

Public session - 23 July 2025

PUBLISHED
22 July 2025

Council

Meeting room: Room 2.64-2.66, Manchester 3HS

Agenda

Main meeting

Wednesday 23 July 2025 - 11:40 – 13:35

- | | | |
|----------------|-----------|---|
| 11:40 – 11:43 | M1 | Chair’s business |
| <i>3 mins</i> | | |
| 11:43 – 11:45 | M2 | Minutes of the meeting on 4 June 2025 |
| <i>2 mins</i> | | |
| 11:45 – 12:15 | M3 | Chief Executive’s report |
| <i>30 mins</i> | | |
| 12:15 – 12:35 | M4 | Half year financial review |
| <i>20 mins</i> | | |
| 12:35 – 12:50 | M5 | Reflecting on our engagement panel for regulatory reform |
| <i>15 mins</i> | | |
| 12:50 – 13:10 | M6 | Update on Council Affiliates scheme |
| <i>20 mins</i> | | |
| 13:10 – 13:30 | M7 | Safeguarding annual report |
| <i>20 mins</i> | | |
| 13:30 – 13:35 | M8 | Any other business |
| <i>5 mins</i> | | |
| | | Below-the-line items* |
| | M9 | Council Forward Work Programme |

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

Contents

Item	Page
M2 - Minutes of the meeting on 4 June 2025	4
M3 - Chief Executive's report	11
Annex A - Performance annex	17
Annex B - CORR for July Council	29
M4 - Half year financial review	30
Annex A - Latest forecast position 2025	37
Annex B - PLAB surplus/deficit	38
Annex C - Reserve forecasts	39
M5 - Reflecting on our engagement panel for regulatory reform	41
M6 - Update on Council Affiliates scheme	47
Annex A - Council affiliates role description	51
M7 - Safeguarding annual report	55
Annex A - Safeguarding Report for 2024	58
Annex B - Safeguarding data	70
Annex C - Safeguarding costs	76
	-
M9 - Council Forward Work Programme	78

Draft as of: 6 June 2025

To approve

Minutes of the meeting on 4 June 2025

Members present

Carrie MacEwen, Chair

Alison Wright	Olamide Oguntimehin
Deepa Mann-Kler	Raj Patel
Douglas Millican	Suzanne Shale
Jane Ramsey	Vanessa Davies
Jeeves Wijesuriya	Wendy Williams
Keith Lloyd (virtual)	

Others present

Charlie Massey, Chief Executive and Registrar

Anthony Omo, Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Neil Roberts, Director of Resources

Paul Reynolds, Director of Strategic Communications and Engagement

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item 2

Minutes of the meeting on 4 June 2025

Chair's business (item M1)

- 1 The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting. Pushpinder Mangat was welcomed to the meeting and will commence as Medical Director and Director Education and Standards from 1 July 2025.
- 2 No apologies had been received for the meeting.
- 3 It was noted that Council had approved on circulation the appointment of:
 - a Gill Edelman as Interim Chair of the MPTS
 - b Jay Verma as GMCSI Chair
 - c Paul Cox as an external member of the Investment Committee
 - d Helen Sinclair and the reappointment of John Foley as member nominated trustees of the GMC DB pension scheme.
- 4 The Chair thanked Deborah Taylor for her contributions as Chair of the MPTS.
- 5 The Chair also noted it was the last Council meeting attended by Colin Melville, Director Education and Standards, and Lindsey Mallors, Assistant Director Audit and Risk Assurance, before their retirements.

Minutes of the meeting on 9 April 2025 (item M2)

- 6 Council approved the minutes of the meeting on 9 April 2025 as a true record.

Chief Executive's Report (item M3)

- 7 Council considered the Chief Executive's Report.
- 8 Council noted that:
 - a Formal notification that regulatory reform is proceeding has been received from the Department of Health and Social Care.
 - b The Chief Executive has met with families from Nottingham involved in the maternity services review and ongoing surgeries are being arranged.
 - c The report of the Leng review is expected soon. The GMCs position is likely to be to embrace any recommendations made in due course.
 - d The GMC continues to have no position on the end-of-life bill but has produced briefings on the GMC's role.

Agenda item 2

Minutes of the meeting on 4 June 2025

Finance Update (item M4)

9 Council received an update on the GMC's latest financial position.

10 Council noted that:

- a The GMC has a healthy income with positive register growth.
- b Interest rates have remained higher than predicted leading to higher income from interest.
- c Falling numbers sitting the Professional linguistics assessment board (PLAB) examinations are likely to continue but it is too early to predict a trend. Although the accounts show an income from PLAB, the GMC operates PLAB on a break-even basis over time. PLAB involves fixed and variable costs and there is a reluctance to remove fixed costs too quickly in case numbers of PLAB candidates rise again. A working group has been established to look possible future scenarios.
- d Due to market volatility, investment returns have been struggling with the £1.5million gains forecast being revised to £0, and latest valuations suggesting a loss of £1million. The portfolio has been de-risked so impacts have been reduced and income from investments should be considered over the medium to long-term.

11 During the discussion, Council noted that:

- a The working group looking at PLAB includes a representative from GMCSI and will be considering other uses of the PLAB 2 assessment centres. They are currently looking to understand the market for such a specialist facility.
- b It is hoped the PLAB 2 centres will continue to be used and so impairment risk is low and would only be included in accounts if PLAB 2 centres were kept but unused, which is unlikely.
- c There is a perception the GMC makes a large profit from PLAB activities, which is false. Consideration should be given how to communicate that PLAB activities are break even over time and the GMC does not make a profit from PLAB activities. **(Action)**

Freedom to Speak Up Guardian annual report (item M5)

12 Council noted an update on the Freedom to Speak Up Guardian's annual report.

13 Council noted that:

Agenda item 2

Minutes of the meeting on 4 June 2025

- a There has been an increase in the volume of concerns. This is seen as a positive as more people are willing to speak up. The decline in confidence of speaking up, shown in the 2023 People survey, seems to have been arrested in the 2024 survey.
- b The number and nature of concerns raised varies across the GMC and the data is being used to target areas for support.
- c The themes of concerns raised have been changing over time and concerns about behaviours have reduced in favour of concerns about policies which affect individuals.
- d There have been some concerns raised about individual performance improvement plans. There seems to be some variation across the organisation but this is recognised and being addressed.
- e Data is showing concerns are being raised by all grades of staff.
- f Work is progressing on a system to allow colleagues to raise concerns anonymously which should be launched shortly.

14 During the discussion, Council noted that:

- a At the GMC, the Freedom to Speak up service mainly deals with employer matters raised rather than regulatory concerns.
- b Most of the concerns raised were addressed by the individuals raising the concerns. The Freedom to Speak up service offered a way to talk through the issue, rather than resolve it for them.
- c The Freedom to Speak Up guardian continues to have regular catch-ups with the People Services teams and ADs in areas where there are 'hot spots' identified.

Report of the Audit and Risk committee (item M6)

15 Council noted the report of the Audit and Risk Committee (ARC).

16 Council noted that:

- a Audit and Risk activities since the last report to Council have focused on the annual report and accounts, and risks and assurance of the new enterprise resource planning system.
- b The GMC is very good at operational or process audits but a greater focus on outcomes may be required in future.

17 During the discussion, Council noted that:

- a With regards to the risks of dependencies with NHSE, consideration is being given to how the GMC incorporates these risks given the lack of GMC control in this area.

Agenda item 2

Minutes of the meeting on 4 June 2025

- b The level of assurance received by Council is very high compared to many other organisations. Consideration could be given by Council as to the level of assurance it needs from ARC and whether the current level of assurance is burdensome to the GMC. Council's appetite to risk changes over time and will be reassessed as part of setting the new corporate strategy.
- c Council noted its thanks and best wishes to Lindsey Mallors on her retirement as Assistant Director, Audit and Risk Assurance.

Trustees' Annual report and accounts (item M7)

- 18 Council received the Trustees' annual report and accounts for approval and the draft letter of representation.
- 19 During the discussion, Council noted that:
 - a Council felt it would be useful to record that the Executive confirms that Council can rely on the accuracy of the annual report and accounts. The Chair of the Audit and Risk Committee confirmed they had probed representatives of the Executive during the May Audit and Risk Committee (ARC) meeting. However, it was felt a letter from the Chief Executive to the Chair of ARC confirming they stand behind letter of representation, would be beneficial. **(Action)**
- 20 Council approved Trustee's annual report and accounts for 2024, and the draft letter of representation and delegated authority to the Chair to sign the annual report and accounts.

Fitness to practise statistics report (item M8)

- 21 Council received the Fitness to practise statistics report.
- 22 Council noted that:
 - a Although six concerns had been received in 2024 for Physician Associates and Anaesthesia Associates, as they were not registered at that time the concerns have not been included in the report.
 - b There has been a 7% increase in the number of decisions made at triage stage although the proportion of concerns has remained consistent with the size of the register.
 - c The Data, Research and Insight Hub have been looking at themes from concerns received and there does not appear to be a specific cause for the increase in volume.
- 23 During the discussion, Council noted that:

Agenda item 2

Minutes of the meeting on 4 June 2025

- a It was felt there could be more narrative around the positives in the report. The report could also include more information on types of cases, and consideration given as to how this data, and the report, can be used in work around trust and confidence. **(Action)**

Annual Section 40a report (item M9)

24 Council received the Annual Section 40a report.

25 Council noted that:

- a During the period 1 March 2024 to 28 February 2025, there were 307 cases heard by Medical Practitioners Tribunals (MPT). Of those, 19 were referred to the executive panel for consideration and with the decision made to appeal in five cases. All of which were sexual misconduct cases.
- b Of those five cases appealed, two have been heard with the GMC being successful in one of those cases.
- c Over the period since the GMC was given the right to appeal, there have been 55 appeals made with the GMC being successful in 39 of those cases.

26 During the discussion, Council noted that:

- a Although the GMC appears to have had exercised its right to appeal judiciously, it will lose this right after regulatory reform as it was an outcome from the Dr Bawa Garba review.
- b The GMC plans to retain the executive panel process but make recommendations to the PSA, who will still have the right to appeal.
- c The GMC is only able to appeal where it feels the MPT sanction is not sufficient to protect the public.

