29 Council approved a move to annual reporting on the basis the reports provide more thematic analysis.

Investment policy review (item M10)

30 Council was asked to approve changes to the GMC Investment Policy.

31 Council noted that:

- a Key changes have been made to the policy following discussion by Council and the Investment Committee. Changes focus on ethical and ESG (environmental, social and governance) exclusions, strategic asset allocation, investment returns and risk appetite.
- b It is proposed some exclusions are not reduced to 0% as there is no standard definition, for example fast food, and the impact on returns is not proportionate and could increase volatility in the portfolio.
- c It was agreed at previous Council discussions the use of Value at Risk (VAR) to manage risk and return, and a VAR of 10% is proposed.
- d Our investment monitors have confirmed our returns target of CPI+2% with a VAR of 10% can be met with small changes to the investment allocation.

32 Council approved the proposed changes to the Investment Policy.

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Any other business: (item M11)

- 33** Council noted three below the line papers: Council forward work programme (item M12), Council Members' register of interests (item M13) and Biannual section 40a appeals update (item M14).
- 34** Council noted that its next meeting is scheduled for 6 June 2024 in Manchester.

Signed

Carrie MacEwen, Chair

Date

Chief Executive's report

Action	To note
Purpose	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> ● On 26 March we opened our public consultation on the rules, standards and guidance for the regulation of physician associates (PAs) and anaesthesia associates (AAs); the consultation closed on 20 May. ● We have concluded the main elements of the initial compliance process of the Medical Licensing Assessment (MLA) in line with the 1 May milestone. ● Our spring round of UK Advisory Forum events has taken place.
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive's report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Katherine Ince, Head of OCCE, Corporate</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Chief Executive's report

Regulatory reform and regulation of PAs and AAs

- 1 On 26 March 2024 we opened an eight-week public consultation on the rules, standards and guidance required to implement the legislation and for regulation of physician associates (PAs) and anaesthesia associates (AAs) to begin. Now it has closed, we will work at pace to analyse the responses that we receive and make any necessary amendments, before Council agrees the final content and the regulation of PAs and AAs can begin.
- 2 Focus groups and interviews with patients and the public carried out by our research provider, Shift, to inform our work on doctor, PA and AA reforms have been completed and we expect an initial report soon.
- 3 Community Research has facilitated the first panels of doctors, PAs, AAs, and patients to engage on PA/AA regulation and future reform for doctors. The first engagement sessions focused on accepted outcomes in fitness to practise.
- 4 Our preparations for implementation of PA and AA regulation in December are on track and work is progressing at pace across all areas.
- 5 In April we refreshed [our webpages on PA/AA regulation](#). This information supports both internal and external queries, including those arising from the rules consultation.

The Medical Licensing Assessment

- 6 The main elements of the initial compliance process have concluded: we provided every school with their reports setting out whether they met the applied knowledge test (AKT) and clinical and professional skills assessments (CPSA) requirements.
- 7 We worked closely with schools and the Medical Schools Council (MSC) to address gaps in their evidence and/or to secure changes where we identified significant issues. As a consequence, our reports concluded that each medical school has complied with our requirements. Each school now has a set of recommendations for future improvement or a request for updated information. These will be checked as part of our ongoing compliance and quality assurance of the Medical Licensing Assessment (MLA). We have also been able to confirm that the PLAB test meets the requirements.
- 8 Following on from the third pilot of the national AKT run by the MSC in spring 2024, we are working with schools and the MSC on final adjustments and improvements in advance of the first live run of the MS AKT at the end of June 2024.
- 9 With the conclusion of the initial compliance process, our focus moves to the work to transition the MLA into a business as usual function for the organisation and to consider future evaluation of, and reporting on, the MLA. In June 2024 we will also start to review the

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MLA content map. This is to ensure that the map - which sets out the core knowledge, skills and behaviours that could be tested in the MLA - is up to date and fit for purpose.

Industrial action update

- 10** The BMA junior doctors committee has agreed to enter independently mediated talks with the government. No further action will take place until these talks have concluded. They are expected to last for up to four weeks (from 16 May).
- 11** The BMA GP committee has voted to ballot members on collective action. GPs will not be directed to breach their contracts at this stage. The action may include limiting the number of patients seen per day or not carrying out work that has been passed to them but for which they are not formally contracted.
- 12** The BMA specialist, associate specialist and specialty (SAS) committee has recommended members vote to accept an improved pay offer in England. Members have from 31 May to 14 June to vote on the offer.
- 13** The BMA in Northern Ireland is balloting their consultant members on industrial action. The ballot opened on 7 May for five weeks, closing on 10 June.
- 14** The BMA NI Junior Doctors Committee has announced further industrial action. Two 48-hour full walkouts will take place from 7am on Wednesday 22 May to 7am on Friday 24 May 2024 and from 7am on Thursday 6 June to 7am on Saturday 8 June 2024.
- 15** BMA Wales suspended a planned 48-hour strike for SAS and consultant doctors on 16 April, after the Welsh Government signalled their willingness to meet with the union again. BMA Wales junior doctors committee has also said they will not announce further strike action during negotiations.
- 16** It is not clear yet what impact the calling of the general election will have on the mediation/talks process, nor on whether scheduled action will go ahead during the pre-election period.

Enhanced monitoring

- 17** There are currently 31 open enhanced monitoring cases, with conditions attached to GMC approval to deliver a programme of training at five sites.
- 18** We have escalated general surgery training at Barnet Hospital, Royal Free NHS Foundation Trust to enhanced monitoring. This is following an urgent concern review by London NHS England Workforce, Training and Education (WTE). Issues were found with clinical supervision, raising concerns, and the supportive environment. Due to the seriousness of these concerns, with our support, London NHS England WTE colleagues decided to relocate

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11 foundation year doctors in training to alternative departments in the trust and no surgical foundation year doctors in training were rotated to Barnet Hospital in April 2024. We will be working with colleagues from London NHS England WTE to monitor progress in this case.

- 19** We have placed conditions on approval of acute internal medicine training across sites in Barking, Havering and Redbridge University Hospitals NHS Trust to encourage improvements in creating a culture that allows doctors in training to raise concerns, provides appropriate clinical supervision, enables access to appropriate learning opportunities and is more supportive. We will continue to work with London NHS England WTE colleagues to monitor progress in this case.
- 20** The risks within obstetrics and gynaecology training in University Hospitals Birmingham NHS Foundation Trust remain high. We continue to work with the West Midlands NHS England WTE team to monitor progress in the enhanced monitoring case in haematology and against the conditions we have set in obstetrics and gynaecology training. We also continue to feed into the governance structure set by the Integrated Care Board to monitor the departments.
- 21** We noted improvements in anaesthetics training at Barking, Havering and Redbridge University Hospitals NHS Trust and have now de-escalated it from our enhanced monitoring process.

Parliamentary and stakeholder updates

- 22** A general election has been called for 4 July 2024. We will assess all planned GMC communications and engagement activity and our appropriate approach during the short campaign. We will also monitor campaign developments, including detailed manifesto commitments once published. The state opening of the new parliament will take place on 17 July 2024.
- 23** On 22 May, we held our bi-annual meeting with the Academy of Medical Royal Colleges and the Presidents of Royal Colleges. We discussed our education programme and changes to our fitness to practise decision-making guidance.
- 24** We held our bi-annual Patient Group Roundtable on 30 April, where Carrie took part in a Q&A session and we discussed the contribution of professional capabilities to patient care, our approach to misconduct in a doctor's private life, and regulation of PAs and AAs.
- 25** We have submitted evidence to the House of Commons Public Accounts Committee inquiry into NHS England's modelling for the Long-Term Workforce Plan. We highlighted our data and insights about the medical workforce, our experiences in new medical school approvals, the importance of planning for clinical placements and increasing trainer capacity, and managing risk in newer, more innovative education and training models.

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- 26** At the end of March, we responded to the Department of Health and Social Care consultation on provisional registration for overseas qualified dentists to highlight our patient safety concerns with the proposal and to call for the name to be changed to distinguish it from GMC provisional registration, which has different requirements.
- 27** We are due to meet Neil Gray MSP, the new Cabinet Secretary for NHS Recovery, Health and Social Care on 19 June to discuss mutual priorities, workforce and regulatory reform.
- 28** On 15 May, we met Baroness Eluned Morgan MS, Cabinet Secretary for Health and Social Services in person in Cardiff Bay. We discussed a number of items including our consultation on the rules, standards and guidance required for the introduction of regulation of PAs and AAs, education reform and trainer capacity, and our patient safety work with Betsi Cadwaladr University Health Board.
- 29** On 22 April we met Robin Swann MLA, Minister for Health, and Peter May, Permanent Secretary of the Department of Health. We discussed the implementation of the Independent Neurology Inquiry recommendations, regulatory reform, and our workforce data.
- 30** Along with members of the NI Joint Regulators Forum we are a signatory of the framework for sharing intelligence among regulators of health and social care in Northern Ireland, launched on 1 May 2024. We welcome the development of this process for health and social care regulators to share information and improve collective consideration of issues at an early stage.

UK Advisory Forum meetings

- 31** Northern Ireland's UK Advisory Forum (UKAF) meeting took place on 23 April. The discussion focused on utilising our data and insights to improve workplace culture. We were joined by Briege Donaghy, Chief Executive of the Regulation and Quality Improvement Authority, who highlighted their work on supporting openness in Northern Ireland's health and social care system. At the margins of UKAF, we met with the President and Chair of the Pharmaceutical Society of Northern Ireland to discuss areas of mutual interest.
- 32** Scotland's UKAF took place on 8 May and considered how to use *Good medical practice* to develop a shared understanding of professionalism and supportive cultures and the need to take forward specific collaborative work to promote the delivery of these. There was also a bilateral dinner with BMA Scotland on 7 May which included discussion on the regulation of PAs and AAs and our education statement.
- 33** The Wales Spring UKAF took place on 15 May and focused on compassionate regulation and using *Good medical practice* to develop a shared understanding of professionalism and supportive cultures. We also held a dinner meeting with Welsh Chief Medical Officer, Sir

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Frank Atherton, who is about to retire. We discussed the timeline for his departure and took the opportunity to thank him for his support and engagement over the years.

Inquiries and reviews

- 34** The Infected Blood Inquiry report was published on 20 May. This is an independent statutory public inquiry established to investigate the circumstances in which men, women and children treated by health services in the UK were given infected blood and infected blood products, in particular since 1970. The report recommends that the GMC, along with other relevant organisations across the UK, should take steps to ensure that lessons that relate to clinical practice are incorporated in every doctor's training. It also calls for a statutory duty of candour in healthcare to be introduced in Northern Ireland. The report contains some criticism of our handling of historical fitness to practise cases and references individual clinicians. We are collating these and will consider whether any follow-up investigations are appropriate. We will also reflect more widely on learning and recommendations arising from the inquiry. We must learn the lessons this inquiry has set out and take the opportunity to ensure the profession and future generations of doctors know about and learn from this tragedy so that history is not repeated.
- 35** The Lampard Inquiry, a statutory public inquiry, has published expanded terms of reference and will be reviewing the deaths of 2,000 mental health inpatients in Essex. We met with policy leads for the inquiry on 9 May to discuss how we can assist. They will be considering a range of relevant issues including the quality of local investigations and response to whistleblowing and concerns, staff training, working conditions and supervision, leadership behaviours, culture and governance, and physical and sexual safety of patients.
- 36** The Muckamore Abbey Hospital Inquiry was established to examine the issue of abuse of patients at Muckamore Abbey Hospital and to determine why the abuse happened and the range of circumstances that allowed it to happen. We previously provided written evidence and may be asked to give oral evidence.
- 37** We are continuing to liaise with the COVID-UK inquiry following provision of written evidence. We may be asked to provide oral evidence in the autumn.

Equality, Diversity and Inclusion

- 38** We are considering our response to the [NHS Constitution consultation](#). It states that they are proposing a limited set of specific changes, some of which may have relevance to aspects of our own work. The consultation closes on 25 June 2024.

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Operational performance

- 39** Regulation of PAs and AAs and Regulatory reform programmes continue to report amber due to tight timeframes for concluding the public consultation on rules, guidance and standards, and updating these areas where required. Regulatory reform also continues to await receipt of the timetable for the Medical Professions Order from the Department of Health and Social Care. The MLA programme has reached a milestone in completing its initial compliance work with medical schools and PLAB with decisions and publications to follow, however the programme remains amber due to a challenging timetable and stakeholder dependencies.
- 40** Rolling staff turnover remains outside of our target 8-12% range at 7.1% in March which is a slight improvement on February (6.8%). The low turnover we experienced at the end of 2023 continues to impact this figure, however we have started to see more staff changes during this reporting month.
- 41** Since the last Council meeting there have been two key changes to the Corporate Opportunities and Risk Register (CORR). The first is the closure of the threat relating to MLA timescales, as medical schools and PLAB received their draft compliance recommendation reports for the CPSA and AKT elements of the compliance process by the 1 May deadline. The second change is the addition of a new MLA threat in relation to live exams. The threat has the potential for high impact, due to the requirement for all medical students graduating from UK universities from the academic year 2024–25 onwards to pass the MLA (both the MS AKT and the CPSA), as part of their degree before they can join the medical register.
- 42** As discussed at Audit and Risk Committee (ARC) and included in their report to Council, we have been given notice by the vendor that they intend to discontinue support for our enterprise resource system (ERP), Agresso, in the coming years. We have therefore started a project to implement a new system. This work is complex and sizable. Funding in 2024 will be drawn from the contingency budget, with funding in 2025 and 2026 to be approved by Council as part of the annual budgeting process. Indicative costs will be included in the mid-year financial review paper coming to Council in July. We are currently setting up the project team, governance arrangements and evaluating options with help from independent consultants Gartner. Internal audit will be reviewing the project initiation phase and reporting to ARC in the next couple of months. ARC has indicated that the project will be subject to regular audit through to completion.

Finance

- 43** Our finances remain in a strong position with our year-to-date operational surplus exceeding budget by £0.7m. This is a result of:

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- a) Underspends on electricity at a number of sites with the invoices received from landlords falling significantly below the level anticipated.
 - b) Being offset slightly by income year to date falling behind budget on registration fees, with the former being, in part, driven by a planned system outage in January and some expenditure in excess of budget to complete the PLAB fourth circuit build.
- 44** At an operating surplus level we are forecasting to be £0.9m ahead of budget by the end of 2024. While it remains highly indicative at this stage in the year, we do expect capital expenditure overspends, largely on the PLAB fourth circuit and our ERP system, Agresso. This should be offset by underspends on electricity as noted in our year-to-date position, but also through additional overheads being funded by the DHSC due to increased MAPs activity in 2024.
- 45** At a total surplus level, we are seeing losses accrue on our investment portfolio up to the end of April. This is £0.9m behind budget, and is the driver of us falling £0.2m behind budget at a total surplus level to February 2024. However, given the volatility in our investments, we have set the full year forecast to match budget and will monitor the trends as we progress through the year.
- 46** The key medium-term risk is the impact of high levels of inflation, and we will see the impact of this throughout the next few years.

Executive Board

- 47** The Executive Board met on 25 March and 29 April and considered the following:
- a) The Performance and Risk Report, to scrutinise our January-February 2024 performance.
 - b) The Annual Report of the Data Protection Officer, noting the GMC's compliance with the UK GDPR and our information security certification under ISO 27001.
 - c) The Safeguarding Annual Report identifying safeguarding activity within the GMC, raising awareness of key issues affecting practice and service delivery, and identifying key priorities for the coming year.
 - d) The Trustees' Report and Accounts and national reports for 2023, which was the latest draft of the report and our accounts for comment and approval, before submission of a final draft to ARC in May and to Council in June, also for their approval.
 - e) The fitness to practise annual statistics report 2023, noting data on the volumes and outcomes at each stage of our fitness to practise process in 2023.
 - f) An Agresso update, which set out our approach to the evaluation of Agresso as our ERP system.

M3 – Annex A - Performance annex

Data presented as at 10 May 2024 (unless otherwise stated)

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

Indicator		March	Commentary
Operations	Decision on 95% of all registration applications within 3 months	98%	People: Low volumes of leavers during Q4 2023 is still impacting the rolling 12-month turnover figure. March saw more regular numbers of staff exit the organisation resulting in a slight increase to the average figure.
	Decision on 95% of all revalidation recommendations within 5 working days	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	92%	
	Conclude 90% of fitness to practise cases within 12 months	97%	
	Conclude or refer 90% of cases at investigation stage within 6 months	99%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	81%	
	Contact Centre - Answer 80% of calls within 20 seconds	83%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	43	
	75% of doctors intend to change practice following Outreach learning session	81%	
Organisation	2024 Income and expenditure [% variance +/- 4%]	+0.66%	
	Rolling twelve-month staff turnover within 8-12%	7.1%	
	IS system availability (%) – target 99.89%	99.97%	

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

Indicator		2023									2024		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operations	Decision on 95% of all registration applications within 3 months	99%	99%	98%	98%	97%	97%	97%	97%	98%	98%	98%	98%
	Decision on 95% of all revalidation recommendations within 5 working days	97%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	100%	93%	97%	98%	98%	100%	96%	100%	100%	92%
	Conclude 90% of fitness to practise cases within 12 months	93%	94%	92%	96%	96%	94%	96%	97%	95%	96%	96%	97%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	98%	98%	98%	97%	98%	97%	97%	97%	98%	97%	99%
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	100%	100%	No Cases	No Cases	No Cases	100%	No Cases	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%	100%	100%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)*	82%	81%	78%	79%	81%	82%	83%	82%	78%	85%	84%	81%
	Contact Centre - Answer 80% of calls within 20 seconds	85%	83%	85%	90%	89%	89%	85%	78%	84%	84%	87%	83%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	38	33	35	35	33	32.4	50	40	39	40	41	43
	75% of doctors intend to change practice following Outreach learning session	84%	78%	74%	77%	82%	78%	79%	78%	81%	77%	77%	81%
Organisation	2024 Income and expenditure [% variance +/- 4%]	-0.47%	-0.05%	-2.79%	-2.65%	-2.01%	-1.46%	0.53%	-0.64%	+1.02%	+1.83%	+0.44%	+0.66%
	Rolling twelve-month staff turnover within 8-12%	9.1%	8.9%	9.2%	9.6%	9.3%	9.3%	7.7%	7.1%	7.0%	7.9%	6.8%	7.1%
	IS system availability (%) – target 99.89%	100%	99.99%	100%	100%	100%	100%	99.93%	100%	100%	99.96%	99.94%	99.97%

*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.
 Note: The positive / negative media coverage measures which have been agreed for inclusion in 2024 reporting are not currently available following a cyber security incident impacting our 3rd party media monitoring supplier, as soon as these are available they will be included in the report.