Report of the MPTS Committee (item M10)

27 Council received the report of the MPTS Committee.

28 Council noted that:

- a The new decision-making methodology and sanctions guidance is being finalised. The final version is being shared with stakeholders for feedback before Council is asked to approve in the coming weeks.
- b As planned for, there has been a reduction in hearing days and accommodation and people resources are being scaled back with staff seconded to the GMC.

Agenda item 2

Minutes of the meeting on 4 June 2025

- c There has been a reduction in ‘not impaired’ outcomes which is positive news, as it suggests that only cases with a reasonable assumption of an outcome of impairment are being brought by the GMC.
- d Following the latest appointment campaign for Tribunal members, the MPTS has been successful in improving the diversity of the pool allowing for more diverse tribunal panels.
- e The MPTS were able to hold hearings for PAs and AAs from day one of registration.

29 During the discussion, Council noted that:

- a It was felt that the information ‘Very few cases are referred to us based solely on a doctor’s health. There were no cases solely relating to a doctor’s performance, a doctor’s knowledge of English language or a determination made by another regulatory body’ might be more impactful if it was included in the table of allegation types.
- b Improvements to the MPTS website to more accurately reflect the allegations found proven are in progress but require changes to the MPTS records management system.

Any other business: (item M11)

30 Council noted two below the line items:

- a Council forward work programme (item M12).

31 Council raised that it appeared there had been several cases where the police were making corporate investigations. Council felt there could be a perception the GMC was not being effective, and it would be helpful to know if there had been an increase in governance failures across the system. **(Action)**

32 The Chair thanked Colin Melville for his contributions to the GMC since he joined in 2017. These included introducing the Medical Licencing Assessment, review of Good medical practice, work on regulatory reform, and supporting the GMC and colleagues during the pandemic.

Date of next meeting

33 Council noted that its next meeting is scheduled for 23 July 2025 in Manchester.

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"> ● The UK government has published the 10 Year Health Plan for England; we are considering this in the context of our current and future work. ● We are awaiting imminent publication of the Leng review's report and will carefully consider the outcomes and recommendations.
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</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

Agenda item M3

Chief Executive's report

Regulatory reform

- 1 We are continuing our engagement with the Department of Health and Social Care (DHSC) as they take forward work to draft the next GMC Order. We have been preparing proposals considering different options for how we could go about commencing the reforms and are providing these to DHSC so that they can reflect this in the drafting.

PA/AA regulation, and the Leng review

- 2 As of 3 July 2025, we have received 3,521 applications for registration from physician associates (PAs) and 170 applications from anaesthesia associates (AAs). We have so far granted registration to 3,168 PAs and 154 AAs.
- 3 We have continued to engage with the Leng Review, who have now concluded their programme of roundtable meetings. We are expecting the report to be published soon and will carefully consider its findings and recommendations.

UK government's 10 Year Health Plan for England

- 4 [The 10 Year Health Plan \(10YHP\) for England](#) was published on 4 July 2025. We are considering the impact of the plan on our work. Our initial assessment is that there is strong alignment with our (current and future) strategic goals around education and training and improving workplace experiences. The 10 Year Workforce Plan is expected to follow in the autumn, and we will be looking for opportunities to help inform and enable that plan.

Parliamentary and stakeholder updates

- 5 We have published our Northern Ireland, Scotland and Wales national reports to share information about the positive impact of our work in the devolved nations.
- 6 We responded to the Department of Health (Northern Ireland)'s Serious Adverse Incident Redesign Programme consultation, highlighting the importance of supportive workplace cultures, and equality, diversity and inclusion considerations.
- 7 We held our bi-annual Patient Group Roundtable on 3 June. The agenda included a session on how the patient voice can be enhanced in medical education, and an overview of how we are taking a patient-centered approach to updating our corporate strategy.
- 8 On 10 June, Mark Swindells, Assistant Director for Public Affairs and National Offices, gave oral evidence to the [Committee on Standards inquiry](#) into *Outside employment and interests*. The session was an opportunity to provide information on our professional standards and inform the Committee's work on whether there should be changes to the rules relating to outside interests and employment in the Code of Conduct for Members of Parliament.

Agenda item M3

Chief Executive's report

- 9 Charlie Massey met with Sir Jim Mackey, the Chief Executive of NHS England (NHSE). They discussed changes at NHSE and their impact on the GMC's statutory duties.
- 10 We submitted written evidence at Committee Stage of the Mental Health Bill in the House of Commons. Our evidence highlighted provisions in the updated *Good medical practice* that are in alignment with the Bill and offered to contribute to the government's future work on a code of practice.
- 11 On 12 June, Charlie Massey had an introductory meeting with the new Chief Medical Officer for Wales, Professor Isabel Oliver. They discussed what good medical leadership looks like, culture and standards, and developing the workforce of the future.
- 12 On 20 June we chaired a meeting of the European Network of Medical Regulatory Authorities, bringing together medical regulators from 17 European countries. The European Commission gave an update on its priorities in the field of professional qualifications. We also discussed the length of specialty medical training across Europe.

Enterprise resource planning system

- 13 Our work on the new enterprise resource planning (ERP) system is progressing as planned.
 - a We have completed the discovery phase of the finance system and we are just under halfway through the build phase. During this phase the system is configured to meet our requirements. Once complete, we will move into the system testing phase.
 - b We have signed the contract to adopt a system for our HR processes and the discovery phase started in late June.
 - c We are conducting a tendering process to select a payroll system which we aim to complete in July.
- 14 We plan to take a phased approach to implementation, starting with finance before moving on to HR and payroll.
- 15 A BDO audit providing assurance about the delivery of the programme was presented to the Audit and Risk Committee (ARC) in late May, who identified further areas to review in the next audit in late 2025.

Inquiries and reviews

- 16 We expect the independent report into the case of Zholia Alemi and the government's response to its recommendations to be published later this year.
- 17 The terms of reference for the statutory inquiry into the Nottingham attacks by Valdo Calocane in June 2023 have been published (formally known as the Nottingham Inquiry). We are in the process of writing to Her Honour Judge Deborah Taylor, the Chair of the inquiry, to offer our support with the inquiry's work.

Agenda item M3

Chief Executive's report

Equality, diversity and inclusion (ED&I)

- 18** We held a productive roundtable with representatives of the Working Party on Sexual Misconduct in Surgery (WPSMS) and the Royal College of Surgeons in England (RCSEng) to discuss the GMC and MPTS handling of sexual misconduct cases and explore and address the concerns and recommendations raised in a recent [RCSEng policy report](#). We are considering the insights and feedback from the event and will be planning further engagement with the working party in due course.
- 19** On 27 June we hosted a roundtable led by the Care Quality Commission (CQC) to bring regulatory and system leaders together to explore how we can strengthen both our individual and collective efforts to advance workforce race equality in regulation across the health and care system. The event offered a space to reflect on the role we all play as regulators in advancing workplace race equality - both within our own organisations and across the wider health and care system. Together, we explored how this approach can support delivery of the government's 10YHP. We also shared good practice and identified the barriers that still stand in the way of progress. The discussion will inform a shared set of principles and practical commitments that regulators can sign up to, coordinated by the NHS Race and Health Observatory (NHSRHO). We are working with NHSRHO and CQC colleagues to identify opportunities to share and seek broad support for the commitments.
- 20** Following the Supreme Court judgement on gender/sex, we are continuing to reflect on the implications of the ruling as we await further guidance from the Equality and Human Rights Commission. We are engaging with colleagues across the organisation to explore the range of views arising from the judgment.

Update on approval of PA courses

- 21** In April 2025 Council approved 36 Physician and Anaesthesia Associate courses. We are continuing to work with one PA course at the University of East London to ensure that they meet our standards. When we are assured that our standards are being met, we will bring a recommendation for this course to be approved to Council.

Federation of Medical Royal Colleges exam issue

- 22** The small number of doctors who were impacted by this issue earlier in the year are now confirmed on the register.

Enhanced monitoring

- 23** There are currently 22 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites.

Agenda item M3

Chief Executive's report

- 24** In June, we set conditions on the training programme in obstetrics and gynaecology at North Manchester General Hospital, Manchester University NHS Foundation Trust due to unaddressed concerns around rota design and access to educational opportunities and training. We are continuing to work with colleagues from Northwest NHS England Workforce, Training and Education to monitor progress.
- 25** We noted improvements in training in haematology at University Hospitals Birmingham NHS Foundation Trust (QA12251) and the case has now been closed.

Operational performance

- 26** The update in our performance annex includes the status of our corporate priority projects/programmes. Regulatory reform will remain reporting amber this month, due to the scale of the work involved and unknowns still to be bottomed out. Associate worker status (AWS) and contact centre technology (CCT) continue to report amber as they await clearer timelines, with AWS expecting finalisation of detailed implementation plans within the next month and CCT shortly due to receive confirmation from our external delivery partner. Enterprise resource planning (ERP), regulatory fairness implementation (RFI), and the ED&I data implementation project are amber due to resourcing challenges. ERP and RFI have both taken measures to manage this to address any potential long-term impact, and ED&I data are replanning following the recent departure of the project manager.
- 27** Within the performance annex we have introduced a timeline overview to provide Council with a clear map of our strategic portfolio and critical milestones.
- 28** In terms of KPIs, there are some key exceptions to highlight:
- a** We have missed the target for commencing investigation committees (IC) within two months of referral as a result of only one case. This was explained through lack of panellist availability, with IC hearings having substantially increased since last year (receiving more than double last year's number in just the first six months of 2025). Despite the increase in hearings and workload, existing resource is able to absorb this, and the team continues to monitor volumes closely.
 - b** After a couple of successful months meeting the 80% target, the contact centre customer satisfaction measure dipped below the target in May with performance at 76% due to a slightly slower response rate. The team is heading into their busiest period for registration applications and so is receiving more enquiries. However, now that the inductions have been completed for seven new members of staff, we anticipate this will help combat volumes.
- 29** There has been one significant update to the annexed corporate opportunities and risk register (CORR) since the last Council meeting. This change is to the IT industry cloud system drive risk (now called GMC finance and HR system) which now primarily captures managing

Agenda item M3

Chief Executive's report

the transition to new systems. The aspect specifically on moving to cloud-based software has been de-escalated to resources directorate level.

Executive Board

30 The Executive Board met on 27 May and 30 June and considered items, including the following:

- a** An update on performance and risk.
- b** Financial update.
- c** Planning Gateway.
- d** Records retention and disposal policy.
- e** Annual report on safeguarding.
- f** Business continuity annual report.
- g** GMC Pension Plan - Change to default investment fund strategy.

M3 – Annex A - Performance annex

Data presented as at 20 June 2025 (unless otherwise stated)

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

Indicator		April	May	Commentary
Operations	Decision on 95% of all registration applications within 3 months	99%	99%	<p>Investigation Committee (IC) referrals: There has been an unexpected increase in IC hearings this year. The average number of IC hearings per year for the last 5 years has been 5.5 with each hearing lasting on average 1 day. This year we have received 14 IC referrals to date, and the committee has sat for a total of 21 days so far this year. The target was missed in May due to panellist availability for one hearing which was listed 10 days over target. We will continue to monitor the increase in referrals to understand whether this is likely to have a long-lasting impact.</p> <p>Contact Centre customer survey: The 80% KPI was just missed in May (76%). The survey is sent to a sample of our customers so is more of an indication rather than a reflection of all our interactions, feedback received suggests this is due to a decrease in satisfaction with the speed in which we replied to customers between April and May. We have maintained performance on our call KPI target but have been slightly slower on email communications as a result of several internal factors including: induction and training for 7 new starters; bank holidays; and an increase of registration applications. We expect demand and volumes to increase throughout June and July, as we move into our busiest months of the year.</p> <p>Media sentiment: During April and May, there was less media coverage about the GMC compared to previous months, where syndicated items from two pieces about the tribunal for Prof Richard Thompson were graded neutral. The proportion of negative media coverage for the organisation remains low and well within target.</p> <p>Income expenditure: As of May, the variance between actual and budgeted income and expenditure stands at 4.23%. While this represents a positive position, it remains slightly above the KPI target of 4%. Partly down to higher levels of interest income and ARF income compared to budget. Growth in the register currently stands at 5.9%, compared to our assumption of 3.5%. This is further supported by underspends on staffing and associate costs, with the latter owing to fewer hearing days and a lower than planned volume of candidates sitting PLAB 1 in February and May.</p> <p>Staff turnover: The rolling 12-month staff turnover remains outside of our 8-12% target range. In May, we report 6.7% turnover with 11 colleagues leaving the organisation. This is consistent with previous figures for this time of year.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	97%	100%	
	Conclude 90% of fitness to practise cases within 12 months	96%	92%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	50%	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	83%	76%	
	Contact Centre - Answer 80% of calls within 20 seconds	90%	80%	
	Positive media coverage of GMC (target 45% or above)	11%	11%	
	Negative media coverage of GMC (target 15% or below)	4%	3%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	39	48	
75% of doctors intend to change practice following Outreach learning session	80%	79%		
Organisation	2025 Income and expenditure [% variance +/- 4%]	4.12%	4.23%	
	Rolling twelve-month staff turnover within 8-12%	6.6%	6.7%	
	IS system availability (%) – target 99.89%	100%	10%	

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

Indicator		2024						2025					
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Operations	Decision on 95% of all registration applications within 3 months	99%	99%	99%	98%	97%	98%	97%	98%	97%	98%	99%	99%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	98%	98%	97%	96%	100%	100%	98%	100%	97%	98%	97%	100%
	Conclude 90% of fitness to practise cases within 12 months	95%	96%	95%	93%	95%	95%	93%	95%	94%	96%	96%	92%
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	97%	95%	96%	98%	97%	97%	96%	95%	97%	98%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	98%	96%	96%	99%	98%	97%	97%	98%	98%	98%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%	50%
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	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%)	80%	80%	81%	82%	81%	81%	80%	83%	77%	81%	83%	76%
	Contact Centre - Answer 80% of calls within 20 seconds	82%	44%	55%	52%	52%	81%	84%	87%	88%	92%	90%	80%
	Positive media coverage of GMC (target 45% or above)	11%	47%	47%	5%	5%	25%	17%	6%	13%	33%	11%	11%
	Negative media coverage of GMC (target 15% or below)	17%	3%	3%	3%	1%	2%	4%	2%	6%	3%	4%	3%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	35	37	45%	45%	40	42	41	48	43	48	39	48
	75% of doctors intend to change practice following Outreach learning session	78%	79%	78%	78%	79%	79%	79%	77%	79%	81%	90%	79%
Organisation	2025 Income and expenditure [% variance +/- 4%]	+0.71%	+0.5%	+0.96	+0.85	0.57%	0.56%	2.59%	4.91%	3.82%	4.01%	4.12%	4.23%
	Rolling twelve-month staff turnover within 8-12%	6.9%	6.7%	7%	7%	7%	6.9%	6.7%	6.8%	7%	6.9%	6.6%	6.7%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Physician Associates and Anaesthesia Associates

Registration – Between 16 December 2024 and 24 February 2025, we invited all those on the voluntary register to apply for registration with the GMC, and we continue to see a steady increase in applications during the transition period ahead of registration for PAs and AAs becoming a legal requirement at the end of 2026.

PA and AA registrant numbers		
	Number on voluntary register at 16 December 2024	Number registered as at 20 June 2025*
Physician Associate (PA)	5,092	3,008
Anaesthesia Associate (AA)	178	147

*14 PAs registered with an International Registrable Qualification. All other PAs and AAs are UK qualified.

PA and AA applications as at 20 June 2025	Physician Associates		Anaesthesia Associates	
	Applications Received	Applications Granted	Applications Received**	Applications Granted
Transition Voluntary Register	3,186	2,838	98	89
UK Qualification (Direct cohort UK Qual)	133	87	4	1
Newly qualified PAs/AAs (<i>UK Student</i>)	88	83	66	57
Non-standard UK qualification (Non-Standard UK Qual)	-	-	-	-
International (INT Reg Application)	4	-	-	-
Total	3,411	3,008	168	147

**Applications Received includes both applications that have been granted and applications in progress.

Fitness to Practise - FTP summary statistics should be interpreted with caution, particularly while we are in the transition period and the full cohorts of PA/AAs have not been registered. Given the relative size in populations between doctors and PA/AAs caution should also be applied when comparing FTP rates between different groups.

Total number of complaints regarding PA/AAs received each month 2024/25						
	Dec	Jan	Feb	Mar	Apr	May
Physician Associate related complaints	6	7	10	3	3	3
Anaesthesia Associate related complaints	0	0	0	0	0	0
Total complaints relating to PA/AAs	6	7	10	3	3	3

Data last updated 20 June 2025.

Corporate Portfolio

		2025				2026				2027			
Priority Project	Strategic Aim	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Regulatory Reform		<p>DELIVERY</p> <p>DHSC Statutory consultation on the draft GMC Order</p> <p>DHSC lays GMC Order in legislatures</p> <p>GMC consultation on rules, standards and guidance</p>											
Enterprise Resource Planning		<p>DELIVERY</p> <p>Finance go-live</p> <p>HR & Payroll go-live</p> <p>CLOSURE</p>											
Future of Career Development & Education		<p>DELIVERY</p> <p>Written engagement survey</p> <p>Engagement report</p> <p>Update the standards and processes; implementation plans begin</p> <p>Consultation on changes to Standards</p>											
Regulatory Fairness Implementation		<p>DELIVERY</p> <p>Link in with all the directorates on data gathering and assurance measures being put in place</p> <p>CLOSURE</p>											
Contact Centre Technology		<p>DELIVERY</p> <p>Phase 2 planning complete (TBC)</p> <p>Prioritise phase 3 deliverables</p> <p>Delivery complete</p> <p>CLOSURE</p>											
ED&I Data Improvement		<p>PLANNING</p> <p>Submit PID to Gateway</p>											
Associate worker status		<p>PLANNING</p> <p>Notify Associates of approach</p> <p>Start holiday back payments</p> <p>Pension provider appointed</p> <p>DELIVERY</p> <p>Start ongoing worker payments</p> <p>CLOSURE</p>											
Fairer Employer Referrals		<p>DELIVERY</p> <p>Research into DB best practice kick off</p> <p>Phase 4 deliverables and go live</p> <p>Phase 5 initiation</p> <p>Update to Council</p> <p>CLOSURE</p>											
Fairer Training Cultures		<p>DELIVERY</p> <p>Phase 2 scale up: Start</p> <p>Contribution to 2025 annual EDI report</p> <p>2025 deep dive to Council</p>											

Key
Making every interaction matter
Investing in our people to deliver our ambitions
Developing a sustainable workforce
Enabling professionals to provide safe care





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

2025 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	<p>Why? To eliminate differentials in employer fitness to practise referrals.</p> <p>When: by 2026 Who: Anthony Omo, Anna Rowland</p>		<p>We have developed an initial draft of the proposed plan for phase 5 which is due to be presented to Fitness To Practise Senior Management Team on 18 June. This phase includes a variety of projects, from analysis and sharing of best practice case studies identified from the research underway in the current phase, to the development of a programme narrative that charts the journey of the FER programme, as well as our relationship with the system and the challenges and opportunities we've encountered.</p> <p>We have also been working with communications colleagues to develop our strategic approach to programme communications, which will have a heavy external focus but also include plans for internal messaging. We are planning some activity to promote the Professional Standard Authority's ED&I Best Practice report which will showcase both our work on Fairer Employer Referrals and our Fair Training Cultures programme; due to be published in July. Additionally, we are due to receive the interim findings from Work Psychology Group's research, seeking to identify examples of best practice of fairness in local complaints procedures.</p>
Fair Training Cultures (FTC)	<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: Pushpinder Mangat</p>		<p>In May we focused on planning our fourth annual event, scheduled for 18 June; run jointly with Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans, and the Medical Schools Council. This year's event will focus on an early discussion on how to strengthen expectations around equity and fairness into the next iteration of the GMC's standards and outcomes for education and training. This is an opportunity for delegates to have a wider discussion about how we promote inclusive systems and environments beyond the lens of the attainment gap, for example sexual violence.</p> <p>We continue to focus on delivering the action plan for 2025 including meeting with individual teams through our action plan delivery meetings to agree key deliverables, as well as meeting with external stakeholders to discuss future ways of working together.</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