Corporate Strategy Delivery: Priority activities forecast

April – December 2024 estimated investment (project team resource)

Our strategy 2021–25

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



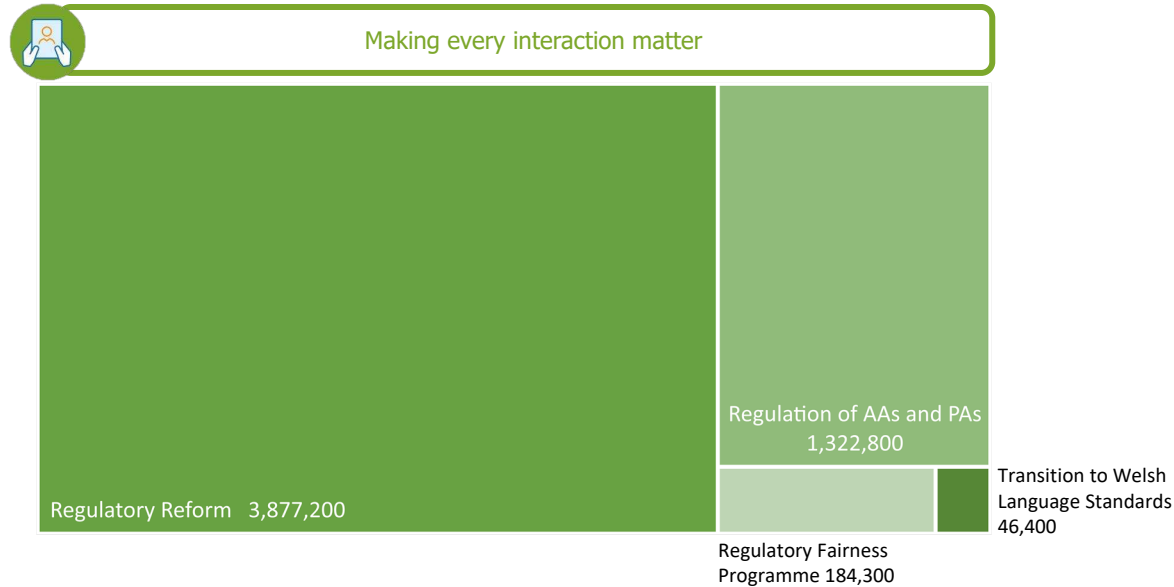
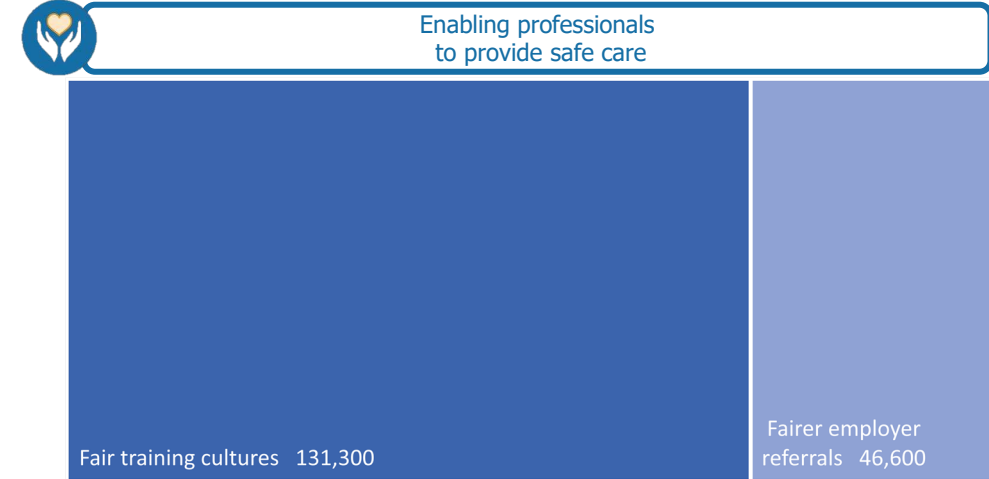
Committed project resource for remainder of 2024 by Strategic Aim



Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	5,430,700
Developing a sustainable medical workforce	994,800
Enabling professionals to provide safe care	177,900
Total	6,603,400

Corporate Strategy Delivery: Priority activities forecast

April – December 2024 estimated investment (project team resource)



Investing in our people

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



Enabling professionals to provide safe care

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

2024 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p>Why: Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on, and we will have launched an updated GMP.</p> <p>When: Complete by Q1 2024 Who: Colin Melville; Mark Swindells</p>		<p>Good Medical Practice and the seven pieces of More Detailed Guidance came into effect on the 30 of January 2024. The response continues to be largely positive. We continue with the consequential changes to the digital presentation of our professional standards as well as with our implementation work.</p> <p>A closure report was shared with the Planning Gateway in April 2024 for review before formally closing. This programme will therefore no longer be reported against to Council.</p>
Fairer Employer Referrals (FER)	<p>Why? To eliminate differentials in employer fitness to practise referrals</p> <p>When: by 2026 Who: Anthony Omo</p>		<p>We have commenced work on impartial checks for the Responsible Officers (RO) workstream, which will look to provide more support for RO's on who can provide an impartial check. Initial engagement activities for this are underway. We have also completed the Persons Acting in a Public Capacity (PAPC) draft report and circulated within the project's working group to consider the recommendations for our next phase of work. A 6-month review of the Triage and RO feedback mechanism has also been completed and recommendations from this are already being considered. We are now currently drafting an internal communications update to staff on the progress of Fairer Employer Referrals.</p>
Fair Training Cultures	<p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031 Who: Colin Melville</p>		<p>We are working with the Medical Dental Recruitment & Selection (MDRS) committee on the update of person specifications and a set of principles against which all existing person specifications will be reviewed have now been developed. The principles aim to make the person specifications easier to understand and ensure ED&I considerations are taken into account. MDRS will be moving forward with updated person specifications for Specialty Training 1 / Core Trainee 1 specialties this year with the view to expanding to ST3+ specialties next year. Our joint working group with MDRS will soon begin discussions on scoring criteria. We have developed an initial draft of the Clinical Assessment of Skills and Competencies (CASC) Masterclass final evaluation. We now have the results from the full set of participants who attended the masterclass pilot (a course designed to prevent failures of the CASC which are unrelated to specialty skills, knowledge or the ability to apply them). The results provide statistically significant evidence that the intervention is effective for International Medical Graduates (IMGs), increasing their CASC pass rate by 10pp by comparison to those who did not attend. IMG pass rates are still much lower than UK benchmarks and this intervention targets only some of the 12 causal factors of differential attainment identified in our research (Fair training pathways, 2016 so should not be deployed in isolation. The Outreach team is now rolling out a course for supervisors called "Fairer feedback conversations for supervisors", which was developed by Outreach following our work on the skills and insights which supervisors need in order to be able to have quality feedback conversations with all their trainees, including IMGs.</p> <p>We have begun preparing for our annual strategic review (July to September), where we measure the performance of the project and make recommendations for adjustment. The programme is currently working at reduced capacity but is looking to address these internally within the directorate. Once addressed, the programme will assess if resourcing issues have been sufficiently mitigated.</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>Why? Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p>When: Q4 2025 Who: Colin Melville; Judith Chrystie</p>		<p>Our programme activities remain on track, with compliance recommendation reports having been issued to all medical schools and Professional and Linguistic Assessments Board. Decisions and publication will follow over the coming weeks marking the completion of the initial MLA compliance process. We are also working with schools and the Medical Schools Council (MSC) on final adjustments and improvements in advance of the first live run of the national Applied Knowledge Test for medical schools (MS AKT), which will be sat at nine medical schools at the end of June 2024.</p> <p>Our focus now moves to transitioning the MLA into a business as usual function for the organisation and to consider future evaluation of, and reporting on, the MLA. Work will continue on developing the (lighter touch) ongoing MLA compliance processes, as well as planning for future policy development work.</p> <p>In June 2024 we will launch a review of the MLA content map. This is to ensure that the map - which sets out the core knowledge, skills and behaviours that could be tested in the MLA - is up to date and fit for purpose.</p>
Post-Brexit Registration Pathways	<p>Why? To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals.</p> <p>When: Q3 2024 Who: Una Lane; Kirstyn Shaw</p>		<p>We responded to the Department for Business and Trade (DBT) Swiss trade agreement consultation, including the impact this will have on Anaesthesia Associates (AAs) and Physician Associates (PAs). We held our first Expanding Registration Pathways (ERP) steering group (the replacement for the programme board) 25 April. We shared the ERP programme lessons learned with this group, as well as the lessons from the European Free Trade Association and Qualifications Assessment projects, both of which recently closed in the programme. The Recognised Specialist Qualification (RSQ) pathway is on track to be launched on 15 May. The documents including procedures, webpages, and emails for operationalising the pathway have been approved and are ready to be published. We are also continuing to work on the RSQ nominations policy which is due to be delivered, this work will be delivered 6 weeks later than initially planned but will not impact the overall programme timeline. Pre-project scoping is underway for the Swiss trade agreement, with a view to starting a project later this year to implement the required changes. The programme is on track to be delivered in Q3 of 2024.</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
Regulatory Reform	<p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p>When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). Who: Shaun Gallagher; Tim Aldrich</p>		<p>The Regulating Anaesthesia Associates and Physician Associates (AA/PA) consultation is currently live and will be open until midnight on 20 May. We are monitoring the number of responses we receive. The programme remains on track to have finalised rules, standards and guidance ready by end of 2024 when regulation of PAs and AAs is due to begin. However we continue to report amber for the foreseeable future due to ongoing challenges around getting the consultation analysis completed and tight timelines for updating rules, guidance and standards (where required) ahead of the start date for AA and PA regulation (13 Dec 2024).</p> <p>We are engaging with the Department of Health and Social Care around the timings for updating the legislation that will replace the Medical Act, however we are still awaiting an agreed timetable for this work.</p>
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p>Why? To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p>When: End of 2024 Who: Una Lane; Clare Barton</p>		<p>The programme continues to report amber due to the scope and pace of work ongoing, together with continuing challenges in the external environment. However, all key milestones are on track and we are confident of beginning regulation in December.</p> <p>During April we refreshed our webpages for PA/AA regulation, including creating new guides for all audiences: PAs and AAs, patients, doctors, employers and educators. We also discussed the patient-focused information with attendees at the GMC Patient Roundtable.</p>
Transition to Welsh Language Standards	<p>Why? We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p>When: Q4 2023 Who: Neil Roberts</p>		<p>On 6 December we renewed our commitment to Welsh language speakers by launching our external compliance plan with the Welsh Language Standards. As part of this launch there were articles across the GMC intranet and GMC website, as well as the MPTS website and social media posts on X/Twitter, Facebook, Instagram and LinkedIn.</p> <p>The project now moves into a new phase of embedding the internal compliance plan across the organisation and transitioning to BAU. A readiness review audit took place in February and the final report will be presented to the ARC in May. The overall rating was Green/Amber.</p> <p>The project is due to close in June and we submitted a closure report to the April Planning Gateway in advance of this.</p>
Regulatory Fairness Implementation	<p>Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023.</p> <p>When: Q4 2024 Who: Shaun Gallagher, Claire Light</p>		<p>We have completed Phases 1 and 2, where we conducted directorate level workshops and identified and analysed 42 high impact regulatory decisions (HIRDs). BDO also conducted an audit of our governance approach and we completed procurement of decision-makers training.</p> <p>We are now in phase 3 which is focused on consolidating and verifying the workshop findings and supporting directorate implementation plans. Directorates will develop their implementation plans and assess resource implications (if needed) for a submission to the Planning Gateway in August 2024. An implementation toolkit is being developed to support directorates in the implementation phase of their action plans. New training <i>Fairness in Decisions for Regulatory Professionals</i> will be rolled out from 23 May with approx. 30 sessions for the 333 members of staff in scope.</p>



Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2023 (%)	2023 (Vol)	2024 ¹ (%)	2024 ¹ (Vol)	End of 2024	% points off 2024 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	430	37.8%	347	28%	+ 9.8	30%
	Interviews	20.1%	52	17.6%	33	23%	- 5.4	25%
	Offers	14.8%	8	13.0%	6	18%	- 5.0	20%
	Workforce	13.9%	90	13.7%	89	17.5%	- 3.8	20%
level of minority ethnic representation at Level 2+		12.6%	27	12.2%	26	16%	- 3.8	20%
level of minority ethnic representation at level 3		14.6%	63	14.4%	63	17.5%	- 3.1	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3%	2,370	49.0%	2,350	38%	+ 11.0	40%
	Interviews	30.7%	329	31.9%	297	33%	- 1.10	35%
	Offers	23.2%	66	23.1%	54	28%	- 4.9	30%
	Workforce	18.7%	317	18.5%	313	18%	+ 0.5	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2024	2.2%	-	Minority ethnic backgrounds (%)	White background (%)	1.5%	% points between groups	1.0%	
			10.3%	6.5%		3.8		
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level	- 2.9%	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%	
			7.4%	10.4%		3.0		
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		83.3%	10/12	75%	10/12	12/12		12/12

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

² Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity

Financial summary (April)

Financial summary as at February 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%			£000	£000
Operational expenditure	(49,217)	(48,090)	(1,127)	2%	(149,743)	(147,847)	(1,896)	1%
Capital expenditure	(3,771)	(4,040)	269	(7)%	(12,162)	(13,164)	1,002	(8)%
Total expenditure	(52,988)	(52,130)	(858)	2%	(161,905)	(161,011)	(894)	1%
Operational income	50,967	50,790	(177)	(0)%	164,693	164,687	(6)	(0)%
Operational surplus/(deficit)	(2,021)	(1,340)	681		2,788	3,676	888	

Financial summary as at February 2024	YTD Budget	YTD Actual	Variance		Budget 2024	Forecast 2024	Variance	
	£000	£000	£000	%			£000	£000
Investment income / (loss)	333	(564)	(897)	(269)%	1,000	1,000	0	0%
Investment management fees	(71)	(75)	4	(6)%	(290)	(293)	3	(1)%
Net investment return	262	(639)	(901)		710	707	(3)	
Total surplus/(deficit)	(1,759)	(1,979)	(220)		3,498	4,383	885	

Financial detail (April)

Expenditure as at February 2024	YTD Budget	YTD Actual	Variance	
	£000	£000	£000	%
Staff costs	29,253	29,143	110	0%
Staff support costs	1,200	1,044	156	13%
Office supplies	553	508	45	8%
IT & telecoms costs	2,102	1,991	111	5%
Accommodation costs	3,158	2,591	567	18%
Legal costs	1,279	1,307	(28)	(2)%
Professional fees	1,025	975	50	5%
Council & members costs	138	122	16	12%
Panel & assessment costs	6,367	6,266	101	2%
Associate fee changes	340	340	0	0%
PSA Levy	302	303	(1)	(0)%
Contingency fund	0	0	0	0%
Gateway fund	0	0	0	0%
Pension top up payment	3,500	3,500	0	0%
Total operational expenditure	49,217	48,090	1,127	2%

Budget 2024	Forecast 2024	Variance	
	£000	£000	£000 %
90,379	90,677	(298)	(0)%
4,014	3,943	71	2%
1,308	1,022	286	22%
6,996	6,890	106	2%
9,830	9,208	622	6%
3,704	3,684	20	1%
3,193	3,181	12	0%
471	442	29	6%
21,205	21,006	199	1%
1,020	1,020	0	0%
938	944	(6)	(1)%
1,779	924	855	48%
1,406	1,406	0	0%
3,500	3,500	0	0%
149,743	147,847	1,896	1%

Income as at February 2024	YTD Budget	YTD Actual	Variance	
	£000	£000	£000	%
Annual retention fees	39,124	39,089	(35)	(0)%
Registration fees	1,897	1,586	(311)	(16)%
PLAB fees	7,751	7,813	62	1%
Specialist application CCT fees	867	990	123	14%
Specialist application CESR/CEGPR fees	515	445	(70)	(14)%
Interest income	707	785	78	11%
Other income	106	82	(24)	(23)%
Total Operational Income	50,967	50,790	(177)	(0)%

Budget 2024	Forecast 2024	Variance	
	£000	£000	£000 %
121,155	121,120	(35)	(0)%
8,594	8,101	(493)	(6)%
26,744	26,935	191	1%
3,608	3,865	257	7%
2,068	1,861	(207)	(10)%
2,030	2,335	305	15%
494	470	(24)	(5)%
164,693	164,687	(6)	(0)%

Finance - GMCSI summary (April)

GMCSI summary as at February 2024	YTD Budget	YTD Actual	Variance	
	£000	£000	£000	%
GMCSI income	137	100	(37)	(27)%
GMCSI expenditure	(141)	(124)	(17)	12%
Profit/(loss)	(4)	(24)	(20)	

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

£ Finance – Investment Committee update

COUNCIL

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 March 2024	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	0.8%	8.2%	3.4%	4.2%
Target: CPI + 2%	1.1%	5.2%	8.7%	6.5%
Benchmark	1.3%	5.0%	(2.2)%	0.8%
Actual minus Target	(0.3)%	3.0%	(5.4)%	(2.2)%
Actual minus Benchmark	(0.5)%	3.2%	5.5%	3.5%

As the table shows over the 12 months to 31/03/2024 the portfolio has delivered a return of 8.2% and an average of 3.4% p.a. over the 3 years, which is below target over the 3 years but above in a 12 month period. However, when compared to the benchmark performance, which we also monitor against, the outcome is a consistently positive one, with outperformance of 3.2% and 5.5% p.a over 12 months and 3 years respectively. The 5 year average, shows us once again falling below target by 2.2%, but once again exceeding our benchmark group by some 3.5% p.a.