2025 Priority change activities		RAG	Status
Future of education and career development (FutureEd)	<p>Why? We have a statutory duty to regularly review our education framework, including our standards, outcomes, and guidance. We want to work with partners to ensure that our new framework has the greatest positive impact for the public and the profession.</p> <p>When: Q4 2029 Who: Pushpinder Mangat, Phil Martin, Nico Bridge</p>		<p>The programme had its quarterly board meeting in May where three workstreams provided an update on progress and proposed next steps for career development, valuing medical educators and the review of the educational framework. The options proposed were positively received and will be progressed during the next period. The communications and engagement workstream provided an overview on its engagement plans for the wider programme, including Employer focus groups taking place in July.</p> <p>Work continues to complete the outstanding items following the audit of the programme last October, including adding project milestones into Microsoft Project Online and refreshing the project initiation document (PID) for the programme board to review.</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

2025 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>We are reporting amber as there is a significant amount of operational change that needs to be delivered as a result of regulatory reform, and a number of unknowns that are still to be bottomed out. Alongside this there is a risk of adverse stakeholder responses to the reforms we are seeking.</p> <p>We have received confirmation from ministers that the GMC will be prioritised as the next regulator to have its legislation reformed and we are currently undertaking a range of activities designed to ensure we are best set up to deliver on our ambitions and support the organisation and its stakeholders through the process. These include progressing work relating to policy and drafting e.g. responding to requests from DHSC in relation to reviewing policy positions and thinking about options relating to commencement, implementation and transition.</p> <p>Following a recent internal review of the programme, we've implemented several new ways of working to ensure that the structure and governance arrangements are appropriate for the next phase of work, and carrying out a review of the benefits associated with the changes we are seeking as part of the next GMC Order. A narrative for the programme is being developed that we can share with both internal and external stakeholders.</p>
Associate Worker Status	<p>Why? To become legally compliant by introducing holiday pay and pension contributions for in scope payments for all of our eligible associates who hold worker status.</p> <p>When: Interim Solution expected by end of 2025, final solution implementation dependent on ERP programme Who: Neil Roberts, David Donnelly</p>		<p>We are continuing to report as amber, pending finalisation of detailed implementation plans by the end of June.</p> <p>The programme has now moved into the implementation phase with the aim of introducing new worker contracts and beginning payments from October 2025. We expect to complete detailed project planning by the end of June. During the first week of June, we wrote to those associates we are recognising as workers, providing initial information about our decision. Further, more detailed, communications will follow over the coming months.</p>
Contact Centre Technology	<p>Why? Our vision is to deliver an outstanding experience to our customers with every interaction. To help deliver this we will adopt efficient technology which allows us to understand and meet our customers' needs and report on their experience.</p> <p>When: by 2026 Who: Una Lane, Lindsey Westwood, Rachel Mooney</p>		<p>We are reporting amber while we await confirmation from Genesys on when the selected project resource will be available to start, which we expect to be confirmed by early June.</p> <p>A major milestone was reached in May, with the signing of the Phase 2 Statement of Works. Following an interview process, we have selected our preferred Genesys resource to provide us with phase 2 delivery support. This allows us to proceed with scheduling the phase 2 co-design workshops with Genesys, which will cover all requirements to build the messaging channels, as well as finalise our planning activities. A joint project plan for phase 2 will be confirmed once we've completed the design workshops, which are aimed to conclude by the end of June 2025.</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

2025 Priority change activities		RAG	Status
Regulatory Fairness Review	<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 2025 Who: Shaun Gallagher, Claire Light</p>		<p>The project is reporting amber due to project management resourcing challenges. We have secured internal short-term resource and are currently working to address the longer-term impacts on the programme.</p> <p>Directorates continue with implementation of plans which prioritise 20 of the 42 High Impact Regulatory Decisions (HIRDs) identified across the business-to further strengthen assurance measures for fairness and bias. Most activities outlined in plans are due to be completed by the end of 2026 although this is dependent on whether additional resource is required within directorates. The full list of the 42 HIRDs we have identified has been published on our website.</p> <p>The Regulatory Fairness Board continues to oversee the delivery and implementation of this programme, with two workstreams supporting the delivery of programme activities. The data and assurance workstream is piloting an approach to monitoring, analysing and reporting diversity data with 3 HIRDs. We are also developing a programme of assurance, both internal and external, that assesses how we are mitigating against fairness and bias in HIRD activities. The learning, recruitment and development workstream is providing support to directorates to embed the requirements of the programme into learning, recruitment and development activities. Last year we successfully rolled out bespoke training on 'Fairness in Decisions for Regulatory Professionals', for the 330 decision makers in scope for the programme. We are now considering proposals to embed the learning to support staff and ensure sustainability.</p> <p>A full update on the Regulatory Fairness Review will be brought to Council in October and will include an update against delivery of the review's recommendations.</p>
ED&I Data improvement	<p>Why? The aim is to address the ambiguity and inconsistency relating to what ED&I data we collect and why, and how ED&I data should be used across the GMC. This includes information about doctors, complainants, patients, and other service users with whom we interact.</p> <p>When: To be agreed. Once the PID has been approved by Gateway, the project can formally restart, and timelines will be confirmed. Who: Kuljit Dhillon, Claire Light</p>		<p>We are reporting amber to reflect the need for project management resource following the recent departure of the project manager. Despite resourcing challenges, we have made progress with restarting the project after we presented. A business case at the March Gateway, which was received positively and then later approved by Executive Board. A project initiation document (PID) was considered simultaneously but was not approved on the basis that further engagement and scoping with enabling teams was needed. Additionally, following publication of the Sullivan review report, we need to consider the implications for the collection of data, particularly in connection with sex and gender. Further engagement is being carried out and the PID is being revised taking into account relevant details from the Supreme Court decision regarding gender and the Equality Act. The updated PID will be considered at Gateway later this year.</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.

2025 Priority change activities	RAG	Status
<p>Enterprise Resource Planning (ERP)</p>		<p>The Programme overall continues to report amber as there is a high demand on assigned resources as well as a high number of risks around the programme. The Agresso team are absorbing the ongoing support of the current system in addition to their work on the finance implementation aspect of this programme, we are monitoring the impact of that on workloads across the team. The Project Manager to support the HR & Payroll implementation is now place.</p> <p>MS Dynamics 365 Finance implementation: Finance implementation progress is reporting green, and the project continues in the realise phase with Sprint 2 completed during May 2025 comprising of 18 workshops covering Finance configuration across the following modules: Record to Report (focus on General Ledger Daily Processes, Fixed Assets, Customer Base Setup and Sales Ledger), Order to Cash, Procure to Pay. In addition, work continued as planned on the Environment set up, Security testing, Integration & Data Migration workstreams. We now have all the Dynamics 365 environments required for the project phasing in place and we are also on track to conduct the first data migration iteration in early June, both of which are key events to support project success. We experienced some delays due to team sickness and environment blockers, but these were resolved towards the end of the sprint to ensure we met most of our sprint objectives – the outstanding work from Sprint 2 has been carried over into Sprint 3, which commenced on 2 June. Additional supplier resources have been assigned to the project to support this work getting back on track.</p> <p>HR discovery: We conducted an internal project kick-off session for HR and Payroll on 4 June to welcome new members, agree ways of working and finalise our preparations for starting the Discovery workshops. The HR workstream is in Pre-Discovery, which means preparing for the Discovery Kick-off with Inciper on 10 June. Before Discovery workshops commence, we will run a series of pre-discovery alignment sessions to review the outputs from the user baselining exercise, discuss key areas and align our thinking. Discovery workshops have been scheduled and will run from 25 June to 13 August. We are forming a user-group to engage end-users in our decision making. The Payroll workstream have shortlisted two Payroll suppliers, and following invitations to submit bids, both vendors have confirmed intentions to submit a proposal. A deadline for 13 June has been set for responses and we aim to complete our evaluation and scoring by the 23 June.</p>



RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actual				Target		
		2024 (%)	2024 (Vol)	2025 ¹ (%)	2025 ¹ (Vol)	End of 2025	% points off 2025 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	42.1 %	430	36.8 %	624	29%	+ 7.4	30%
	Interviews	24.5 %	52	25.2 %	62	24%	+ 1.2	25%
	Offers	14.8 %	8	14.0 %	7	19%	- 5.0	20%
	Workforce	13.9 %	90	13.9 %	93	19%	- 5.1	20%
level of minority ethnic representation at Level 2+		12.6 %	27	12.9 %	27	18%	- 5.1	20%
level of minority ethnic representation at level 3		14.6 %	63	14.4 %	66	19%	- 4.6	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3 %	2,370	52.4 %	3,584	39%	+ 13.4	40%
	Interviews	30.7 %	329	37.6 %	368	34%	+ 3.6	35%
	Offers	23.2 %	66	29.0 %	65	29%	+ 0.0	30%
	Workforce	18.7 %	317	19.6 %	343	19%	+ 0.6	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	Minority ethnic backgrounds (%)	4.6 %	-	9.4 %	6.2 %	1.5%	% points between groups	1.0%
	White background (%)						3.2	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level	Minority ethnic backgrounds (%)	1.1 %	-	7.5 %	9.2 %	2%	% points between groups	2%
	White background (%)						1.7	
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		58.3%	7/12	58.3%	7/12	12/12		12/12

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

² Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity

Litigation overview for Q1 2025

Reporting criteria from Q1 2025

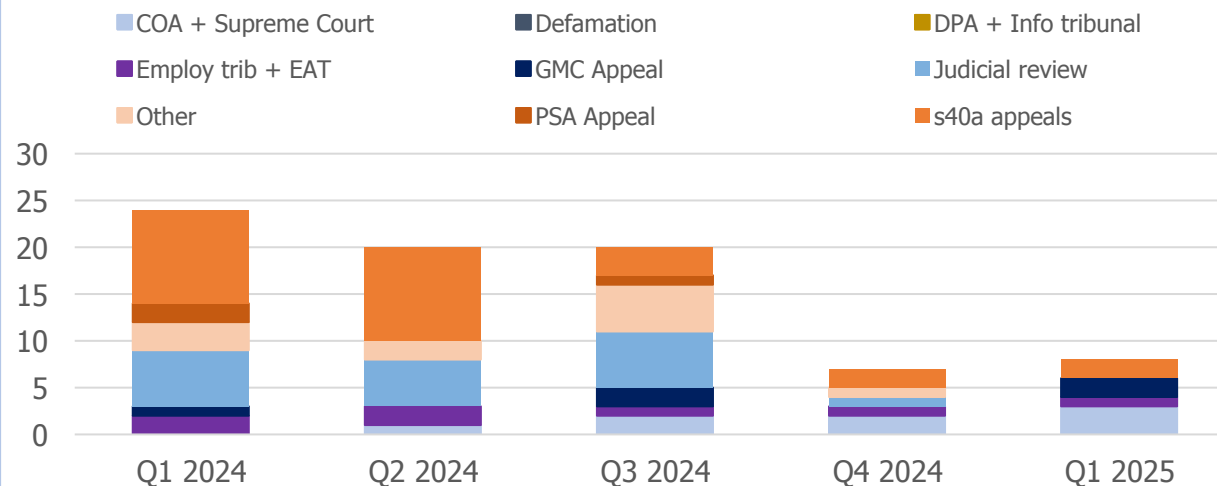
Data is pulled on the first working day of the quarter. For Q1 2025, this was 1 April 2025.