Our investments remain valued below the level reported at December 2023, generating a year to date loss in our accounts.

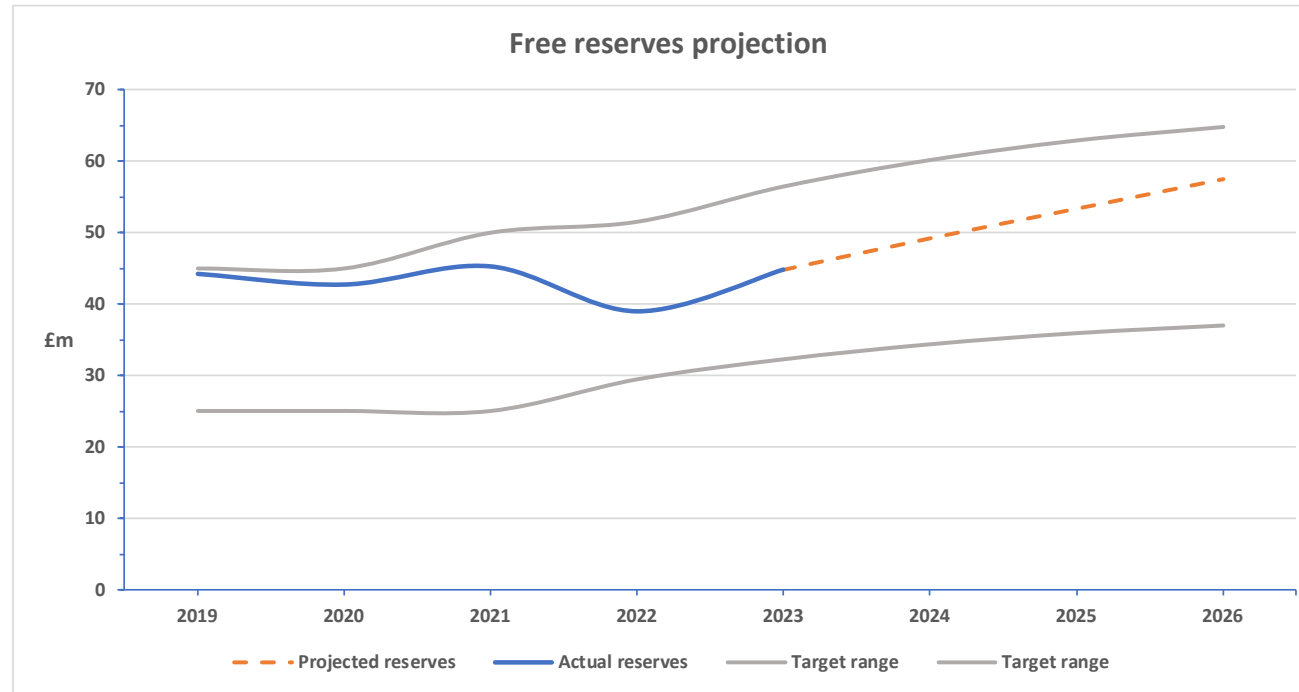
*Note Could not update to April performance as CPI released for April on 22nd May post submission deadline.

Holdings as at 17 May 2024
(reflected in the graph below)

	£millions	%
Total Equities	16.8	26.8%
Fixed Interest	25.9	41.3%
Property	3.7	5.9%
Infrastructure	6.5	10.4%
Other Income	0.8	1.2%
Private Equity	1.8	2.9%
Cash	7.2	11.4%
Total	62.7	100.0%



Finance – Financial Stability Monitoring



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Demand continues	PLAB 1 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10%
Register growth	4.5% per year	4.1%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£0.5m loss to April 2024	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - April 2024 - 3.2%	10% per year	6% per year
Staff vacancy rate	4.3% 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	Aligned to April Pay Award (within amounts budgeted)	In year increase of 3%	In year increase of 1%

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

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

Litigation overview for Q1 2024

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

Total Open Litigation: 33 - as at 2 April 2024.

- of which 20 matters have had a claim served

Concluded litigation: 10

8 = GMC Successful

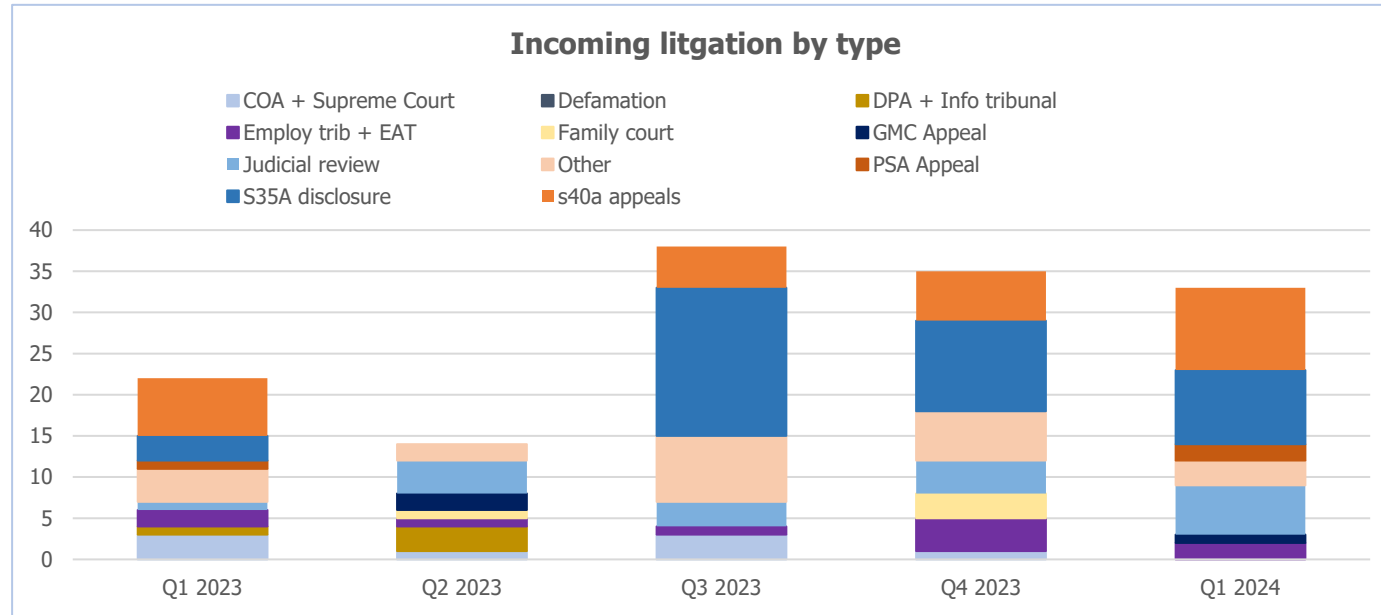
- X3 = s40 (doctor) Appeals
- X3 = Information Tribunal
- X1 = COA Appeal
- X1 = Other

1 = GMC unsuccessful

- X1 = S.41A – 10 IOT Challenge

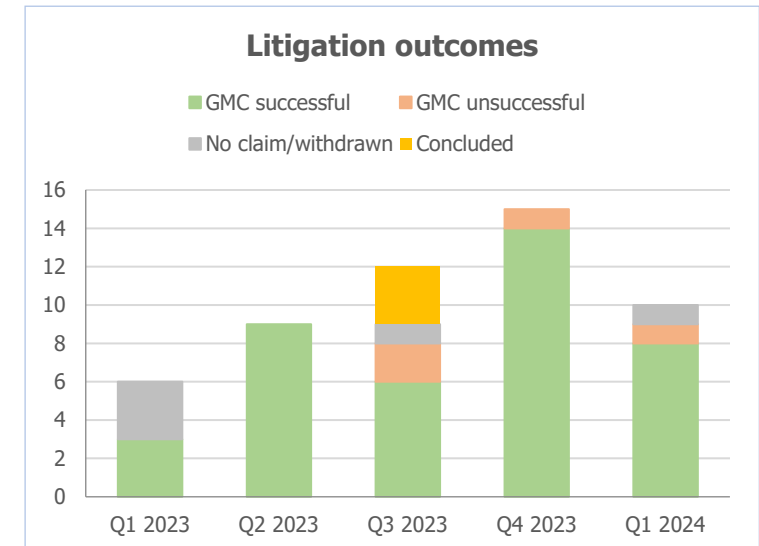
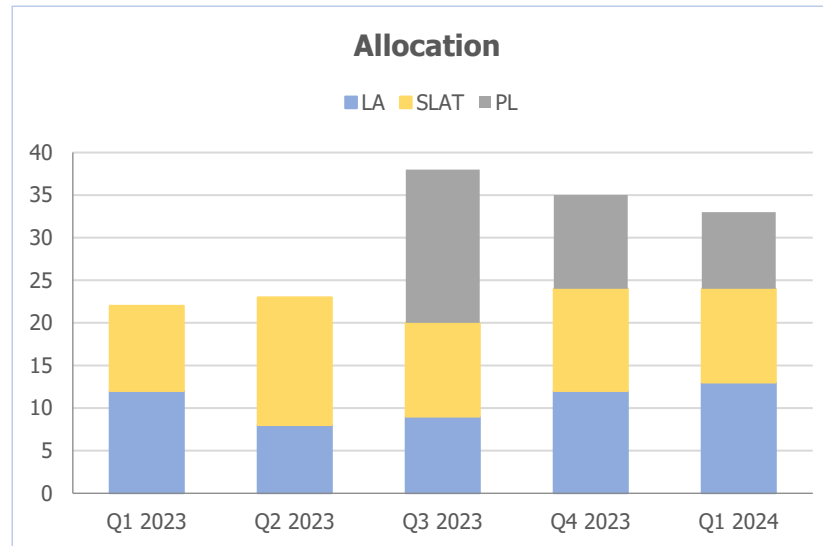
1 = No claim/withdrawn

- X1 = Judicial Review - MPTS



Key:

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



Corporate Opportunities and Risk Register - May 2024

Risk ID	Title Date Raised	Category	Detail	Owner	Likelihood - Inherent			Mitigation/Enhancement	Likelihood - Residual			Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
					Likelihood - Inherent	Impact - Inherent	Rating - Inherent		Likelihood - Residual	Impact - Residual	Rating - Residual				
544	IT Industry Cloud System Drive 28/11/2023	Technical	Due to IT software vendors become more aggressive in their drive towards cloud, there is a risk that we are forced to move to cloud systems on vendors timeframes. Due to our Finance and HR system provider withdrawing support for our on-premise system we will need to move our Finance and HR system to the cloud probably by the end of 2026. There is a risk that we will be unable to do the significant and complex work required for this migration in time, leaving us in an unsupported configuration and unable to receive product updates from 2027, such as new tax rules to apply to payroll.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL		HIGHLY LIKELY	MAJOR	CRITICAL			<ul style="list-style-type: none"> Immediate prioritisation of the work as a project led from within Enterprise Systems with scope, top level plan and significant risks being identified. Project streams will be prioritised and resourced within IS, HR and Finance with funding for resources requested where required. Work arounds and alternative approaches to migrating to Agresso cloud being investigated. We are planning our wider cloud migration strategy with KPMG support, factoring in the risk associated with vendors driving customers to the cloud. 	Medium
706	MLA first live exams contingency & scenario planning 28/05/2024	Technical	If a significant incident occurs, such as connectivity or online security problems for the national MS AKT, this could affect the delivery of a complete MLA assessment for medical school students affected, which could risk invalidating the PMQ being awarded by those medical school(s).	Colin Melville	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> From our initial MLA compliance process, every school has a set of recommendations for future improvement or a request updated information. For the MS AKT, these include areas regarding incident reporting and escalation, and exam security. We are in active correspondence with the MSC about their scenario, contingency and escalation planning. Issues will continue to be discussed at all levels between the GMC and MSC, including at a senior level through our Joint Senior Oversight Group (SOG), and in relation to future oversight. 	UNLIKELY	MAJOR	SIGNIFICANT			<ul style="list-style-type: none"> We are engaging with schools through collective engagement sessions in May/June 2024 and through meetings with individual schools (starting with the nine who are sitting the MS AKT live at the end of June 2024). Following on from the third pilot of the national MS AKT, run by MSC in Spring 2024, we are working with schools and the MSC on final adjustments and improvements in advance of the first live run of the MS AKT, for nine medical schools, at the end of June 2024. Internal scenario planning is ongoing with a view to establishing the GMC's position regarding the MSC's and schools' operational contingency plans for delivery of their MLA assessments. 	Low
538	PA/AA regulation – working with stakeholders 30/10/2023	Customer	Our ability to effectively regulate PAs and AAs is partially contingent on certain key stakeholders working with us and delivering aspects of this work, particularly regarding our registration processes. If there continues to be significant opposition from doctors to increasing numbers of PAs and AAs in the workplace and the expanded role of the GMC, there is a risk that these stakeholders become reluctant to engage which threatens the effective delivery of regulation.	Una Lane	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Regular liaison at senior level with relevant colleagues at the Royal College of Physicians, the Royal College of Anaesthetists, the Academy of Medical Royal Colleges, the Faculty of Physician Associates and the Association of Anaesthesia Associates. The Anaesthesia Associates and Physician Associates Order (AAPAO) has been approved in both the Edinburgh and Westminster parliaments, which settles in law that PAs and AAs are to be brought into regulation and that the GMC will be the regulator. Use of MAPs Community of Interest to engage and involve PAs, AAs, doctors and other groups in regulatory development. We announced the alphabetical prefix for PA and AA GMC reference numbers and the future format of our public-facing registers on 7 March 2024, which was broadly positively received. Communication strategy and approach to stakeholder engagement in place ahead of the planned consultation launch in March 2024. 	UNLIKELY	MAJOR	SIGNIFICANT			<ul style="list-style-type: none"> Refreshed MAPs Web Hub due to launch imminently. Planning for roundtable discussion with key stakeholders. 	Low
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	NHS England's regional quality management workforce has continued to decline following the merger with Health Education England in 2023. This may impact has impacted the GMC's effectiveness in some operational processes that fulfill statutory functions in Education, and the impact may increase without NHSE commitments to support our functions.	Colin Melville	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Ongoing engagement with NHSE stakeholders, including at senior leadership level. We are monitoring our resource requirements to ensure our standards are being met, including the option to act independently in cases where trainees need to be removed from training environments. We have enhanced our support offer to help NHSE teams meet our data provision requirements for our National Training Survey (NTS) and Annual Review of Competence Progression (ARCP) collections. 	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> Share soft intelligence on regional challenges with NHSE senior leaders in bilateral meetings and seek formal reassurance of support for GMC functions. Work with Statutory Education Bodies in all four countries to develop a document clarifying GMC requirements of postgraduate deans. 	Medium
207	Pension Deficit 21/08/2020	Financial	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"> Trustees meet regularly and continue to take professional advice in relation to the existing deficit. The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. The employer factors annual payments into the budget to cover the agreed funding arrangements. 	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> Strategy now set as part of triennial valuation – Trustees continue to receive updates on investment performance. The next triennial valuation date is 31/12/24. 	Medium
452	Regulatory reform - potential delays introducing reform for doctors 04/05/2023	Strategic / Policy	There is a risk that external factors such as limited DHSC legal resources and the timing of the next UK general election will cause delays to the development of the Medical Professions Order (MPO), 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"> 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. Meeting held with the current Health Minister, to discuss and escalate our concerns. Two GMC lawyers recruited to assist with consequential amendments to help speed up the progress of the development of the MPO. Proactive engagement with DHSC on planning for doctor reforms to minimise impact on busy teams. 	QUITE LIKELY	MODERATE	SIGNIFICANT	Council This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.		Initial conversation with DHSC on planning happened in January 2024. We have since set a list of policy issues we would like to see reviewed as part of the reforms. Workshop with DHSC planned for mid May where we expect further information on proposed workplans from the department.	Low