For the purpose of this report (from Q1 2025), we include types of litigation that represent a legal challenge to the GMC. We exclude costs matters, High Court Extensions, s35a enforcement and family court proceedings on the basis that they facilitate action by the GMC and pose a low risk.

As of 1 April 2025, we had 47 open litigation matters (after exclusions) – 8 of these were new incoming matters in Q1 2025.

The 'other' incoming litigation category contains litigation types that are infrequent/low in number so are not captured by a specific reporting category.

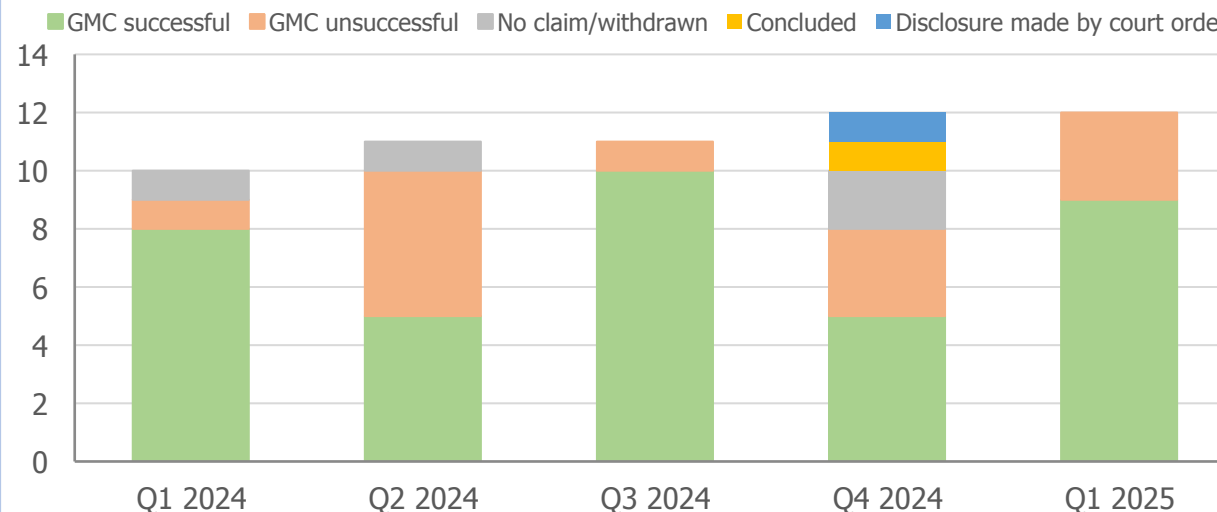
Incoming litigation by type



Key:

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

Litigation outcomes



Concluded litigation Q1 2025: 12

9 = GMC Successful

- X7 = s40 (doctor) Appeals
- X1 = Judicial Reviews
- X1 Information Tribunal

3 = GMC unsuccessful

- X1 PSA Appeal
- X1 s41A – 10 IOT challenge
- X1 s40 Appeal

Half year financial review

Action	To discuss
Purpose	The paper sets out the latest update on our financial position, financial risks and other key financial matters, following the half year review meetings with Directors.
Decision Trail	Council approved the 2025 budget at its meeting in December 2024, Executive Board discussed the financial review at its meeting on 30 June 2025.
Recommendations	<ul style="list-style-type: none">a To note the current financial position and the current financial risksb To discuss the level of and our approach to reserves
Annexes	Annex A: Latest forecast position 2025 Annex B: PLAB surplus/deficit Annex C: Reserve forecasts
Author contacts	David Donnelly , Assistant Director – Finance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director, Resources

Agenda item M4
Half year financial review

Background

- 1 In December 2024 Council approved the Business Plan and Budget for 2025. This paper provides an interim update on the medium-term financial planning for the GMC, following the mid-year review conversations held in May.
- 2 The reviews, as in previous years, are intended to give insight into any changes which we might expect in our current year out-turn, but also help identify risks and potential pressures arising in the medium term which might have an impact on our financial position and should be considered as part of 2026 budget-setting.

2025 outlook

GMC

- 3 Overall, we remain in a strong financial position. The 2025 budget presented to Council in December 2024 anticipated a surplus of £1.3 million and we are now forecasting a surplus of £2.8 million. The summary financial position for 2025 is at annex A.
- 4 The key reasons for the improved position are:
 - **Income**
 - The growth rate in the register remains strong and above our budget assumption
 - The number of specialist applications being received are higher than budget and continue to increase
 - Interest rates remain higher at this point than anticipated at budget setting, resulting in higher interest income than budgeted.
 - **Expenditure**
 - The vacancy rate is slightly higher than budgeted, resulting in lower staffing costs
 - Variable costs linked to operational activity, including MPTS hearing days and PLAB 1 examinations, are slightly lower.
- 5 While the overall position does show a positive shift in our financial outlook this year there are two areas where we anticipate receiving lower levels of income than budgeted:
 - **PLAB volumes continue to decrease** – we are now seeing a clear trend in PLAB 1 volumes reducing compared to previous years and budget, which is now reflected in the 2025 forecast. Further information is contained later within this paper.
 - **Investment valuations** – We continue to see volatility in the valuation of our investment portfolio. At the start of the year this was £61.8 million. At 3 July this is now £61.2

Agenda item M4

Half year financial review

million. Therefore, we are now forecasting zero gains on our investment portfolio compared to £1.5 million of investment returns set through the budget.

6 There continues to be uncertainty in our 2025 financial projections:

- We built a contingency and a Gateway fund into the budget, of which in total £2 million is still unallocated within the forecast. The Gateway pipeline of future investment indicates that there may not be any further drawdown of this fund in 2025, therefore there may be a potential further underspend at the end of the year.
- While we forecast operational income volumes, we could see variation to those forecasts within 2025.
- Variations in investment returns continue to have a material impact on our financial outlook and we could see an overall reduction in the value of our investment portfolio at the end of the year.
- Inflation rates have increased again, which may feed through into our cost base, especially when contractual agreements are at renewal stage.

GMCSI

7 GMCSI budgeted a profit of £38,000 in 2025. The latest forecast for 2025 assumes this is on track, with a year-to-date profit of £11,000.

8 GMCSI net assets are currently forecasted to remain above £100,000 until at least December 2026.

Financial risks

Income pressures

9 We have previously reported to both Council and Audit and Risk Committee that, depending on the extent, a reduction in demand for PLAB places constitutes a significant financial risk for us. Although we would see a drop in the associated variable cost of holding examination days, our financial stress testing analysis indicated the anticipated lag between income reducing and our ability to remove fixed costs from our cost base would create additional short-term pressures on our finances.

10 Since setting the budget we have seen a sustained reduction in demand for PLAB 1 places compared to the last two years, however candidate volumes for PLAB 2 are anticipated to be in line with budget this year, as there is a time lag between a change in PLAB 1 volumes impacting PLAB 2 volumes.

11 PLAB 1 volumes in 2025 in comparison to 2024 are:

Agenda item M4

Half year financial review

- February 2024 test – 5,346 candidates
- February 2025 test – 4,953 candidates – 7% reduction
- May 2024 test - 5,355 candidates
- May 2025 test - 3,562 candidates – 33% reduction
- August 2024 test - 5,164 candidates
- August 2025 test* - 2,500 candidates – 52% reduction

*The August exam candidate volume are forecast

12 We currently expect a reduction in PLAB income from £25m in 2024 to potentially £13 million by 2027. This is based on our assumption that the reduction in PLAB 1 volumes will feed through to PLAB 2 demand in 2026 and both income streams will continue to reduce by 10%, on a compound basis.

[REDACTED]

14 While we can estimate future volumes, we cannot be certain with our predictions as demand levels are not within our control. There are risks associated with both moving too slowly and too quickly in our decision making, therefore we have set up a cross organisational working group to analyse potential scenarios, trigger points and actions.

15 This group has developed the latest projection and 2 further scenarios, the impact on reserves is set out in annex C. We are now considering the trigger points for taking actions and those steps we should take to reduce our cost base and mitigate the financial risk.

16 This group will also consider the reduction in other IMG application volumes and the impact on the growth rate of the register. We will report the results of the analysis to Executive Board and Council, and this will form part of our considerations in setting the 2026 budget.

PLAB surplus/deficit calculations

17 At its meeting in June Council requested more visibility of the costs of providing PLAB examinations.

18 PLAB income is reported through both the management accounts and annual accounts however the costs of PLAB are incorporated into our broader cost base therefore they are not reported in the same way as income.

19 PLAB is funded by candidate fees but with fixed and variable costs and varying candidate numbers it is inevitable that PLAB generates surpluses and deficits which balance over a cycle

Agenda item M4

Half year financial review

longer than a calendar year as shown in Annex B. These figures do not include either application fees or subsequent annual retention fee income.

Expenditure risks

20 The discussions with each directorate during the half year review suggested that there were 3 areas of significant cost pressure which we need to be mindful of when setting the 2026 budgets:

- IS funding requirements - The pressures on the IS budget are driven by a changing technological landscape, for instance cyber security becoming more challenging and a general shift to cloud-based products. There are also internal pressures too, regulatory reform will trigger the largest IT change in 20 years, and we are currently developing a new corporate strategy. In addition, there is ambition from business areas to benefit from new technologies and we continue to fund the project to replace our finance and people team system.
- FTP triage volumes - In recent years we have seen relatively consistent volumes in enquiries and triage. Between 2019 and 2022 the average number of triages was 8,826. This started to increase in 2023, and we are now seeing a surge in 2025:
 - 2019-2022 – 8,826 (average per year)
 - 2023 – 10,212
 - 2024 – 10,769
 - 2025 – 13,976 (forecast at current rate this year)
- Regulatory reform – In addition to the pressure on IS funding regulatory reform will trigger a fundamental change in regulatory processes and require substantial funding in operational areas to ensure new business processes are created and aligned with the new legislation and policy. The extent of the funding requirement will become clearer as we understand the scale and complexity of the changes we will make and the implementation plan and timelines, however we need to be mindful of this upcoming financial pressure when considering our overall financial position.

2026 – 2027 reserves outlook

21 Over the medium-term we have previously targeted the mid-point of a reserves range between 20% to 35% of the annual expenditure for the next 12 months.

22 Council approved the 2025 budget and indicative forecasts for 2026 and 2027 which showed anticipated surpluses of £0.3 million in 2026 and £1 million in 2027.

Agenda item M4

Half year financial review

- 23 Following the discussions at the mid-year conversations with directors we have updated our medium-term projections, and the current outlook is a deficit of £3.7 million in 2026 and £1.5 million in 2027.
- 24 The latest reserves forecasts are at annex C.
- 25 The key changes that influence the reserve forecasts are:
- The improved financial outlook for the end of 2025.
 - Reduced expenditure on the ERP programme, as we have now chosen dynamics as the system for the people team.
 - The reduction in anticipated PLAB volumes and volumes through other IMG income streams.
 - An anticipated increase in pension payments in line with a new recovery plan.
- 26 It should be noted that, due to the number of variables impacting our financial position, forecasting income and expenditure into the medium term is complex and the forecast provides an indication of the broad trajectory of our reserves and financial health. Therefore, the scenarios presented also indicate a range of potential reserves, driven by the various scenarios for PLAB demand, if we don't take corrective action.
- 27 There is, and will continue to be, a degree of uncertainty in the outlook for reserves. Our approach is to use the annual budget and business planning cycle to adjust income, expenditure or both to maintain forecast reserves between the upper and lower bounds.
- 28 To mitigate any further potential impact from the risks set out above, which could result in a significantly worse financial position at the point we set the 2026 budget, our options include, but are not limited to:
- Limiting the level of Gateway funding for new initiatives.
 - Scaling down or stopping discretionary business as usual activity.
 - Reducing the % gap between fee and pay award, by either increasing fees more than the medium-term assumption of 2% uplift, or conversely reducing the level of pay award to staff members below the estimated 4%. However, with this we acknowledge the political environment and the constraints on increasing fees above the level of CPI.
- 29 In addition, due to the risks of income potentially decreasing materially and the unknown costs of regulatory reform, it seems appropriate to aim to retain our reserves within the top half of our target range until the impact of PLAB volumes reducing, other application volumes reducing, and the costs of regulatory reform become clearer.
- 30 As Council recently approved a wider remit for the Investment Committee, we are planning to review the level of reserves we hold at the September meeting, which will inform our

Agenda item M4

Half year financial review

approach to budget setting and provide assurance to Council that the target level of reserves is appropriate at the point the budget is approved in December.

Approach to 2026 budget setting and next steps

- 2 To develop the 2026 budget, we intend to continue with the scrutiny meetings with a focus on existing budgets. We will remain mindful of the pressures identified as part of the mid-year reviews.
- 3 The timeline for next steps is:
 - July – Send initial communications to assistant directors and directors setting out the approach to budget setting and the approach to scrutiny meetings.
 - August – send communications to budget managers with guidance for developing draft budgets and timelines.
 - September/October – SMT & Council discussion – to discuss financial assumptions and our approach to meet the known financial challenges we face.
 - September – Detailed discussions with budget managers and reserves discussion with Investment Committee.
 - October – Budget scrutiny meetings.
 - November – Review of overall financial position and approval by Executive Board of the draft budget.
 - December – Approval by Council of the 2026 budget and medium-term projections.

Annex A

2025 -2027 forecast financial position

Financial summary	Budget 2025 £000	Forecast 2025 £000	Forecast 2026 £000	Forecast 2027 £000
Operational income	165,754	167,141	167,134	173,181
Investment income	1,500	0	1,000	1,000
Total Income	167,254	167,141	168,134	174,181
Operational expenditure	(147,922)	(146,272)	(153,278)	(157,445)
Gateway fund	(833)	(833)	(2,856)	(5,644)
Contingency fund	(1,203)	(1,203)	(1,000)	(1,000)
Pension top up payment	(2,500)	(2,500)	(2,000)	(2,000)
Capital expenditure	(13,480)	(13,685)	(12,710)	(9,560)
Total Expenditure	(165,938)	(164,493)	(171,844)	(175,649)
Total surplus/(deficit)	1,316	2,648	(3,710)	(1,469)
Estimated Reserves Position		54,505	50,795	49,326

Annex B

PLAB accumulated surplus/deficit

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'
PLAB 1 income	1,249	1,808	2,538	2,309	2,489	3,500	5,442	5,482	3,970	3,492
PLAB 1 costs	527	730	992	1,057	1,311	1,571	2,173	1,988	1,563	1,629
Surplus/deficit	722	1,079	1,546	1,252	1,178	1,929	3,268	3,494	2,407	1,863
PLAB 2 income	2,572	4,484	7,811	3,257	7,899	12,604	14,950	19,853	15,750	11,344
PLAB 2 costs	3,688	5,394	10,173	7,305	10,388	15,202	16,253	19,917	18,392	15,495
Surplus/deficit	-1,116	-910	-2,362	-4,047	-2,489	-2,598	-1,303	-63	-2,642	-4,151
Annual surplus/deficit	-394	169	-816	-2,796	-1,312	-669	1,966	3,431	-235	-2,288
Accumulated surplus/deficit	-394	-225	-1,041	-3,836	-5,148	-5,818	-3,852	-421	-655	-2,822

Costs include:

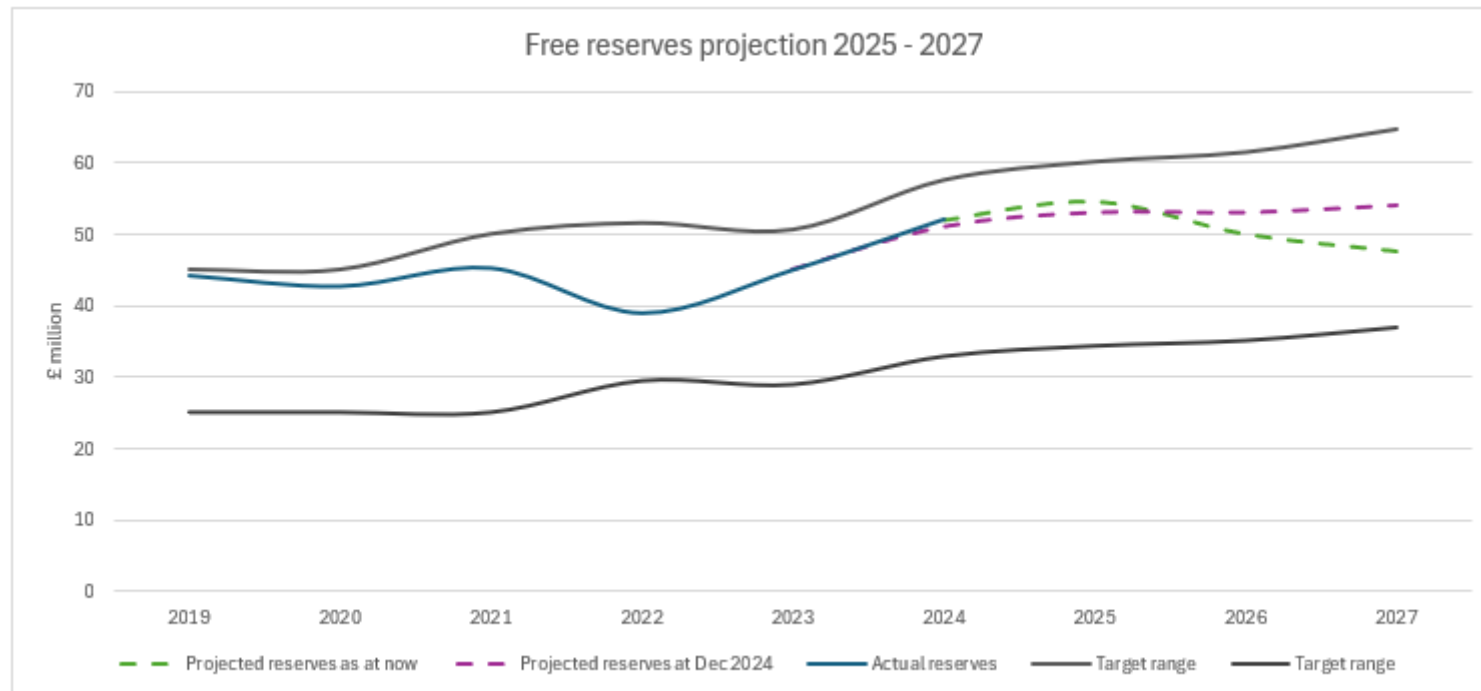
Direct costs of holding examination days
 Proportion of support costs within Registration and Revalidation directorate
 Proportion of estate costs based on floor space used
 Proportion of organisation support costs based on headcount
 Depreciation from asset investment