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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"> Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. Supporting governance including the Strategic EDI Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. Skilled ED&I team provide strategic advice across the GMC. Mandatory training for all staff and associates. Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway. Approach to a regulatory new Equal Opportunities Policy has been reviewed and published in April 2022. Staff learning and training needs is being delivered or is BAU, all suppliers are in place and delivering against requirements. 	UNLIKELY	MAJOR	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. <p>Executive Board</p> <ul style="list-style-type: none"> ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. <p>Programme Board</p> <ul style="list-style-type: none"> Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). Effectiveness of ED&I reporting (2023, green-amber for design, green for effectiveness). Regulatory Fairness Programme Board arrangements and governance (2023, green-amber for design, green-amber for effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions among physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019). Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018). Plymouth University Review of decision-making in the GMC's FTP procedures (2014). 	<ul style="list-style-type: none"> Develop new decision making principles and consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (this is already in progress as part of the regulatory fairness work). Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in directorate action plans by Q2 2024. Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process, and possible real-time interventions required to address risks of unfairness - this exercise has been completed for fitness to practise and has not identified differentials. 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 considered by the Regulatory Fairness board in 2024 following agreement on the final list of decisions in scope of this work - due to be reported to SMT in Q2. Reviewing the impact of launching new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&I SG) throughout 2024 and managing phased introduction of the use of the new template. Regulatory fairness implementation programme considering future assurance measures across specific high impact regulatory decisions. Future assurance measures will form part of directorate action plans and progress reported to council in Q3 2024. 	Low
148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Monitoring and reporting against statutory delivery to Executive Board and Council. Forecasting of operational demand is built into budget planning. Active engagement with doctors about potential situations which may put patients at risk. Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation). Available staff with relevant training and skills. Information exchange with competent authorities informs our processes. Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff. Auditing our decisions on a regular basis. Fourth PLAB 2 circuit opened to help manage demand from International Medical Graduates seeking registration. Digital ID checking in place to verify new registrants' identities accurately and efficiently. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of performance metrics through the quarterly CEO report. <p>Executive Board</p> <ul style="list-style-type: none"> Review of performance metrics through the bi-monthly Performance and Risk Report. Risk deep dive (Nov 2020, Feb 2022, Nov 2022, March 2023, May 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Legal Services (May 2022, green-amber). Clinical Assessment Centre, (2022, green/amber). Post COVID renewal FTP and MPTS (2022, green/amber). MPTS Continuous Improvement and learning (2022, green). Good Medical Practice (2022, green/amber). Safeguarding arrangements (2022, not rated). Registration services (2023, green/amber control design, green/amber control effectiveness). Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness). Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness). FTP triage arrangements (2023, green control design, green control effectiveness). Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. Passed all PSA standards of good medical regulation in 2023. 	<ul style="list-style-type: none"> Legal Services (May 2022, green-amber). Clinical Assessment Centre, (2022, green/amber). Post COVID renewal FTP and MPTS (2022, green/amber). MPTS Continuous Improvement and learning (2022, green). Good Medical Practice (2022, green/amber). Safeguarding arrangements (2022, not rated). Registration services (2023, green/amber control design, green/amber control effectiveness). Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness). Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness). FTP triage arrangements (2023, green control design, green control effectiveness). Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. Passed all PSA standards of good medical regulation in 2023. 	Low
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain: an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. We have processes in place to identify and manage key staff risks. We consider recruitment market surveys and data to identify potential skills shortages. Our Health and safety policies and procedures are robust in regards to our workforce. Clear Financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions. New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively. Routine monitoring and reporting of operational performance and the volume and complexity of our work. Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions. We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation. The Investment Committee oversees the investment portfolio, supported by professional advisers and fund managers. We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels. We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation. We have business continuity champions and robust business continuity plans in place that are tested regularly. We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants Annual training and exercise sessions are delivered for all incident responders. We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities. We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres, backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure. Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular security assessments take place to validate our position. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of annual budget and Annual Accounts. <p>Executive Board</p> <ul style="list-style-type: none"> Executive Board regular review of finance, HR, project and operational performance and risks. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Social engineering: (Nov 2021 green/amber). Recovery and renewal: (Nov 2021 green/amber). Payroll (May 2021, green-amber). Procurement (March 2021, green-amber). Fraud arrangements (March 2021, green). Raising concerns arrangements (March 2021, green). Recruitment (2022, green/amber). ED&I internal target progression (2022, green/amber control design, green/amber control effectiveness). Cyber testing (2023, amber). Values and behaviours (2023, green/amber control design, green/amber control effectiveness). Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness). 	<ul style="list-style-type: none"> Review of relationship health assessments underway for Q1 2024 with external relations team. Results expected by Q2 2024. Planning for the 2024 perceptions survey with audiences and stakeholders is underway, with fieldwork due to commence in early June. 	Medium
150	Ability to work with others 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEORB) Group). 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. Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT. Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement. Relationship stocktakes on annual basis with Chief Executive and directors. Relationship plans with external stakeholders are mapped and refreshed annually. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (including four country update) (June 2023). Seminar: Findings of our interim perception survey (December 2023). Seminar: General election preparations and our strategic engagement approach (April 2024). <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022). <p>SMT</p> <ul style="list-style-type: none"> Paper on General Election considered by SMT in February 2024. 	<p>Internal audit</p> <ul style="list-style-type: none"> Managing UK-wide stakeholder relationships (March 2022, Control design - Green; Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021, Green-amber). <p>Other assurance</p> <ul style="list-style-type: none"> Bi-annual health assessments by our external relations teams of GMC's major relationships, next assessment Q1 2024, results due 3 May 2024. 	<ul style="list-style-type: none"> Review of relationship health assessments underway for Q1 2024 with external relations team. Results expected by Q2 2024. Planning for the 2024 perceptions survey with audiences and stakeholders is underway, with fieldwork due to commence in early June. 	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Crisis management policies (including crisis communications plan) & procedures; pandemic response plan. Business continuity champions and emergency response plans in place with regular testing. Mandatory e-learning for GMC staff and support from business continuity consultants. Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. 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. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19). Health and Safety (H&S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&S risk. Quality assurance of H&S management system provided through H&S audit process. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Seminar on Business Continuity and Disaster Recovery - November 2023. <p>Executive Board (June 2021)</p> <ul style="list-style-type: none"> Unplanned Event Deep Dive - June 2021. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Cyber security (July 2021, green-amber). Cyber security (2023, amber). 	<ul style="list-style-type: none"> Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. Be prepared to continue to escalate concerns to senior DHSC officials as appropriate. First BDO spot check of 2024 beginning in May. 	Medium
200	Regulatory Reform 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. Stakeholder influencing plan developed to ensure we secure external support for changes. Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation. Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required. Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Provided an update on progress and programme timelines, an overview of our initial feedback on draft AAPAO Order and plans for responding to DHSC's consultation when this goes live - 3 Nov 2022. Provided an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response - 14 Dec 2022. Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 1 Mar 2023. Council meeting to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council - 27 April 2023. 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 delivered on FRP, Revision and Appeals - November 2023. Extraordinary Council meeting on 13 March 2024 to present the consultation package on rules, standards and principles for fitness to practise guidance. <p>SMT</p> <ul style="list-style-type: none"> 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. Ongoing monthly updates as required by programme. 	<p>Internal Audit</p> <ul style="list-style-type: none"> BDO spot checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2023 and Sep 2023. 	<ul style="list-style-type: none"> Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. Be prepared to continue to escalate concerns to senior DHSC officials as appropriate. First BDO spot check of 2024 beginning in May. 	Medium

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151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, profession and political confidence in our role.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Proactive, senior-level engagement with stakeholders to understand their agendas. Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems. Contribution to government and system initiatives across four nations. Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). Contributing to meetings and networks across the UK and Europe. Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings). Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council:</p> <ul style="list-style-type: none"> Annual update on communications and engagement (incorporating extensive four country update) (April 2022). Seminar: Findings of our 2022 perceptions survey (December 2022). Seminar: Findings of our interim perception survey (December 2023). Seminar: General election preparations and our strategic engagement approach (April 2024). <p>Audit and Risk Committee:</p> <ul style="list-style-type: none"> Seminar: building the trust and confidence of our audiences and stakeholders (January 2022). <p>SMT:</p> <ul style="list-style-type: none"> Discussion about health service winter pressures and GMC response (January 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber). IA horizon scanning rated green for both control design and control effectiveness. 	<ul style="list-style-type: none"> Detailed planning is underway for a campaign to improve perception of FIP following the results of the interim perceptions survey (2023). Update to be provided to Council as part of SC&E's annual update to Council in mid-2024. 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 April 2024. Internal audit: review of Outreach underway in 2024. 	Low
234	ED&I Strategic Ambition 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY	MODERATE	CRITICAL	<ul style="list-style-type: none"> Clear timebound targets to focus system-wide efforts. Nominated Executive leads for each of our strategic commitments. Skilled and resourced teams designing interventions to deliver against the targets. Established plans of action to deliver against the targets both internally and externally. Annual and bi-annual progress reporting. Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. Supporting and aligned commitments of others (ie reducing differentials in disciplinary processes). Research and data assets including our surveys and insights to highlight relevant issues and support calls for action. Annual reports published 2022 and June 2023. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Regular agenda item on ED&I and ED&I annual progress update reported to council in April and published. <p>Executive Board</p> <ul style="list-style-type: none"> Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. 	<p>Internal Audit</p> <ul style="list-style-type: none"> ED&I internal facing targets reporting (2023, green control design, green/amber control effectiveness). ED&I external facing targets reporting (2023, green/amber control design, green control effectiveness). Regulatory Fairness governance arrangements, (2023, green control design, green/amber control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). 	<ul style="list-style-type: none"> 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&I annual progress update (already published) contained some intersectional information and some evidence on the wider work we are doing for other protected groups. We will build on this in the ED&I annual report for 2024 (reporting to council in April 2024) and also through the regulatory fairness work. Within the scope of the regulatory fairness work, we will be considering developing inclusive assurance measures at High Impact Regulatory Decision points, workshops have now been completed and we are in the process of consolidating the findings. We have finalised a list of decision points that will be subject to SMT approval in May 2024, alongside the decision making principles. Next steps are to complete consolidation of the existing and potential assurance measures, finalise implementation plan framework for directorates, implementation toolkit also to be completed by the end of Q2. Workstreams from Dec 2023 audit recommendations continue to report to Council and the ED&I Steering Group is now BAU and reports are planned for all workstreams in 2024. The ED&I annual report is in draft form for presentation to SMT in June and Council in July. 	Medium
309	Safeguarding at the GMC 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having insufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness; and insufficient collation of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we have contact. We must be 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"> Safeguarding Working Group in place since 2019 chaired by Director of Resources. Action plan in place - Project team assembled to take forward recommendations Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff. A new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager. Comms strategy in place Pilot completed - 90 referrals made to the safeguarding manager. Analysis has taken place on results along with capacity modelling for gateway. Gateway and SMT approved our bid for additional resources which includes one permanent Safeguarding Officer and the extension to the secondment of the Safeguarding Project Manager to Dec 2024. Safeguarding Policy was approved at Exec Board on 30th May 2023. A phased program of training has commenced starting with Resources Directorate. Information on our policy and processes is available for colleagues on our Intranet via a new Safeguarding Hub which helps to raise awareness and knowledge about safeguarding and roles and responsibilities. The risk will remain significant until the policy, process and training has been implemented across all directorates. Guidance documents for staff and the DSM have been drafted, digital training materials went live in July 2023. Digital training has been rolled out in Resources, Corporate and FTP Directorates, a two day training for colleagues in these directorates who deal with safeguarding on a regular basis is taking place. Training delivered to SMT in February 2024 following work with Safeguarding Alliance to develop training content. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Presentation given to SMT and Council (Feb 2022) on direction of project. Policy and release plan signed off by Exec Board in May 2023. Safeguarding annual report for 2023 was presented to Exec Board in March 2024 and will be presented to ARC in May and Council in July. 	<p>Internal Audit</p> <ul style="list-style-type: none"> BDO audit - Safeguarding Learning Review (November 2022, Green with advisory recommendations). <p>Other assurances</p> <ul style="list-style-type: none"> Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend action plan. 	<ul style="list-style-type: none"> BDO audit to take place Q2 2024. Training for colleagues in MPTS and Resources will commence in Q2 2024 in line with our release plan. 	Low
303	Welsh Language Standards Implementation 03/10/2022	Legal	Since 6 December 2023 the GMC has been subject to the Welsh Language Standards (No.8) Regulations 2022 set by the Welsh Language Commissioner. As we embed the standards into BAU, it is important for all directorates to continue to engage with the standards, ensuring guidance is implemented, and monitor ongoing compliance, else we risk legal, reputational and financial damage.	Paul Reynolds	QUITE LIKELY	MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Senior Sponsor in place. Senior Project Manager appointed (from 24 October 2022 until June 2024). Welsh Language Standards Manager (WLSM) appointed from 31 October 2023 until 31 October 2024 with possible extension. Maintain, quality assure and continuously improve internal and external compliance guidance. WLSM to manage relationships with external stakeholders - Ateb, Cymen, Welsh Language Commissioner and Joint Regulatory Forum. WLSM and SPM to manage complaints, including liaising with Welsh Language Commissioner in the case of investigations, and any required actions resulting from investigations. WLSM and SPM to handle internal questions and queries regarding compliance via dedicated WLS inbox. WLSM to advise on Equality Screening Assessments (EQSAs) and Equality Impact Assessments (EQIAs) for projects and policies. Regular Joint Regulatory Forum meetings in place to align and share information with other healthcare regulators. Embedding organisational culture that welcomes and understands the Welsh language (internal comms, Brown Bag Lunches, potential Welsh Language Forum etc). 	UNLIKELY	MODERATE	Low	<p>Executive Board</p> <ul style="list-style-type: none"> Risk 'deep dive' (July 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Preparation for implementation (2023, green/amber control design, green/amber effectiveness). Compliance readiness review (2024, green/amber). 	<ul style="list-style-type: none"> Compliance readiness review took place in February 2024. The final report was received at the end of February and the project was awarded a Green/Amber rating. The report will be shared with the WLS Project Board to approve the proposed recommendations. A plan to transition the project work into BAU is in progress and will be shared with the Project Board and SMT in May 2024. The plan includes details for a Welsh Language Standards Steering group (Grŵp Llywio Safonau'r Gymraeg) which will be the governance group post project close. The group will include representation from across the organisation and will be chaired by the SMT Sponsor for Welsh Language, Director of SC&E. 	Low
27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	GOLD	<ul style="list-style-type: none"> Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and 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. Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic. Provide data to support the development of policy and process plans for MAPs and regulatory reform. 	HIGHLY LIKELY	MAJOR	GOLD	<p>Executive Board</p> <ul style="list-style-type: none"> Risk 'deep dive' (July 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber). <p>Other assurances</p> <ul style="list-style-type: none"> A range of perception surveys with stakeholders undertaken each year. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. Development of a new platform for our data that will allow more interactivity and self-service. As well as developing a GMC data hub bringing together all our data into a single entry point on the GMC web site, with further development through 2024. Developing data, research and insight capacity in relation to AAs and PAs. 	High
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence and make us a better regulator.	Paul Reynolds	QUITE LIKELY	MODERATE	SILVER	<ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation. Strategic ambition to improve patient and public involvement and long-term outcomes agreed. Clear information easily accessible for patients and public about how we work and can support them (such as on our website). Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the commissioning of independent research, supported by information and guidance for policy and operational teams to aid their work in this area. Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). Regular engagement with patient leaders in all four countries of the UK (by our senior leadership team as well as our bi-annual roundtable, UKAF meetings in the devolved nations and other activities). Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. Insights and perspectives from patients regularly shared with the organisation to inform its work. 	QUITE LIKELY	MODERATE	SILVER	<p>Council</p> <ul style="list-style-type: none"> Update on patient and public involvement (November 2023). Update on communications and engagement (June 2023). Update on patient and public involvement (November 2022). <p>SMT/Executive Board</p> <ul style="list-style-type: none"> Deep dive/ December 2023). <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Update on how we involve patients and the public in our work (March 2023). Review of arrangements for patient and public engagement (November 2022). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Review of arrangements for patient and public engagement (November 2022, Control design: Amber; Control effectiveness: Amber). <p>Other assurances</p> <ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Results from 2023 survey shared with Council in November 2023. Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community. 	<ul style="list-style-type: none"> Following Council update in November 2023, we are exploring levels of public confidence in other regulators and national bodies. This will help us understand whether the public's confidence in the GMC is relatively positive. Our next roundtable with patient bodies is scheduled to take place on 7 November 2024. Agenda items TBC closer to the time. Our regulatory reform programme is out to tender for a provider that can facilitate our engagement with patients and our other audiences in the development of our policies, processes and communications. This will include the establishment of an audience panel and independent research that will support our public consultation in 2024. Our Contact Centre is in the process of procuring new technology that will enable it to seek feedback from all users of its services (including patients and the public) from the end of 2024 onwards. 	Medium

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
59	Corporate Social Responsibility 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"> Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year. We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable healthcare'. 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. External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors. CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU. Sustainability Working Group, sponsored by Director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity. 	QUITE LIKELY	MODERATE	GOLD	Council <ul style="list-style-type: none"> Annual update on progress for Council given in March 2023. SMT <ul style="list-style-type: none"> Opportunity deep dive complete in February 2024. 	Internal Audit <ul style="list-style-type: none"> Review of ESG, (March 2022, amber). 	<ul style="list-style-type: none"> CSR Community of Interest created in August 2023 to maintain oversight of CSR activity across GMC. Work is ongoing to help identify further opportunities, risks and dependencies. 	High

Trustees' Annual report and accounts

**Paper withheld from
publication**

This paper is being withheld from publication.