Income includes examination fees only

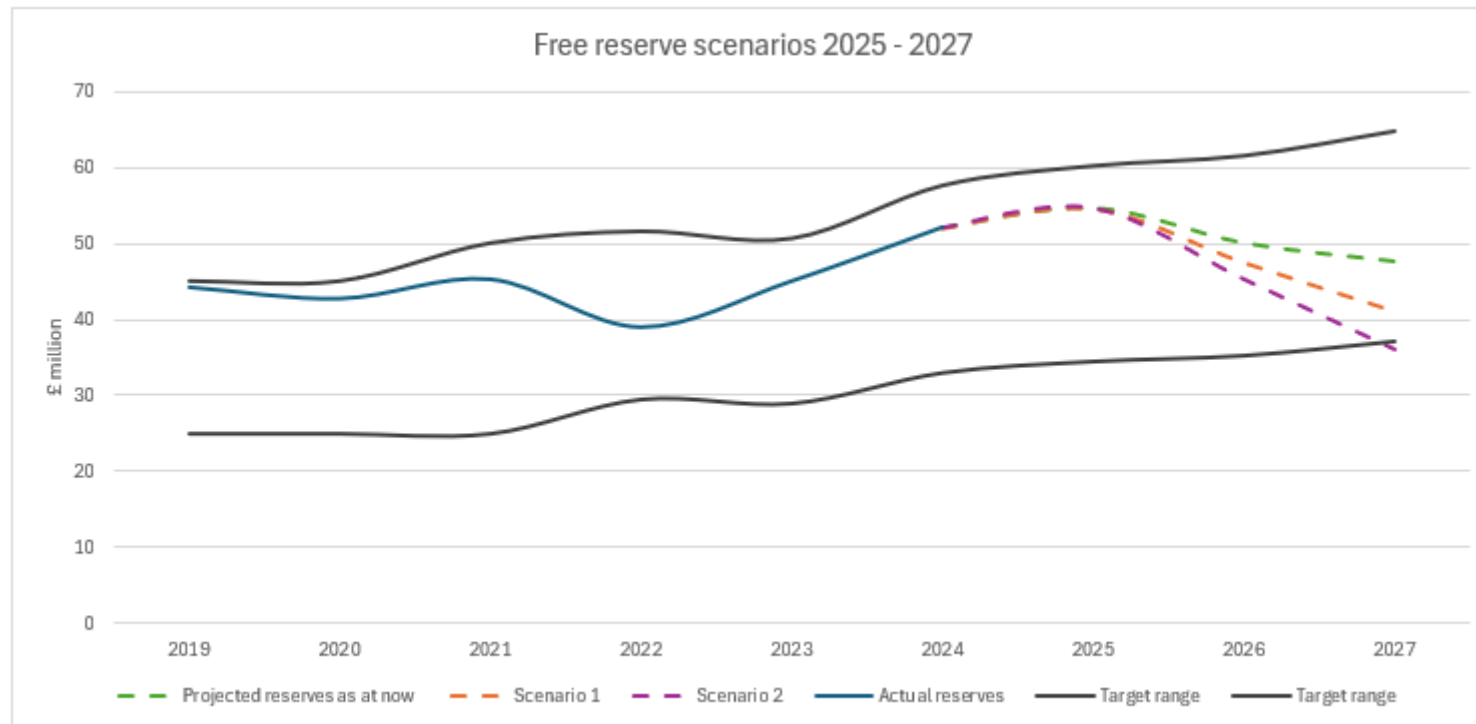
Income from application fees and annual retention fees
 is not included

Annex C

2025 -2027 reserve estimates – comparison versus 2025 budget



2025 -2027 reserve estimates – PLAB volume scenarios



Current projection based on a 30% reduction in PLAB 1 candidate volumes then reducing to a 10% cumulative reduction
Scenario 1 is a cumulative 30% reduction in PLAB 1 candidate volumes
Scenario 2 is a cumulative 50% reduction in PLAB 1 candidate volumes

Reflecting on our engagement panel for regulatory reform

Action	To note
Purpose	Update on how we have involved our audiences in regulatory reform so far and reflections on the impact of our mixed engagement panel of patients, doctors, PAs and AAs since 2023.
Decision Trail	A version of this paper has gone to the regulatory reform programme board on 29 May and SMT on 14 July.
Recommendation	To note the activity we have carried out to make sure we are listening to patient and registrant voices in regulatory reform, with a focus on what we have learned from commissioning our mixed engagement panel – a novel approach for the organisation.
Author contacts	<p>Steve Loasby, Senior Research and Evaluation Lead</p> <p>Anna Stringer, Communications Manager (Regulatory Reform)</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Shaun Gallagher , Director, Strategy & Policy

Agenda item M5

Reflecting on our engagement panel for regulatory reform

Background

- 1 The UK government is reforming the way we and other healthcare professional regulators work by creating a modern and flexible framework that will enable us to better protect patients and support the professionals we regulate.
- 2 As we prepare for these changes, we are committed to involving everyone impacted by our work (patients, doctors, physician associates (PAs) and anaesthesia associates (AAs)) in the shaping of our future policies and processes.
- 3 This is part of the wider work the organisation is carrying out to strengthen our involvement of patients and the public in three aspects of our work as a public regulator: policy development, the experiences which patients have of our services and processes, and our engagement with patients through the organisations and networks that represent their needs and interests.
- 4 Following desk-based research and engagement with other regulators, we decided to undertake multiple strands of activity to support regulatory reform:
 - a **Engagement panel (2023 -2025)** – we commissioned Community Research to facilitate a panel of patients, doctors, PAs, and AAs to help us design new processes, guidance, and communications. Now that the final panel engagement for this round has drawn to a close, we wanted to update Council on what was achieved and what we learned.
 - b **Patient research to support our PA/AA consultation (2024)** – we commissioned [research](#) seeking views from a broadly representative sample of members of the public about the changes to how we regulate, to bolster the responses we receive to our consultation. Findings were fed into consultation analysis and the research report was published at go-live in December 2024.
 - c **Connect and change community of interest** – our new community of interest brings people together, providing a two-way channel for us to keep audiences updated and a key resource for ongoing engagement, testing and collaboration. We have around 1200 subscribers so far, but we continue to promote with patient organisations.
 - d **Stakeholder engagement on patient and public involvement** – tapping into our existing stakeholder relationships, we have maintained an ongoing dialogue about our work to involve individuals in regulatory reform with patient organisations and regulators. We co-hosted our 2022 patient group roundtable with the NMC on regulatory reform and have sought regular patient organisation feedback on our plans.
- 5 This paper will focus on the first of these items: reflections on our work establishing and running the panel, what we have learnt and what we propose to do for the next phase of regulatory reform.

Agenda item M5

Reflecting on our engagement panel for regulatory reform

The engagement panel

- 6 External research agency Community Research were commissioned to set up an engagement panel to run over an 18-month period (Nov 2023 – Apr 2025).
- 7 They recruited a diverse group of 30 patients, doctors, PAs, and AAs. They ensured four country representation, and range of ages, genders, ethnicities, specialities (doctors) and those who qualified abroad (doctors).
- 8 The panel approach allowed us flexibility to tailor each engagement, e.g. online forums, face-to-face focus groups, online focus groups, and engage with the same people, about multiple topics, on different occasions. Having this approach meant we did not need to re-establish our role or explain how we work at the start of every session, which allowed us to spend more time exploring the engagement topic in depth.
- 9 In this work, we were keen to move our engagement with, and involvement of, patients and registrants beyond our traditional approach of, for example, consulting on a developed option. In this area the metaphor of a 'ladder' is often used (e.g. a ladder of engagement, or ladder of participation etc). And in those terms we were trying to move higher up such ladders towards something closer to a collaborative approach. However, it should be noted that we did not intend on aiming to reach the 'highest rungs' of these which often involve working together from a 'blank piece of paper'.
- 10 As this was a novel approach for us, we sought feedback from the participants, the supplier and the participating workstreams in order to explore what went well and what we could learn for the future.

Examples of impacts/changes resulting from the engagements

- 11 Across the 18-month period we conducted four separate engagements. Each covered a different topic, and each used a tailored method, this gave us the opportunity to compare different approaches.
- 12 We have highlighted below some of the impacts from each of the sessions. We found that some of the impacts were quite direct, (e.g. feedback on communications), others were more contributory (e.g. being one source among many that informed a decision), whilst others were more unintended (e.g. sessions on process helping to inform communications).

Accepted outcomes (Q2 2024)

- 13 The purpose of this engagement was to:

Agenda item M5

Reflecting on our engagement panel for regulatory reform

- a gain an understanding on what our stakeholders would want from us during an investigation to encourage them to engage which will in turn support our decision making at the accepted outcomes stage.
 - b know what our stakeholders need to establish trust and confidence in the decisions made at the accepted outcomes stage. This could be before/during/after the accepted outcomes stage.
- 14** 30 participants – pre-briefing, followed by 50:50 online vs. F2F focus groups:
- a This contributed to the decision to retain two case examiners instead of moving to a single examiner model.
 - b This prompted conversations around how we communicate decisions in published documents.
 - c Suggested ways we can consider customer experience within fitness to practise (FTP) to help build trust and confidence in our processes.

How people can challenge our FTP decisions (Q3 2024)

- 15** The aim of the session was to explore the views different stakeholders may have on how people can challenge the decisions we make in FTP. This is currently managed by the corporate review team through the corporate review process (often referred to as ‘Rule 12’). We wanted the panel’s feedback to help us design user friendly processes and communications to best support customers with complex and competing needs.
- 16** 16 participants – online forum with briefing video, followed by online focus groups:
- a We have updated the decision review request form and FAQs to improve the clarity of the process and highlight its independence from FTP.
 - b The importance participants placed on independence in the review process is informing our ongoing policy development around revisions of FTP decisions for the next GMC Order.

Compassionate comms in FTP (Q4 2024)

- 17** This engagement aimed to support GMC’s ongoing commitment to compassionate communications and the continuous improvement of letters in Fitness to Practise. The purpose of this engagement was to understand how FTP letters are perceived by patients and registrants and to gain broader lessons on drafting GMC communications.
- 18** 16 participants - online forum with briefing video, followed by online focus groups:
- a Feedback used to re-draft two FTP letter templates.

Agenda item M5

Reflecting on our engagement panel for regulatory reform

- b It also contributed to the development of broader principles used for drafting other FTP communications.