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

Fitness to Practise Annual Statistics Report

Action	To approve
Purpose	This paper sets out the key statistics on Fitness to Practise activity in 2023 and approval is sought prior to submission to the Privy Council.
Decision Trail	Noted at the Executive Board on 29 April 2024
Recommendation	Council is asked to approve the Fitness to Practise Annual Statistics Report 2023.
Annexes	Annex A: Fitness to Practise Annual Statistics
Author contacts	Joanna Farrell , Assistant Director of Investigations Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Anthony Omo , Director of Fitness to Practise and General Counsel

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Fitness to Practise Annual Statistics Report

Background

- 1** The GMC has a statutory obligation to produce annual statistics about fitness to practise activity (under Section 52 of the Medical Act 1983 as amended).
- 2** At Annex A we present data on the volumes and outcomes at each stage of our fitness to practise process in 2023. This includes an explanation of the terms used in the Report and of the key stages of our process.
- 3** Subject to Council's approval, the Fitness to Practise Annual Statistics Report 2023 will be submitted to the Privy Council to be laid before the Houses of Parliament alongside the Trustees' Annual Report and Accounts 2023 before the summer recess.
- 4** It is of note that in 2023 there was a 13% increase in the number of triage decisions made. This increase was driven by a 19% increase in complaints from members of the public and is continuing in 2024. We understand that other healthcare regulators are seeing similar increases.
- 5** The Data, Research and Insight Team have looked at the data in detail and our data does not identify any single factor that is driving this increase. The three most common allegation types are substandard treatment, suitable action not taken and system concerns. In 2023 there was a 15% increase in these types of concerns and these represent 18% of allegations received.
- 6** The increase in the number of complaints has largely been in complaints not meeting our threshold for investigation and so has not led to an increase in the number of investigations or referrals to tribunal.
- 7** This is the second year we have produced data showing the three main stages of the FtP process split by protected characteristics compared to the count of doctors on the register in 2023. Whilst there are changes in some categories compared with 2022, the numbers are too small to draw any meaningful conclusions.
- 8** Work is ongoing to develop our understanding of doctors who go through our processes and we aim to increase the amount of information we can make available in the future.
- 9** We will publish this report after it has been laid before parliament, the timing of how we promote the report may be impacted by the general election. In previous years the report has not generated a significant amount of interest. As part of our work to build trust and confidence in FtP decision making we will be using the data in the report to proactively talk about the work we do in FtP. We recognise that some of the data in relation to outcomes split by demographics may raise some questions. We would manage this by highlighting the work that we have done (which is set out in paragraphs 25 to 32 of the annex) whilst recognising that we aren't able to fully explain every figure and are doing further work to understand our data.

Annex A

Fitness to practise statistics 2023

Introduction

- 1 We investigate concerns raised about the fitness to practise of doctors registered with us. In the most serious cases, we may refer the concern to the Medical Practitioners Tribunal Service (MPTS) for a hearing before a Medical Practitioner Tribunal. This report sets out the annual statistics for each stage of our process between January and December 2023.
- 2 The tables below show activity at each of the different stages of our fitness to practise process in 2023. They do not track a single cohort of complaints through the system, because cases opened in 2023 will not necessarily reach an outcome in the same year.
- 3 This is the second year we have also produced data showing the three main stages of the FtP process split by protected characteristics compared to the count of doctors on the register in 2023.
- 4 More analysis of our fitness to practise data can be found in our report, *The state of medical education and practice in the UK*, to be published later this year.

Data collection

- 5 The 2023 data used in this report were taken from the Siebel case management system on 2 January 2024. The dynamic nature of fitness to practise casework means that there may have been some minor updates to these numbers since the data were extracted.

Enquiries

Table 1a: Enquiries regarding a doctor's fitness to practise in 2019-23

	2019	2020	2021	2022	2023
Doctors on register	311,356	337,717	350,976	357,198	378,054
Total Enquiries	8,654	8,468	9,074	8,893	10,031
From persons acting in a public capacity (PAPC)	765	580	583	490	476
From members of the public	5,945	6,318	6,785	6,643	7,891
From other sources	1,944	1,570	1,706	1,760	1,664

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- 6 We considered 10,031 fitness to practise enquiries in 2023 (*Table 1*), which is an increase of 13% from 2022. This increase is primarily being driven by complaints from the public which have increased 19% in one year. Our preliminary analysis indicates that there is no single factor causing this increase. The tables below do not show a corresponding increase in investigations which indicates that a low proportion of these enquiries are meeting our threshold for investigation.
- 7 The number of referrals from persons acting in a public capacity (PAPC) has decreased by 3% in 2023.
- 8 Enquiries from ‘other sources’ decreased by 5% (from 1,760 to 1,664) in 2023. ‘Other sources’ comprises public organisations, such as other regulators and patient organisations, individual doctors and press cuttings.

Table 2a: Outcome of initial triage decisions in 2019-23

	2019	2020	2021	2022	2023
Investigation	1,389	1,043	925	788	761
Provisional Enquiry	602	415	490	476	490
Refer to Employer/Responsible Officer	365	310	258	300	290
Closed	6,298	6,700	7,401	7,329	8,490
Total	8,654	8,468	9,074	8,893	10,031

Table 2b: Outcome of Provisional Enquiries in 2019-2023 (as of 4 March 2024)

	2019	2020	2021	2022	2023
Investigation	1,549	1,119	1,007	851	814
Refer to Employer/Responsible Officer	365	311	258	300	290
Closed	6,740	7,035	7,801	7,725	8,909
Awaiting outcome of PE	0	0	0	0	18
• Total	8,654	8,468	9,074	8,893*	10,031

* Total includes 17 provisional enquiries that were in progress during collation of the 2022 report, but now closed.
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Table 2c: Outcome of final triage decisions including PE outcomes (as of 4 March 2024)

	2019	2020	2021	2022	2023
Investigation	160	76	82	63	53
Refer to Employer/Responsible Officer	0	1	0	0	0
Closed	442	335	400	396	419
In Progress	0	0	0	0	18
Total	602	415	490	476*	490

- 9 There has been a decrease (3%) in the number of triages promoted to investigation in 2023 (761) at initial triage compared to 2022 (788) (*Table 2a*). The proportion of overall investigations in 2023 (814) (including the number promoted from provisional enquiry) is approximately 4% less than 2022 (851) (*Table 2c*).
- 10 In 2023, the overall number of enquiries closed at triage stage (8,909) increased by 15% compared to 2022 (7,725). The proportion of enquiries closed at triage stage in 2023 is 89% - 2% higher than in 2022.

MPTS Interim Orders Tribunals (IOT)

Table 3: Outcome of interim orders tribunals in 2019-23

	2019	2020	2021	2022	2023
Suspension	52	40	35	34	29
Conditions	225	234	217	184	173
No order made	81	78	56	54	37
Total	358	352	308	272	239

* Total includes 17 provisional enquiries that were in progress during collation of the 2022 report, but now closed.
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11 The total number of interim order tribunals (IOT) (*Table 3*) decreased by 12% to 239 in 2023 from 272 in 2022. The proportion of doctors suspended at IOT in 2023 represents 12% of the total. The number of doctors made subject to conditions decreased by 6% to 173 in 2023 from 184 in 2022. In 2023, no order was made in 37 cases which is a decrease of 31% from 54 in 2022. The proportion of IOTs ending with no order is 15% in 2023 compared to 20% in 2022.

Investigation outcomes

Table 4: Outcome of case examiner (CE) decisions in 2019-23

	2019	2020	2021	2022	2023
Refer to tribunal	347	276	257	289	210 [*]
Undertakings	76	52	67	73	74
Warning	85	59	87	90	90 [†]
Advice	52	38	51	53	39
Conclude	719	641	569	460	429 [‡]
Total	1,279	1,066	1,031	965	842

- 12** The total number of CE decisions (842) (*Table 4*) completed in 2023 decreased by 13% from 965 in 2022.
- 13** The proportion of CE decisions to close complaints or close complaints with advice increased to 56% in 2023 from 53% in 2022. Advice can be given only in cases where the CEs have decided that neither referral to tribunal nor a formal warning are indicated, and the doctor has accepted the facts or admitted the allegation.
- 14** The proportion of CE decisions to issue a warning increased slightly from 9% in 2022 to 11% in 2023. The proportion of CE decisions to agree undertakings increased slightly to 9% in 2023, up from 8% in 2022.
- 15** The proportion of CE decisions to refer to tribunal has decreased from 30% in 2022 to 25% in 2023.
- 16** There were also an additional 21 doctors referred to tribunal in 2023 where there is a criminal conviction and a custodial sentence was imposed (23 in 2022).

^{*}This figure includes six decisions where the doctor refused to accept undertakings. It does not include an additional 21 criminal conviction decisions by the registrar to refer to tribunal or 9 non-compliance decisions where the CE referred to tribunal.

[†] This figure includes nine decisions where the doctor refused to accept the warning and were confirmed by Investigation Committee (IC) or subsequently accepted by the doctor.

[‡] This figure does not include an additional 35 decisions to grant voluntary erasure by case examiners and two further decision by the IC as no further action (NFA) for 2023.

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Investigation Committee (IC)

Table 5: Outcome of Investigation Committee hearings in 2019-23

	2019	2020	2021	2022	2023
Warning	3	3	7	3	3
No Further Action	3	1	0	3	2
Refer to MPT	1	0	0	0	1
Total	7	4	7	6	6

- 17** Investigation Committee hearings are held when the case examiners determine that they wish to conclude the investigation by issuing the doctor with a warning and the doctor requests that the allegation be referred to an oral hearing.
- 18** There were 6 Investigation Committee hearings in 2023 (*Table 5*), the same number that were held in 2022.
- 19** The proportion of cases where the Investigation Committee decided to issue a warning was 50% in 2023, the same as the previous year.

MPTS Medical Practitioner Tribunals (MPT)

Table 6: Outcome of medical practitioner tribunals in 2019–23

	2019	2020	2021	2022	2023
Erasure	55	43	58	68	60
Suspension	120	52	91	101	109
Conditions	14	14	14	18	13
Undertakings	0	0	1	1	0
No Impairment - Warning	17	17	28	21	15
Impairment - No further action	4	0	2	4	2
No Impairment	44	16	71	58	49
Voluntary Erasure	3	2	4	2	2
Total	257	144	269	273	250

- 20** The number of medical practitioner tribunals concluded by the MPTS in 2023 was 250 (*Table 6*) a decrease from 273 in 2022.
- 21** The proportion of doctors removed from the register by either erasure or suspension increased from 62% in 2022 to 68% in 2023.

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Fitness to Practise annual statistics report

- 22 The proportion of tribunals concluded with no finding of impairment (including warnings) decreased from 29% in 2022 to 26% in 2023.

GMC Appeals

- 23 We were given the right to appeal MPTS decisions on 31 December 2015. Previously only the Professional Standards Authority (PSA) had the right to appeal MPTS decisions.

Table 7: Outcome of GMC Appeals

	2019	2020	2021	2022	2023
Successful appeals at Court Hearing	2	3	1	0	1
Unsuccessful appeals at Court hearing	1	1	0	1	0
Cases agreed by consent	0	0	0	9	0
Appeals withdrawn	0	0	0	0	0
Appeals outstanding	4	5	9	0	1
Total	7	9	10	10	2

- 24 The figures above (Table 7) show the number of appeals that have been lodged since 2019. The outcomes of those appeals have been recorded in the year they occurred (not the year the appeal was lodged). In cases where the Court of Appeal has reversed the decision in the High Court, only the final Court of Appeal outcome is recorded. Even, if the Court of Appeal judgement is challenged / appealed.

Characteristics of doctors in our processes 2023

- 25 The data in the below table relates to all triages, cases and tribunals completed in 2022.
- 26 The below table shows the three main stages of the FtP process split by demographics compared to the count of doctors on the register in 2023. This counts decisions at each stage in 2023 – it does not follow a cohort of doctors through the process. Doctors may be counted more than once if their case moves through the stages within the year or if they have more than one case started.
- 27 At triage stage we do not have all the information regarding the individuals complained about. As such the percentage where we do not know the characteristics are higher.
- 28 We are aware that doctors with certain protected characteristics are over represented in our processes. A summary of research and data exploring these issues in more detail is available here: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/medical-practice-statistics-and-reports/fitness-to-practise>.

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Fitness to Practise annual statistics report

- 29** Research and analysis of data shows that the largest predictor of outcome in fitness to practise processes is the source of the information and the allegation type. We receive information from a range of sources for example patients, employers and the Police. Complaints from patients are much more likely to conclude at triage. A much higher proportion of employer referrals result in an investigation (70% versus 5% from the public). Our data shows that black and minority ethnic doctors are more likely than white doctors to be referred by their employer and therefore more likely to be investigated.
- 30** Research we commissioned with employers “Fair to Refer” to understand why this disparity exists and to identify steps that can be taken to reduce it can be found here: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fair-to-refer>. Following the research we addressed the recommendations for us as well as discussing the findings with other bodies. As part of that wider work we have established targets for addressing disproportionality in referrals from employers to the GMC as well as in medical training. For further information about the targets please see: [Our targets to address areas of inequality - GMC \(gmc-uk.org\)](#).
- 31** It is of note that the gap in employer fitness to practise referral rates between licensed ethnic minority doctors and white doctors has fallen from 0.28% (0.30% white, 0.58% ethnic minority), during 2016-2020, to 0.19% (0.22% white, 0.41% ethnic minority) during 2018-2022. The information is correct as of April 2023 and taken from our 2023 [Equality, diversity and inclusion - targets, progress and priorities 2023 \(gmc-uk.org\)](#) report.
- 32** Since it shows only raw aggregated data, the table below should be interpreted cautiously. Any apparent association of FtP incidence and progression to protected characteristics, may well not be about the protected characteristic itself. Instead, may be due to another factor that needs to be accounted for statistically before drawing reliable conclusions.*
- 33** We know that these issues are complex and, regardless of ethnicity, there are several other factors that increase the risk of complaints and referrals including gender, age and specialty.

* An example of this is in a study we recently published in a peer-reviewed journal (<https://pubmed.ncbi.nlm.nih.gov/31771585/>). In it, summary data akin to the table below, suggested that being older or having graduated outside of the UK related to receiving more serious outcomes at the MPTS. However, we showed that this was instead due to older doctors and non-UK graduates attending their MPTS hearings less often than younger or UK-graduated ones. Therefore, indicating that seriousness of MPTS outcomes related to attendance, and not to age or place of qualification. This study also demonstrated that MPTS outcomes were unrelated to the gender or ethnicity of the doctor heard.

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Fitness to Practise annual statistics report

2023 Decisions at each FTP stage split by protected characteristic

Demographics	Demographics details	% on the register (# on the register)	% Triages (# Triages)	% CE Outcomes (# CE Outcomes)	**% CE outcomes where the decision was to take action or refer to tribunal (# CE outcomes take action or refer)	% MPTS Outcomes (# MPTS Outcomes)	***% MPTS outcomes of erasure or suspension (# MPTS Outcomes erasure or suspension)
Gender	Man	52.0% (196,775)	48.5% (4,870)	76.5% (644)	76.5%(286)	84.8% (212)	81.7% (138)
	Woman	48.0% (181,279)	22.3% (2,233)	23.5% (198)	23.5%(88)	15.2% (38)	18.3% (31)
	Not known		29.2% (2,928)				
Ethnicity	Asian or Asian British	31.0% (117,037)	22.1% (2,218)	35.6% (300)	32.6% (122)	39.2% (98)	45.0% (76)
	Black or Black British	6.3% (23,939)	3.8% (385)	7.4% (62)	8.6% (32)	8.8% (22)	6.5% (11)
	Mixed	2.6% (9,901)	1.7% (175)	3.0% (25)	2.4% (9)	2.4% (6)	1.8% (3)
	Prefer not to say	2.9% (10,835)	1.7% (173)	2.6% (22)	1.1% (4)	3.6% (9)	3.6% (6)
	Other Ethnic Groups	5.9% (22,244)	2.8% (283)	7.8% (66)	8.3% (31)	7.2% (18)	6.5% (11)
	Not Known	3.3% (12,591)	33.3% (3,336)	4.0% (34)	2.4% (9)	5.2% (13)	5.9% (10)
	White	48.0% (181,507)	34.5% (3,461)	39.5% (333)	44.7% (167)	33.6% (84)	30.8% (52)
Sexual Orientation	Bisexual	0.9% (3,548)	1.5% (13)	1.5% (13)	2.4% (9)	0.8% (2)	1.2% (2)
	Heterosexual/Straight	72.7% (274,853)	70.4% (593)	70.4% (593)	71.1% (266)	66.0% (165)	62.7% (106)
	Lesbian/Gay	1.5% (5,748)	1.3% (11)	1.3% (11)	2.1% (8)	1.2% (3)	1.8% (3)
	Other	0.3% (1,285)	0.5% (4)	0.5% (4)	0.3% (1)	0.4% (1)	0.6% (1)
	Prefer not to say	9.8% (37,194)	9.0% (76)	9.0% (76)	7.8% (29)	11.2% (28)	12.4% (21)
	Not Known	14.7% (55,426)	17.2% (145)	17.2% (145)	16.3% (61)	20.4% (51)	21.3% (36)

Agenda item M5

Fitness to Practise annual statistics report

Demographics	Demographics details	% on the register (# on the register)	% Triage (# Triage)	% CE Outcomes (# CE Outcomes)	**% CE outcomes where the decision was to take action or refer to tribunal (# CE outcomes take action or refer)	% MPTS Outcomes (# MPTS Outcomes)	***% MPTS outcomes of erasure or suspension (# MPTS Outcomes erasure or suspension)
Religion	Buddhist	2.1% (7,778)	0.7% (68)	1.3% (11)	1.3% (5)	1.6% (4)	1.2% (2)
	Christian (all together)	26.6% (100,561)	17.4% (1,748)	24.3% (205)	30.7% (115)	21.6% (54)	17.8% (30)
	Hindu	8.5% (32,252)	6.8% (681)	10.9% (92)	11.2% (42)	8.0% (20)	7.7% (13)
	Jewish	0.7% (2,486)	0.8% (83)	0.6% (5)	0.3% (1)	0.8% (2)	0.6% (1)
	Muslim	16.2% (61,425)	8.5% (857)	18.1% (152)	15.8% (59)	23.2% (58)	25.4% (43)
	No religion	21.5% (81,434)	13.4% (1,346)	17.1% (144)	16.6% (62)	12.8% (32)	13.6% (23)
	Other	0.9% (3,439)	0.6% (62)	1.7% (14)	0.8% (3)	1.2% (3)	1.2% (2)
	Prefer not to say	8.0% (30,158)	5.7% (572)	7.7% (65)	5.6% (21)	9.2% (23)	9.5% (16)
	Sikh	0.8% (3,098)	0.5% (50)	1.1% (9)	1.3% (5)	1.2% (3)	1.8% (3)
	Not Known	14.7% (55,423)	45.5% (4,564)	17.2% (145)	16.3% (61)	20.4% (51)	21.3% (36)
Disability recorded?	N	95.1% (359,579)	67.4% (6,762)	90.9% (765)	87.4% (327)	91.6% (229)	92.9% (157)
	Y	4.9% (18,475)	3.4% (341)	9.1% (77)	12.6% (47)	8.4% (21)	7.1% (12)
	Not Known		29.2% (2,928)				

* Sometimes there isn't enough information at the triage stage to identify the doctor or the issues can't be identified; **Not known** gender relates to these unknown doctor triages.

** % CE outcomes where the decision was to take action or refer to tribunal include Warnings, Undertakings and refer to Tribunal outcomes only.

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Fitness to Practise annual statistics report

*** % MPTS outcomes which resulted in doctor's erasure or suspension from the medical register.

The way disability is recorded means we cannot differentiate between those who tick 'No disability' and those who have not provided any information ('not known'). We assume the rates of 'not known' would be similar to Religion and Sexual Orientation (26% for CE/MPTS decisions) as all three started being collected at the same time (2016).

Further information about the characteristics of doctors in our FtP processes can be found in our [State of Medical Education and Practise Report \(SOMEPE\) data tables](#).

Terms and key stages of our process

Enquiry:

information received from a single source that may raise concerns about the fitness to practise of a doctor.

Triage:

initial assessment of an enquiry to decide if it raises a concern about the doctor's fitness to practise, which we aim to complete within one week. If the information could never raise such a concern, we close the enquiry.

Provisional Enquiry:

A provisional enquiry is a limited, initial enquiry at the outset of the fitness to practise process which helps us to decide whether to open an investigation. Provisional enquiries help us to quickly assess risk and to avoid unnecessary investigation.

Case examiners:

two senior GMC staff (one medical and one non-medical) review each case at the end of our investigation into the allegations against a doctor. They can:

- close the case with no further action
- close the case with advice given to the doctor
- issue a warning to the doctor
- agree undertakings with the doctor
- refer the case to a medical practitioner tribunal.

Assistant registrars:

GMC staff who can refer a case to a medical practitioner tribunal if the doctor:

- has been convicted of a serious offence
- refuses to agree to undertakings
- fails to comply with a request for a performance or health assessment.

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Fitness to Practise annual statistics report

Investigation Committee:

a group, independent of the GMC, which hears cases where a doctor wishes to challenge whether he or she should be issued with a warning.

Interim orders tribunal:

an MPTS interim hearing that can suspend or restrict a doctor's practice while an investigation about them is underway. We can refer the doctor to this tribunal at any stage in an investigation.

Medical practitioners' tribunal:

an MPTS final hearing that hears the cases against doctors, decides whether the facts are proven and, if so, whether the doctor's fitness to practise is impaired, and decides what, if any, sanctions are appropriate. The tribunal can:

- erase the doctor from the medical register
- suspend the doctor from the medical register
- put conditions on the doctor's registration
- agree undertakings with the doctor
- give a warning to the doctor
- decide to take no further action.

Agenda item:	M6
Report title:	Report of the MPTS Committee to GMC Council
Report by:	Her Honour Deborah Taylor, Chair of the MPTS, MPTSChair@mpts-uk.org
Considered by:	MPTS Committee, GMC/MPTS Liaison Group
Action:	To consider

Executive summary

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

Key points to note:

- In late 2023 we returned to pre-pandemic levels of hearing and staffing
- At the beginning of April 2024 our live hearing workload was 205, this represents a 22% decrease compared to this point in 2023
- We are developing new operational processes for the implementation of the *Anaesthesia Associates and Physican Associates Order 2024*
- We will be running an appointment campaign for legally qualified chairs and medical tribunal members later in the year

Recommendation

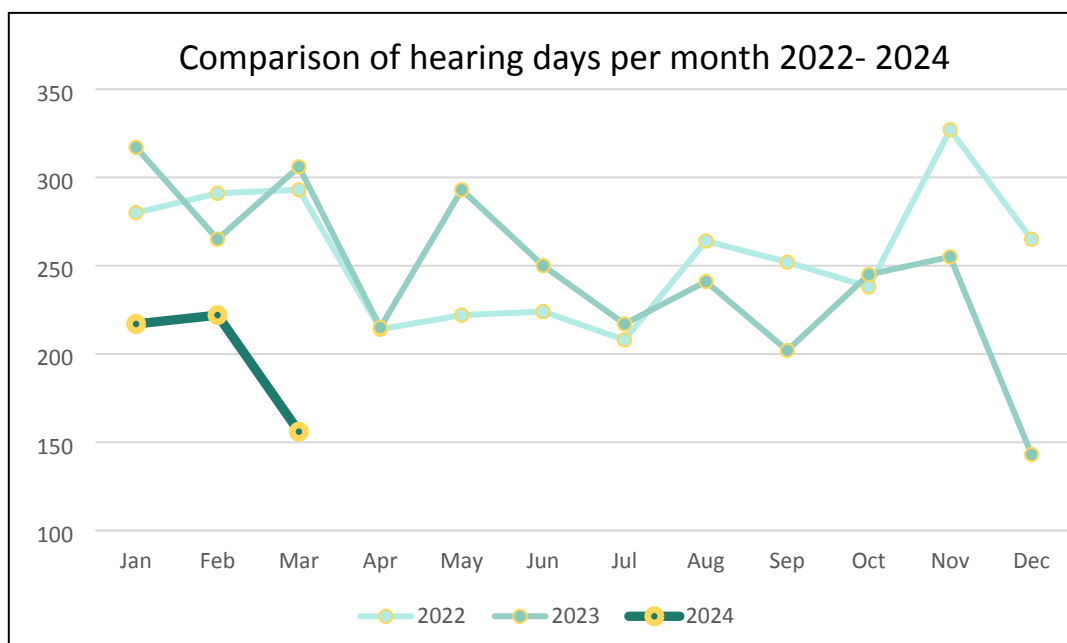
Council is asked to consider the report of the MPTS Committee.

Governance

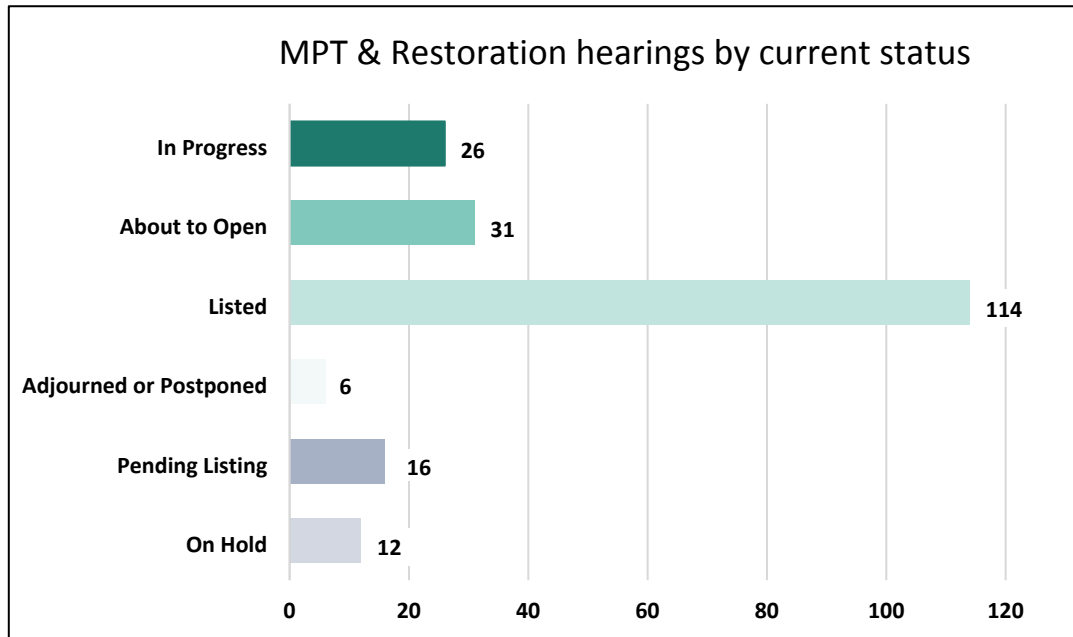
1. The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament. This paper is the MPTS Committee’s first report of 2024.
2. The MPTS Committee met in Manchester on 14 February 2024 when it received updates on our performance, appeals, quality assurance and adjournments.
3. The Committee also met on 8 May 2024, when it reviewed this report, along with the 2023 Report to Parliament and learning points from appeals and the interim order tribunals listings project.
4. Joy Hamilton reached the end of her term as the lay tribunal member of the MPTS Committee. Council has approved the appointment of Barbara Larkin as Joy’s replacement.
5. The MPTS annual report will be laid before the UK Parliament later this year. A copy of the text is attached (annex B) for Council’s information.

Operational update

6. All MPTS users are benefitting from our work in recent years to clear the hearing days that were lost because of the COVID-19 pandemic.
7. In late 2023, we returned to pre-pandemic levels of hearing and staffing. All new referrals from the GMC are being listed within our 9-month service target.
8. The MPTS budget for 2024 represents around a £1.2m reduction against our spending in 2023.



9. The chart above shows the number of hearing days we have held so far in 2024, compared to recent years.
10. In the first quarter of 2024 we held 595 hearing days against our budget of 594. March 2024 included the Easter holidays, which in the previous two years has fallen in April.
11. The following chart shows that at the beginning of April 2024 the MPTS’s total live hearing workload was 205. This represents a 22% decrease in our live hearing workload when compared to this point in 2023.



12. Our GMC Facilities colleagues signed a new lease on our Manchester hearing centre at the end of 2023. As part of the agreement, our landlord is now undertaking work to provide us with nine refurbished hearing rooms by the start of 2025.
13. We are reducing the hearing rooms we have available from fifteen to nine, as many of our hearings are now held virtually.
14. Colleagues from all sections of the MPTS are working with GMC colleagues to develop new operational processes for the implementation of the *Anaesthesia Associates and Physician Associates Order 2024* at the end of this year.
15. From the end of 2024, the MPTS will be able to run hearings for Anaesthesia Associates (AAs) and Physician Associates (PAs).

Tribunal members

16. At the end of 2023 we had a tribunal member pool of 342: 141 medical members and 201 lay members, including Legally Qualified Chairs.
17. We will be running an appointment campaign for legally qualified chairs and medical tribunal members later in the year.
18. We updated tribunal members on the updated version of *Good Medical Practice*, which came into effect on 30 January and the updated *Sanctions guidance* which came into effect for hearings starting on 5 February.

Hearing outcomes

19. Medical Practitioners Tribunals (MPT) made decisions in 250 new cases in 2023, which is a return to pre-pandemic hearing levels.
20. In the same period, Interim Order Tribunals (IOT) made decisions in 239 new cases.
21. Details of these outcomes, compared to the last two calendar years are included at Annex A.
22. More detail is included within our Report to Parliament, the text of which is included at Annex B.

Hearing outcomes 2021 to 2023

Concluded hearings

New IOT hearing outcomes	2021		2022		2023	
	Cases	%	Cases	%	Cases	%
Suspension	35	11.4%	34	12.5%	29	12.1%
Conditions	217	70.5%	184	67.6%	173	72.4%
No order	56	18.2%	54	19.9%	37	15.5%
Total	308	100%	272	100%	239	100%

New MPT hearing outcomes	2021		2022		2023	
	Cases	%	Cases	%	Cases	%
Impaired: Erasure	58	21.6%	68	24.9%	60	24.0%
Impaired: Suspension	91	33.8%	101	37.0%	109	43.6%
Impaired: Conditions	14	5.2%	18	6.6%	13	5.2%
Impaired: No action	2	0.7%	4	1.5%	2	0.8%
Not impaired: Warning	28	10.4%	21	7.7%	15	6.0%
Not impaired	71	26.4%	58	21.2%	49	19.6%
Voluntary erasure	4	1.5%	2	0.7%	2	0.8%
Undertakings	1	0.4%	1	0.4%	0	0.0%
Total	269	100%	273	100%	250	100%

Non-compliance outcomes	2021	2022	2023
Suspension	8	3	8
Conditions	1	1	1
Non-compliance not found	0	0	1
Total	9	4	10

Restoration outcomes	2021	2022	2023
Application granted	6	6	3
Application refused	15	17	12
Total	21	23	15

Review hearings concluded

Review hearing types	2021	2022	2023
Medical practitioners tribunal review hearings	96	94	103
Medical practitioners tribunal reviews on the papers	14	16	23
Non-compliance review hearings	8	13	13
Non-compliance reviews on the papers	1	0	0
Interim orders tribunal review hearings	422	397	587
Interim orders tribunal reviews on the papers	762	819	681

Total hearings concluded

All hearings concluded	2021	2022	2023
Total	1910	1911	1407

MPTS Annual Report 2023

**Paper withheld from
publication**

This paper is being withheld from publication until further notice.

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

Freedom to Speak Up Annual Report 2023

Action	To note
Purpose	To update Audit and Risk Committee on the work of the Freedom to Speak Up (FtSU) Guardian and champions in 2023
Decision Trail	The Audit and Risk Committee receive regular updates on FtSU This report was considered by the Audit and Risk Committee at its meeting on 23 May 2024
Recommendation	To note the report
Annexes	Annex A: Freedom to Speak Up Annual Report 2023
Author contacts	Jane Durkin , Assistant Director, Corporate Social Responsibility Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director	Neil Roberts , Director Resources

Agenda item M7

Freedom to Speak Up Annual Report 2023

Background

- 1** The GMC Freedom to Speak Up (FtSU) initiative has been in place for five years. It provides a safe way for colleagues to raise any concern they may have about our working environment. This includes the behaviours of colleagues who may fall below our expectations of professional behaviours in the workplace.
- 2** FtSU is not the only route for raising concerns. Our Raising Concerns policy outlines a range of options from talking to line managers, senior managers, People Team colleagues. It also includes details of independent advice from Protect and the Human Rights Commission Advisory and Support Service.
- 3** This report provides data and commentary on the concerns raised to our FtSU Guardian and champions in 2023. It also considers data from grievance and misconduct cases, Exit Surveys from colleagues leaving the organisation and the annual People Survey to inform a more comprehensive understanding of concerns.

The Guardian's report 2023

- 4** In 2023 77 concerns were raised through FtSU, 19 to the champions and 59 to the Guardians. This is a significant decrease from 2022 and viewed in isolation might be considered a positive indicator. Unfortunately, in the same period the People Survey reported a 5% drop in positive responses (Agree & Strongly Agree) in answer to the question *"I am confident that I can raise an issue with the organisation without it being held against me"*.
- 5** There was a change in trends this year when 'Content, fairness (inc pay) of GMC policies' became the top category for the first time. In 2023 these concerns include eight about pay and the GMC pay scheme. Inappropriate/unprofessional behaviour has been the top category for the previous four years but this year attracted the second highest proportion of concerns this year generating just over 1 in 3 of matters raised.
- 6** Whilst categories of concerns in disciplinary procedures and FtSU don't match precisely, there appears to be a similar proportion of FtSU concerns (36%) categorised as unprofessional/inappropriate behaviour and disciplinary investigations into breaches of the Dignity at Work policy (35%).
- 7** Themes of grievance data are different again and harder to triangulate with FtSU data to a high degree of confidence. But from the 2021 – 2023 data, which covers 18 grievances, we see two themes 'Line management approach to team member' and 'Failure to meet Dignity at Work standards' include two thirds of grievances in this period, much greater than the third of concerns raised under the FtSU category of inappropriate/unprofessional behaviour.

Agenda item M7

Freedom to Speak Up Annual Report 2023

- 8 Interestingly, reasons for dissatisfaction on leaving, captured in Exit Surveys, don't appear to correlate with the themes of concerns. They are more personal and focus on individual satisfaction with the job and levels of pay.
- 9 Colleagues completing the People Survey in 2023 were asked the extent to which they agreed with the following statement ***I am confident that I can raise an issue with the organisation without it being held against me.*** In 2022 61% of colleague strongly agreed/agreed with this statement. In 2023 this dropped to 56% with variations across different areas. This is a worrying change and has been a focus for improvement in 2024.
- 10 On a more promising note, the feedback surveys received from colleagues who raised their concern through FtSU showed high levels of confidence and that 94% did not encounter any reprisal as a result of raising a concern.
- 11 Removing barriers to speaking up was a focus this year and the theme for FtSU month in October. The FtSU Guardian and champions attended meetings throughout the year to provide insights into FtSU by sharing data and anonymised case studies. From full Council meeting to the smallest team huddles we were pleased to join colleagues to generate discussion about speaking up and the challenges of holding difficult conversations.
- 12 The report concludes by acknowledging the biggest challenge ahead is to regain confidence in speaking up without fear of reprisal. To the end, this year we'll investigate options for raising concerns anonymously. We know this is complex because it can be difficult to resolve anonymous concerns but we must do all we can to reassure colleagues worried about raising their concerns.
- 13 In support of raising confidence we'll be working to demystify the speaking up process by sharing success stories. We'll be striving to communicate more effectively and we'll work with the MPTS leadership team on their new 'MPTS Freedom to Speak Up Newsletter which launched in January 2024.
- 14 To increase our understanding about reluctance to raise concerns, we'll be using data and analysis from the 2023 People Survey to target engagement with teams where confidence in raising concerns is lower. If we understand better the barriers to raising concerns, we'll be able to target efforts to remove them.
- 15 Our pool of champions will expand as we recruit new volunteers and we'll draw on the excellent training materials and support from the National Guardian's office to make sure they are confident when speaking to colleagues about concerns.
- 16 Finally, we'll begin a project to produce a short, self-directed, online training package with the intention to build understanding and confidence in the integrity of the FtSU process.

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Freedom to Speak Up Annual Report 2023

Next steps

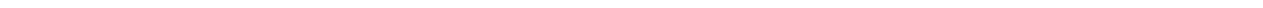
- 16** As in previous years, the Guardian’s report will be emailed directly to all GMC colleagues and shared with the National Guardian’s Office. It will be published on the website through the Council papers.

Freedom to Speak Up Guardian Annual Report 2023



April 2024

General
Medical
Council



Chief Executive foreword

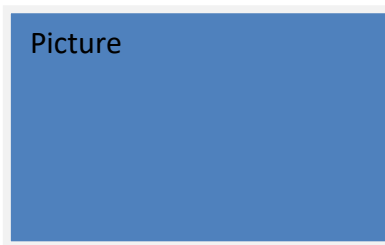
I'm pleased to introduce our Freedom to Speak Up annual report which considers concerns raised in 2023. It's our fifth report and is a welcome opportunity to restate my commitment for the GMC to be an organisation where colleagues understand how to raise any concerns and are confident they can do so without recrimination.

We know that compassionate and inclusive healthcare environments can help support doctors and improve patient safety. That applies equally to our own workplaces and Freedom to Speak Up is an important element in creating this. I was pleased that our Raising Concerns policy was updated in 2023 making clearer the options for colleagues to raise concerns.

There are still significant challenges ahead. This report shows the number of concerns raised with our Guardian and champions dropped in 2023. On its own this might be considered a good outcome but when viewed alongside 2023 People Survey data showing a drop in confidence about raising concerns without recrimination, it's a more worrying picture. The challenge now is to increase confidence and I'm grateful to Jane Durkin, our Guardian and the team of champions who are working on this in 2024.

Finally, it's important for me to record my gratitude to colleagues who have spoken up this year. Sharing their experiences is how we learn and improve. The Professional Behaviours training that launched early in 2024 reflected learning from earlier Freedom to Speak Up discussions. I hope that together we can enhance trust in the GMC as a place where concerns are valued and individuals feel confident to raise them.

Charlie Massey
Chief Executive & Registrar



Guardian introduction

This report reviews concerns raised through Freedom to Speak Up (FtSU) channels throughout 2023. It provides analysis of content, outcomes, trends and looks into some of the stories behind the numbers.

One 2023 headline features the lower number of concerns raised, 77 in 2023 down from 100 in 2022. This might be viewed as a positive statistic but when considered against the 2023 People Survey finding of a 5% reduction in confidence for those considering raising a concern, this is itself a matter of concern.

The report considers data from other sources including the 2023 People Survey, misconduct and grievance investigations and exit surveys. This provides comparative data when looking for common themes and trends.

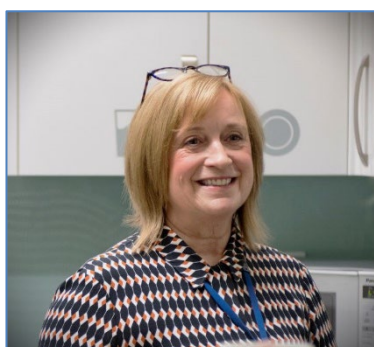
As well as providing insights into what concerns were raised this report seeks to generate discussions about the importance of raising them. It is vital colleagues know there are a range of ways to raise their concerns and the updated Raising Concerns policy, agreed in 2023, describes these. There remains no threshold for concerns that can be brought to a FtSU conversation and this is reflected in the range of matters we've talked to colleagues about this year.

During the period of this report Lindsey Mallors stood down as the GMC's first FtSU Guardian. Lindsey built a speaking up process that ranks alongside the best. She crafted a team of expert FtSU champions whose commitment to their colleagues continued throughout the year. In 2023 we bid farewell to two of those champions as they moved into new roles. Jessie Roff and Tom Jones were central to the work on the revised Raising Concerns policy that was signed off in the autumn and their contribution cannot be underestimated.

The challenge that emerges from the 2023 report, and is the focus for 2024, is the need to increase confidence levels for colleagues who want to raise their concerns. The report concludes with the actions we'll be taking to do this. It's a sizeable challenge for me and the FtSU champions and one we're taking extremely seriously as we head into 2024.

Jane Durkin

Freedom to Speak Up Guardian



FtSU at the GMC

FtSU began as a recommendation from Sir Robert Francis in his 2015 report '[Freedom to speak up](#)'. His review addressed continuing disquiet about the way NHS organisations dealt with concerns raised by staff and the treatment of some of those who had spoken up. There had been exposures of substandard, and sometimes unsafe, patient care and treatment. Common to many of them had been a lack of awareness by leadership of the existence or scale of problems known to those on the frontline. In many cases staff felt unable to speak up or were not listened to when they did.

FtSU was recommended to address these concerns and it quickly became apparent that there were demonstrable improvements far beyond healthcare provision. These included workplace wellbeing improvements, improved staff engagement and healthier workplace cultures.

Since being introduced across the NHS in late 2016 FtSU extended into the private health sector and some regulators and was adopted into the GMC in 2019 when Lindsey Mallors was appointed as our first FtSU Guardian. Since then, over 450 concerns have been raised through the GMC's [FtSU processes](#) and this report focusses on what happened in 2023.

What happened in 2023?

How many concerns were raised and what were they about?

In 2023 77 concerns were raised through FtSU, 19 to the champions and 59 to the Guardians. This is a significant decrease from 2022 and viewed in isolation might be considered a positive indicator. Unfortunately, in the same period the People Survey reported a 5% drop in positive responses (Agree & Strongly Agree) in answer to the question "*I am confident that I can raise an issue with the organisation without it being held against me*". This drop in confidence is worrying and something we'll be endeavouring to reverse.

For the first time we have four anonymous concerns. Diagram 1 shows numbers of concerns raised for each directorate in the GMC. It includes the percentage of total concerns alongside the relative size of each directorate to provide some perspective on these numbers.

Diagram 1 – Concerns raised to FtSU by Directorate (includes staff networks)

Directorate (% of total staff)	2019	2020	2021	2022	2023	Total
Corporate (1.4%)	4	7	2	2	0 (0%)	15
Education & Standards (7.7%)	10	10	11	16	10 (13%)	57
FTP (26.5%)	14	37	27	25	18 (23%)	121
MPTS (6.4%)	2	4	8	12	6 (8%)	32
R&R (23.9%)	5	13	23	17	9 (12%)	67
Resources (19.1%)	6	12	20	15	15 (19%)	68
Strategy & Policy (5.6%)	1	11	4	3	9 (12%)	28
Strategic Comms & Engagement (9.4%)	15	16	12	9	5 (6%)	57
Staff Networks	0	5	0	1	1 (1%)	7
Anonymous	0	0	0	0	4 (5%)	4
Total	57	115	107	100	77	456

When analysing trends we see ‘Content, fairness (inc pay) of GMC policies’ becoming the top category for the first time. In 2023 these concerns include eight about pay and the GMC pay scheme.

Inappropriate/unprofessional behaviour attracted the second highest proportion of concerns this year generating just over 1 in 3 of matters raised.

This year’s miscellaneous category included concerns related to current national and international affairs (e.g. UK inflation, conflict in middle east) similar to the concerns generated by the Black Lives Matter movement in 2020.

Diagram 2 – Themes

Themes	2019	2020	2021	2022	2023
Content, Fairness (inc pay) of GMC policies	19%	11%	39%	28%	40%
Inappropriate/unprofessional behaviour	51%	41%	31%	43%	36%
Miscellaneous/Other	30%	10%	7%	18%	12%
Black Lives Matter movement	0%	10%	0%	0%	0%
Working arrangements	0%	28%	22%	11%	12%
Total	100%	100%	100%	100%	100%

A significant proportion of concerns continue to be about inappropriate and/or unprofessional behaviour. When looking into the detail we see 78% of concerns related to relationships between manager/senior manager and colleague (39% in each category) and this is a significant increase from 2022 when these categories combined totalled 59%. There's a noticeable drop, of 10%, in concerns raised about behaviour between colleagues.

Diagram 3 – Types of inappropriate & unprofessional behaviour

Inappropriate/unprofessional behaviour	2019	2020	2021	2022	2023
Behaviour between colleagues	14%	36%	45%	24%	14%
Behaviour between manager and colleague	28%	17%	12%	27%	39%
Behaviour between senior manager (HoS and above) and colleague	21%	15%	15%	32%	39%
Management behaviours in general (team/section)	17%	26%	0%	0%	4%
Behaviours among team peers	21%	6%	15%	2%	0%
External	0%	0%	12%	15%	4%
Total	100%	100%	100%	100%	100%

Concerns are not always about the behaviours of others. The following case study is an example of a senior colleague using FtSU as an opportunity for a reflective and confidential discussion about their own behaviour.

Case study – a senior manager reflects on their communication style

I contacted our FtSU guardian in 2023 after a team meeting ended badly. I could see that a colleague was visibly distressed after I used the wrong words to respond to something they said. My frustration had got the better of me. I had sufficient trust and faith in our FtSU process that I used it in an unusual way, to get advice on how to fix a situation rather than someone raising an issue that had affected them. A self-referral, if you like.

The Guardian's advice was immensely helpful. She reminded me of the impact and power that a senior leader can have and how the power balance means that my words can have great impact. She guided me on allowing some time for emotions to settle, on the value of reaching out in writing to the colleague concerned to unconditionally apologise for the way I had expressed my frustrations, but to also explain what they were for context.

Lindsey's suggestion of a face-to-face meeting to repair our relationship proved to be very wise. I now feel that this honest conversation with my colleague, made under Lindsey's guidance, has had a lasting and positive impact on my relationship with this valued member of my team.

Many FTSU conversations don't have a neat conclusion, they may continue over a number of months or surface again if a similar problem reoccurs. Whilst data on outcomes in Diagram 4 should be considered in this context, trends are still evident.

The number and proportion of colleagues taking action themselves continued to increase in 2023, from 35% in 2022 to 47% in 2023. Anecdotally we hear colleagues really appreciate the opportunity to talk through their concerns, often allowing them the space to 'sense check' their interpretation of events and to test their ideas for next steps.

Diagram 4 – What happened next?

Escalation of concerns / Sign posted to	2019	2020	2021	2022	2023
No further action	18	20	10	23	12
Took action themselves	1	16	30	35	36
Line Manager or HoS	4	8	12	5	4
AD	0	9	11	9	6
Director	11	7	0	3	3
CEO	1	3	0	0	0
People Team	22	34	32	20	10
ED&I and Comms (re George Floyd 2020)	0	8	1	2	0
Guardian	0	0	5	1	4
Ongoing	0	10	6	2	2
Total	57	115	107	100	77

What does other data tell us?

Disciplinary processes

Concerns at work are also handled through disciplinary and grievance procedures. The majority are raised directly with the People Team but some are initiated after a concern has been raised through FtSU. Disciplinary data is shown on a 3-year rolling basis to prevent potential identification of an individual. The diagrams show outcomes from 35 disciplinary investigations and 26 disciplinary hearings from 2021 - 2023.

Diagram 5 – Disciplinary investigation outcomes 2021 - 2023

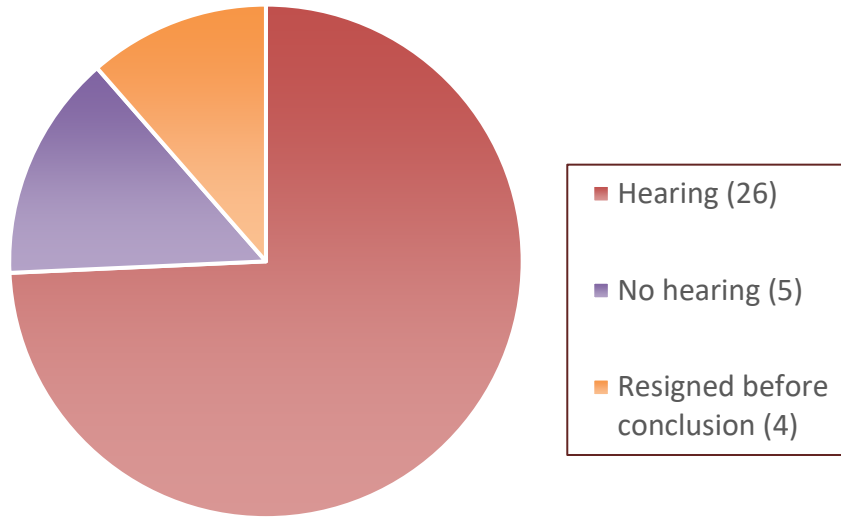
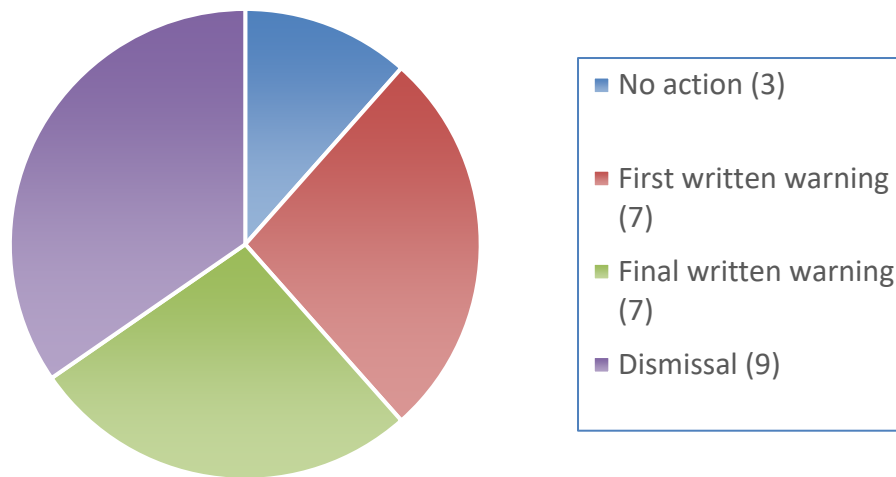


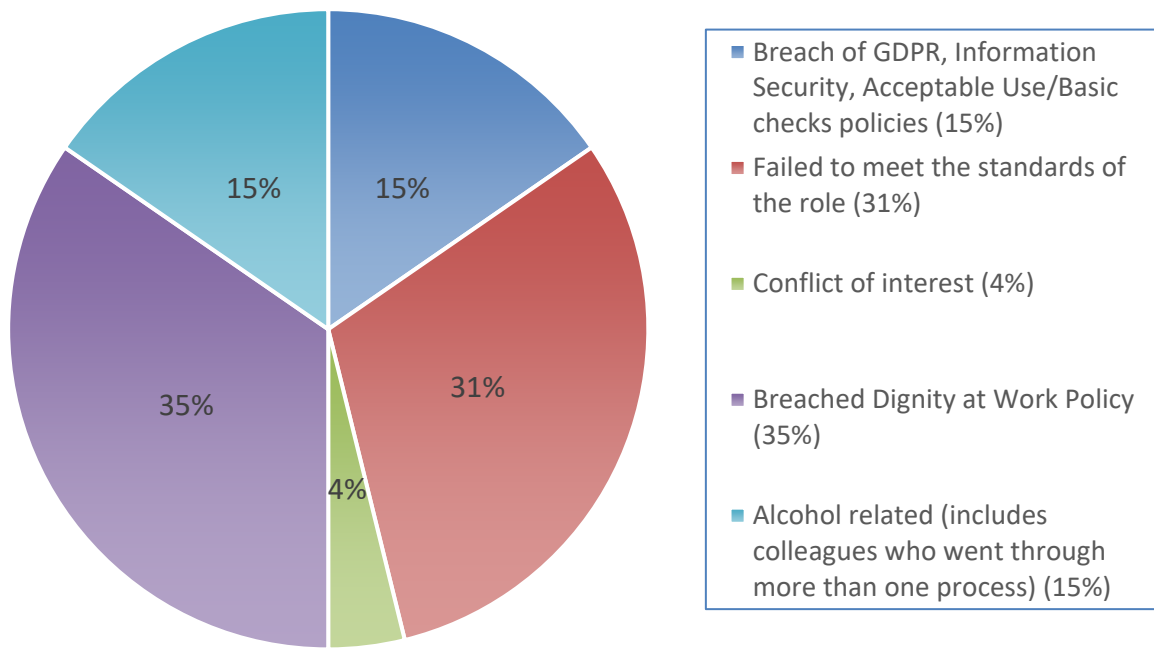
Diagram 6 – Disciplinary hearing outcomes 2021 – 2023



Whilst categories of concerns in disciplinary procedures and FtSU don't match precisely, we have looked at both to see if there is any obvious correlation. Interestingly, there appears to be a

similar proportion of FtSU concerns (36%) categorised as unprofessional/inappropriate behaviour and disciplinary investigations into breaches of the Dignity at Work policy (35%).

Diagram 6 – Disciplinary themes 2021 – 2023

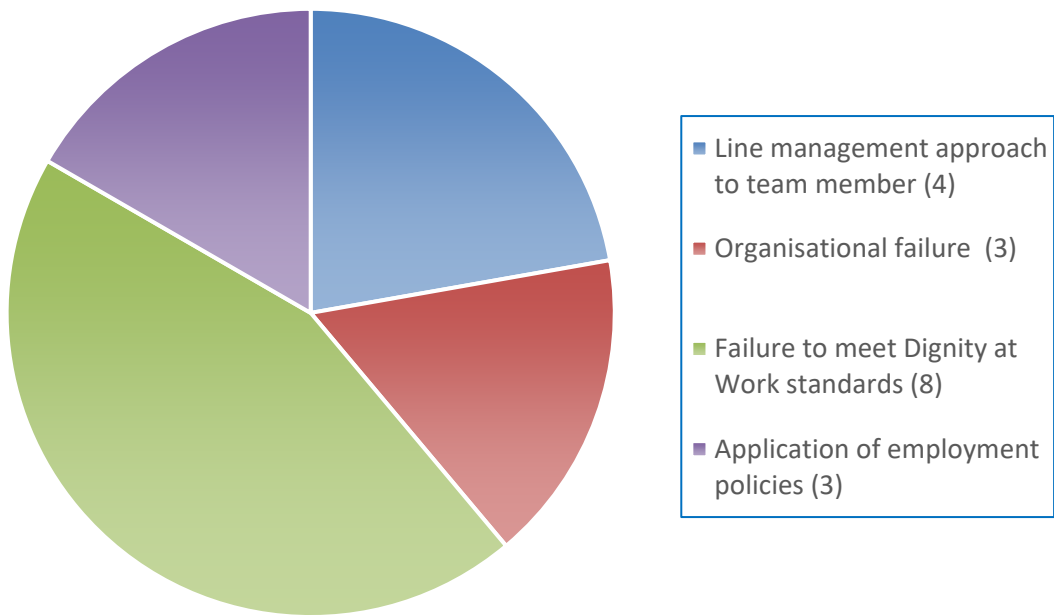


Grievance processes

Colleagues can submit a formal grievance when their concerns are not resolved through informal channels (line manager discussions, signposting to relevant guidance, mediation or FtSU). Colleagues are interviewed and a report produced so evidence can be considered at a hearing.

Grievances are not normally about one specific topic and in cases where unprofessional behaviour is identified, may go automatically into the disciplinary process. Themes of grievance data are different again and so harder to triangulate with FtSU data to a high degree of confidence. But from the 2021 – 2023 data, which covers 18 grievances, we see two themes ‘Line management approach to team member’ and ‘Failure to meet Dignity at Work standards’ include two thirds of grievances in this period, much greater than the third of concerns raised under the FtSU category of inappropriate/unprofessional behaviour.

Diagram 6 – Grievance themes 2021 – 2023



Exit questionnaire insights

Completing an exit questionnaire when leaving isn't compulsory and in 2023 there were 119 leavers. The format of the exit questionnaire changed in 2023 and there isn't a full year's data but there are 19 completed surveys which provide some insights.

The average duration of employment for those completing questionnaire was 3 years 9 months. Interestingly, behaviours aren't in the high scoring reasons for leaving, these focus on individual satisfaction with role and levels of pay. The three highest scoring reasons for dissatisfaction on leaving are outlined in the following table.

Reasons for dissatisfaction on leaving don't appear to correlate with the themes of concerns. One reason could be the shorter length of service of individuals leaving the organisation who may realise their role isn't suitable, for whatever reason, and move on more quickly.

Diagram 7 – Reasons for dissatisfaction when leaving the GMC

Exit Survey statements	Positive	Negative
<i>I was satisfied with the opportunities for my career and personal development</i>	36.8%	63.2%
<i>I was satisfied that my level of pay was suitable for my role</i>	68.4%	31.6%
<i>I enjoyed my job</i>	68.4%	31.63%

People Survey – levels of confidence in raising concerns

Colleagues completing the People Survey in 2023 were asked the extent to which they agreed with the following statement ***I am confident that I can raise an issue with the organisation without it being held against me.***

In 2022 61% of colleague strongly agreed/agreed with this statement. In 2023 this dropped to 56% with variations across different areas. This is a worrying change and has been a focus for improvement in 2024. Increasing confidence is not straightforward and the final section of this report outlines what will be put into place to try and halt this decline, and then reverse it, in 2024.

Case study: Speaking to the FtSU Guardian is sometimes a one-off conversation about a difficult situation

My colleague was struggling with their case work and confided in me about how hard they were finding it. They knew they needed to improve but felt their manager was too harsh, being overly critical and offering no support. My colleague told me this was impacting on their health and they felt really worried. I didn't know what to do to help.

I decided to speak to the Guardian because I was confident our conversation would remain private. Jane listened carefully and we discussed what I could do, without putting unnecessary pressure on myself. I was reassured knowing this discussion was confidential and it helped me decide how to support my colleague. It turned out well, I was able to help my colleague explain their predicament more clearly. As a result they received better support, their performance and productivity improved and they were happier overall. I'd definitely go to the Guardian again if I had any concerns at work.

FtSU satisfaction survey

Following most FtSU conversations we ask colleagues to complete a short questionnaire about their experience. In 2023 there were 13 replies representing a 17% response rate. Headline findings were:

- 54% raised their concern with a FtSU champion; 46% with the FtSU Guardian
- 94% did not encounter any reprisal as a result of raising a concern
- 94% satisfied with support and guidance received from the FtSU champion/Guardian
- 88% found the Raising Concerns Policy helpful when deciding what to do.

Qualitative data in the survey included the following comments:

- *“In an ideal world we wouldn't need to raise concerns however having done so and having had such a positive experience with the FtSU Guardian, I would encourage all colleagues to be confident in raising concerns and would tell them they will be listened to fairly, with kindness and compassion and that the concern will be dealt with in the most appropriate and professional way to address it.”*
- *“You could improve FtSU by raising awareness of the service availability and what the service can provide.”*
- *“I was initially nervous about raising a concern. The FtSU Guardian made time straight away to speak to me. They put me at ease and listened to my concerns, providing reassurance. The Guardian was easy to speak to and friendly yet very professional and explained the steps they thought might be appropriate. After the conversation I felt huge relief and was really glad I had contacted them.”*

As part of our FtSU record keeping we record, if agreed, our colleague's role, grade and directorate. We ask for more detailed personal data in this survey but it isn't compulsory.

The National Guardian's Office are developing a standardised approach to collecting this data in 2025 and our working assumption is that we will adopt this approach at that time.

What action did we take in 2023?

Removing barriers to speaking up was a focus this year and the theme for FtSU month in October. The FtSU Guardian and champions attended meetings throughout the year to provide insights into FtSU by sharing data and anonymised case studies. From full Council meeting to the smallest team huddles we were pleased to join colleagues to generate discussion about speaking up and the challenges of holding difficult conversations. This really struck a chord with colleagues and we'll be exploring this further in 2024.

In October's Speak Up Month 2023 champions hosted drop-in sessions across the GMC offices and we facilitated a well-attended webinar with [Protect's](#) Director of Policy, Andrew Pepper Parsons, delivering an entertaining and informative look at whistleblowing and speaking up.

The [Raising Concerns policy](#) was revised with the intention that it would be easier to follow, have better signposting and remove any misunderstanding about the options colleagues have to raise their concerns.

Champions contributed to the development of new Professional Behaviours training material as it was developed in the latter months of 2023. This picked up many of themes from concerned raised through FtSU



What we'll focus on in 2024

Developing options for raising concerns anonymously

The biggest challenge we face is to regain confidence in speaking up without fear of reprisal. This year we'll investigate options for raising concerns anonymously. We know this is complex because it can be difficult to resolve anonymous concerns. Our hope is that an anonymous option might encourage colleagues worried about raising their concerns to come forward.

Increasing understanding that it's safe to raise concerns

We want to increase confidence in the FtSU by demystifying processes to raise concerns and sharing success stories. We'll be joining team meetings throughout the year to increase understanding about how FtSU works and eradicate any nerves about using it. We'll make sure that our Guardian and champions are visible when in the office by wearing their green FtSU lanyards at all times.

Understanding why colleagues believe it may not be safe to raise concerns

We'll be using data from the 2023 People Survey to target engagement where confidence in raising concerns is lower. We want to better understand the barriers colleagues believe they face so we can work together to remove them.

Improved communications

We will improve our internal communications throughout the year. This will mean better use of internal channels as well as a new quarterly 'Freedom to Speak Up Newsletter' in the MPTS. This will share the latest developments and anonymised case studies that might be of particular interest; and if it is well received, we'll consider rolling it out across the rest of the GMC.

New Champions

We'll be refreshing the pool of FtSU champions. This is an opportunity to reach more of our colleagues through these new recruits. We'll make sure they receive training and a proper induction so colleagues can be confident they are in the hands of an expert.

Improved training materials

We'll begin a project to produce a short, self-directed, online training package with the intention to build understanding and confidence in the integrity of the FtSU process.

People Survey findings

We will be actively promoting work commissioned by Bullying and Harassment workstream, which included our Guardian, established to consider the findings of the 2023 People Survey. This includes the new Inclusion toolkit which is due to be rolled out in autumn 2024. We'll be

contributing to the development of the 2024 People Survey to make sure it's the best opportunity for colleagues to share any concerns as well as their views on the best way to do this.

Working with the National Guardian's Office

We'll work with the National Guardian's Office and associated regional and national groups. This will make sure we remain at the cutting edge of FtSU initiatives, research and analysis.

Data analysis

At the end of the year we'll analyse 2024 data to develop an informed view of what's happened and how we've progressed. This will inform next year's annual report on FtSU at the GMC.

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.

5/6 June 2024 – Manchester		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Our data capabilities 	Shaun Gallagher
Confidential session	<ul style="list-style-type: none"> • External speaker – Kathy McLean 	
	<ul style="list-style-type: none"> • Regulatory Reform & AA/PA update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Communications and engagement update 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the MPTS Committee 	Deborah Taylor
	<ul style="list-style-type: none"> • Trustees’ Annual report and accounts 	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> • Fitness to practise statistics report 	Anthony Omo
	<ul style="list-style-type: none"> • Freedom to Speak Up Guardian annual report 	Neil Roberts
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen

23/24 July 2024 – Manchester		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Post general election reflections 	Paul Reynolds
	<ul style="list-style-type: none"> • Education 	Colin Melville
	<ul style="list-style-type: none"> • Safeguarding training (day 2, after lunch) 	Neil Roberts
Confidential session	<ul style="list-style-type: none"> • Regulatory Reform and AA/PA update 	Shaun Gallagher/Una Lane

Agenda item M9

Council forward work programme

	<ul style="list-style-type: none"> PA/AAs accounting and reporting 	Neil Roberts/Una Lane
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Report of the Audit and Risk committee 	Paul Knight/ Neil Roberts
	<ul style="list-style-type: none"> Safeguarding annual report 	Neil Roberts
	<ul style="list-style-type: none"> Financial update 	Neil Roberts
	<ul style="list-style-type: none"> ED&I annual report 	Shaun Gallagher
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen

5 September 2024 (tbc) – private meeting – Virtual

	Item	Sponsor
	<ul style="list-style-type: none"> TBC 	Carrie MacEwen
	<ul style="list-style-type: none"> SOMEPE webinar 	Shaun Gallagher

1/2 October 2024 – Cardiff

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> Wales focus 	Paul Reynolds
	<ul style="list-style-type: none"> Space for an external speaker 	
Confidential session	<ul style="list-style-type: none"> Report from GMC Services International Ltd 	Paul Reynolds
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Regulatory reform & AA/PA update 	Shaun Gallagher
	<ul style="list-style-type: none"> Readiness to begin regulation of AAs/PAs 	Shaun Gallagher
	<ul style="list-style-type: none"> Process for Approving AA/PA Courses 	Colin Melville
	<ul style="list-style-type: none"> AA/PA fees 	Neil Roberts
	<ul style="list-style-type: none"> Regulatory Reform Consultation update 	Shaun Gallagher
	<ul style="list-style-type: none"> SoMEPE Workforce report – launch & impact (tbc) 	Shaun Gallagher
	<ul style="list-style-type: none"> Regulatory fairness implementation update 	Shaun Gallagher

Agenda item M9

Council forward work programme

	<ul style="list-style-type: none"> • Compliments and Complaints report 	Charlie Massey
	<ul style="list-style-type: none"> • Changing form and content of the Register regulations 	Una Lane
	<ul style="list-style-type: none"> • Strategic Comms & Engagement Impact report 	Paul Reynolds
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> • Council members' register of interest 	Carrie MacEwen

4/5 December 2024 – London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • 2024 perceptions survey 	Paul Reynolds
	<ul style="list-style-type: none"> • Perspectives on Fitness to Practise 	Anthony Omo
	<ul style="list-style-type: none"> • Rule 12 	Paul Reynolds
Confidential session	<ul style="list-style-type: none"> • Space for an external speaker 	
	<ul style="list-style-type: none"> • 2025 Budget and Business Plan 	Neil Roberts
Public session	<ul style="list-style-type: none"> • Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> • 2025 Budget and Business Plan 	Neil Roberts
	<ul style="list-style-type: none"> • Report of the MPTS Committee 2024 	MPTS Chair
	<ul style="list-style-type: none"> • Report of the Audit and Risk Committee 2024 	Paul Knight
	<ul style="list-style-type: none"> • Report of the Remuneration Committee 2024 	Anthony Harnden
	<ul style="list-style-type: none"> • Patient and Public Involvement update 	Paul Reynolds
	<ul style="list-style-type: none"> • Regulatory Reform & AA/PA Update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Compliments and Complaints report (new model full year report) 	Charlie Massey
	<ul style="list-style-type: none"> • 2024 perceptions survey 	Paul Reynolds
	<ul style="list-style-type: none"> • Fairer employer referrals 	Anthony Omo
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> • Annual report on DC pension scheme 	Neil Roberts

Agenda item M9

Council forward work programme

13 December 2024 – Extraordinary Council meeting – Virtual

	Item	Sponsor
	<ul style="list-style-type: none"> Bringing AAs and PAs into regulation 	Carrie MacEwen

11/12 February 2025 - London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> ED&I training (after lunch, day 2) 	Shaun Gallagher
	<ul style="list-style-type: none"> Social media 	Paul Reynolds
	<ul style="list-style-type: none"> Finance – interaction between reserves, investments and cash 	Neil Roberts
Confidential session	<ul style="list-style-type: none"> Annual Review of Governance Framework: GMC/GMCSI 	Sophie Brookes
	<ul style="list-style-type: none"> Space for external speaker 	
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Report of the Investment Committee 	Neil Roberts
	<ul style="list-style-type: none"> Annual update of Governance Handbook 	Sophie Brookes
	<ul style="list-style-type: none"> PSA Annual report 	Shaun Gallagher
	<ul style="list-style-type: none"> 2026 Council meeting schedule 	Carrie MacEwen
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Report of the Executive Board 	Charlie Massey

4/5 March 2025 Away Day – Manchester

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

Agenda item M9

Council forward work programme

8/9 April 2025 – Manchester		
Corporate Governance manager – TBC		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • SoMEP Workplace & Experiences report – key findings/messages 	Shaun Gallagher
	<ul style="list-style-type: none"> • External speaker? 	
Confidential session	<ul style="list-style-type: none"> • Report from GMCSI 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • People Report 	Neil Roberts
	<ul style="list-style-type: none"> • 2023 national reports 	Paul Reynolds
	<ul style="list-style-type: none"> • Annual Education QA update 	Colin Melville
	<ul style="list-style-type: none"> • Biannual section 40a report 	Charlie Massey
	<ul style="list-style-type: none"> • Compliments and Complaints report 	Sophie Brookes
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> • Council members’ register of interest 	Carrie MacEwen