Describing our role in education quality assurance (QA) (Q2 2025)

- 19 The aim of this session was to gauge how well patients and registrants understand the GMC's role in education QA. It also explored their views on the benefits of the GMC's role in quality assuring education and how well education QA is communicated.
- 20 Online forum with 21 participants followed by online focus group with 16 participants
- 21 *Impact tbc (too soon after report received to assess impact yet)* – feedback intended to be used to update webpages in terms of how it is displayed (level of information and target audience). We anticipate it could also feed into internal comms on how we explain education.

Key learnings

- 22 The feedback suggests that the panel was broadly successful at achieving its primary aim of meaningfully embedding participants voices in our work.
- 23 The project also demonstrated that bringing together diverse groups is possible and in fact we received almost universally positive feedback from the respondents and workstreams.

"Being a part of the GMC panel has given me a really good insight into the processes around fitness to practise. This was really handy and gave me great confidence in having them as my regulator. Knowing that they are constantly evolving and listen to their registrants is nice to see." (Registrant)

"We were made to feel that we made a meaningful contribution to the process and our collective opinions were valuable and would be considered. The group were put at ease at the first face to face session which enabled a healthy discussion and the opportunity to ask questions of both the facilitators and registrants." (Patient)

"I thought this was a valuable experience. I felt valued in that my opinions were being considered, so I feel that I have contributed to the GMC processes that were be reviewed." (Registrant)

"It has been the only real opportunity to directly ask users about some of our assumptions...about what our audiences want. It's been really helpful and impactful to hear about what's important in how we communicate to and with them." (Workstream colleague)

- 24 Working on a more innovative way of engaging with our audiences has helped us to understand better where different types of approaches may be more or less appropriate and effective. Some subjects/activities were perhaps harder for members of the public to engage

Agenda item M5

Reflecting on our engagement panel for regulatory reform

with, and certain topics made less sense to cover together, e.g. doctors commenting on letters received by members of the public and vice versa. Going forwards we should consider where it is most effective for engagement to be done jointly to gain input from our customers to help shape what we produce.

- 25 We also learned numerous practical lessons about how to deliver panels more effectively in future. These included how to better procure these sorts of services, how best to coordinate the activities with the workstream and how to better manage these kinds of projects – in terms of timings, topic selection and delivery. Which are quite different to traditional research.

“Becoming familiar with practices and processes, although sometimes challenging to fully understand, was reassuring as was the knowledge that there was a great emphasis on transparency.” (Patient)

“Slightly more time - still had further discussions to have” (Registrant)

“If anything, it should have been a little longer as it over-run - no fault of the team running the session, the topic evoked such a good discussion!” (Patient)

“[We were] surprised at the level of work involved and did not expect it. We overestimated how much work we could outsource, not because they were not capable, but the nature of this work makes it difficult to outsource.” (Workstream colleague)

Next steps

- 26 Considering the findings above, we have found that a mixed engagement panel is an effective and impactful way of making sure the voices of our audiences can shape our work. We intend to therefore commission another engagement panel to run alongside the next few years of regulatory reform.
- 27 We will factor in our learnings as we explore the logistics of a future panel and our approach to procurement. And we hope that this could be seen as an expanded pilot to explore further how this model of engagement might be used more widely across the organisation in future.
- 28 From developing policy positions to designing operational processes to considering upgrades to our communications and customer experience, there will be various areas of reform that we will want input on over the coming years. We are working with policy and project teams to identify these topics where there would benefit from input from patients and registrants.
- 29 We will also continue to use other engagement approaches to complement the panel. This will likely include working closely with those organisations that represent patients, doctors, PAs and AAs and commissioning further qualitative research pieces as and when these are required.

Update on Council Affiliates scheme

Action	To approve
Purpose	To provide Council with the final proposal for a Council affiliate scheme.
Decision Trail	This item was discussed at the October 2024 Council meeting.
Recommendation	To approve the scheme as proposed.
Annexes	Annex A: Role description
Author contacts	<p>Melanie Wilson, Head of Corporate Governance</p> <p>Sophie Brookes, Assistant Director Corporate</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Carrie MacEwen , Chair of Council

Agenda item M6

Update on Council Affiliates scheme

Background

- 1 As discussed with Council when it met in Cardiff in October 2024, five of the nine professional healthcare regulators currently have some form of apprentice or associate board member scheme. The aim of the schemes in general is twofold; to offer opportunities to those with limited NED experience and to bring a different perspective to discussions. Some schemes specifically target under-represented groups in seeking candidates for these roles.
- 2 The individuals in all these cases are registrants, although the PSA recruits a non-registrant.
- 3 The Chair has therefore asked that we explore the possibility of introducing a scheme of some sort, targeted at developing the skills of those with limited board exposure. As a new initiative and in line with GMC policy, an initial proposal was taken through Gateway late 2024 and a full (costed) proposal was made at Gateway in early 2025.
- 4 A paper was brought to the October 2024 Council meeting (on Board Intelligence for reference) where members were asked to provide feedback on some key questions for the scheme. These centred around: whether the scheme should be open to registrants only; what would be the appropriate level of remuneration for those taking part in the scheme; and what (if any) should be the expectation re committee attendance (non-voting). Members were also invited to share any further views which would feed into this initiative.

Since the October Council meeting

- 5 Following questions raised at the October Council meeting, we reviewed potential issues with the scheme which included:
 - Whether the scheme as originally constructed aligns with the GMC in terms of the furtherance of its charitable objectives.
 - The use of charitable funds.
 - Ensuring that the constitution of the GMC remains a matter preserved to the Privy Council and that there is no blurring of the line between Council members and affiliates.
- 6 Seeking advice, we explored ways in which we might mitigate the risks identified:
 - Any affiliate role has to be beneficial to the GMC in terms of the furtherance of its charitable objectives, and so a clearer articulation of the benefits should be described.
 - The role of affiliates should be more aligned with that of a trainee Council member. This ensures there is no blurring of the line between Council members and affiliate, and it is clear affiliates are not voting members of Council and contribute to discussions only and not to the decisions that are finally made.

Agenda item M6

Update on Council Affiliates scheme

- As the Medical Act clearly states an equal split between registrant and non-registrant Council members, it is recommended that if two affiliates are taken on, that this be one registrant and one non-registrant member, to ensure the balance of discussions is maintained around the table.
- Affiliates should not be remunerated in the same way as Council members to further make clear that distinction. The recommendation is that Affiliates will be paid the associate rate of £325 a day, for two days a month. The rationale for this is that it provides a clear basis for comparison with co-opted members to committees, values the work they will undertake but marks the differential from Council membership. It may however prove a barrier to early career doctors (for whom £7,800 would not cover the equivalent loss of earnings) but as this is a pilot, this is one of the matters for evaluation.

Revised rationale for the role

7 It is anticipated that the benefits to the GMC of the affiliate role would be:

- Widening perspectives around the Council table – for example registrants from early career or International Medical Graduates, medical students, Physician Associates or Anaesthesia Associates
- Promoting a culture of learning around the Council table and role modelling to other parts of the organisation
- Corporate social responsibility, providing those seeking careers in corporate governance opportunities to gain valuable board room experience
- Diverse voices – although we have a diverse council for some protected characteristics (sex, age and ethnicity), there is still the opportunity for greater diversity of thought, experience, and insight.

What the role would now look like

8 Annex A provides an outline of the role which we think will mitigate but cannot remove all risk of potential legal challenge. If there were to be such a challenge, and the Charity Commission felt this was not within the scope of our Charitable objects, we expect the Charity Commission would issue a notice and we would remedy the matter by ceasing the scheme.

9 Affiliates would be expected to:

- Observe how Council sets our strategy, defines our high-level policies and ensures that we fulfil our statutory and charitable purposes. They would be asked to contribute perspectives as an affiliate to issues that are discussed

Agenda item M6

Update on Council Affiliates scheme

- Prepare for, attending and contributing views at Council seminars, and observing confidential and public meetings across the full range of Council business.
 - Observe Council Committees and contributing if asked to do so by the Chair.
 - Participate in strategy development days and any Council development opportunities.
 - Develop a good understanding of the range of the GMC's work, keeping up-to-date with Council business, reading regular updates and information
- 10** Duration: Two years. Feedback suggests takes up to 6 months to get into swing of things and gives candidates more breath of experience. Also reduces recruitment costs.
- 11** Remuneration: Affiliates would be paid on the standard associate rate for two days per month plus reasonable expenses in line with the associate expenses policy.
- 12** Support: Affiliates will be provided with a Council member 'buddy' who would be asked to meet with the affiliate before and after meetings, support by Chair of Council, and support from Corporate Governance team.

Next steps

- 13** Gateway members made a recommendation to support the bid as proposed with a request for it to return to Gateway following a robust, proportionate and evidenced based evaluation undertaken with DRIH Colleagues in order to clearly articulate the true cost and impact of the pilot, whether it is fulfilling its aims and whether it would justify future rollout.
- 14** On this basis, we would plan to advertise in September 2025 with a view to successful candidates in post from January 2026.
- 15** Recruitment would be done via our current recruitment providers who have experience of recruiting 'first time board members'.
- 16** A full evaluation of the programme would be undertaken during the 2 year programme and discussed with Gateway before being brought back to Council for a decision about whether to continue, and if so in what guise. It is anticipated the evaluation would be carried out before the implementation of a unitary board and may provide evidence to assist in designing the new arrangements.

Annex A

Council affiliates

Rationale for role:

The GMC Council affiliates scheme aims to provide registrants or suitable lay individuals who aspire to develop leadership/executive/non-executive skills and would benefit from experience at board room level. By providing an opportunity to observe and develop committee and board room experience and skills, they will be in a stronger position when applying for appointments. In turn this widens understanding of the role of GMC and its priorities and, whilst not the main driver for the scheme, it also brings a wider range of more directly experienced issues for Council to hear from as it conducts its business, which is: to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the professions we regulate and to promote and maintain proper professional standards and conduct for members of the medical profession and the anaesthesia associate and physician associate professions.

We are particularly keen to offer experience to candidates who have taken the first early steps in leadership roles /executive/non-executive careers in areas directly related to the regulation of doctors, PAs and AAs.

What the role will look like:

We are seeking Council affiliates with a genuine interest in our work and a passion for public protection.

Affiliates will have a chance to observe all aspects of the Council's work and gain a thorough understanding of the GMC, Council's business and how appointed Council members conduct their role. We are looking for individuals who have the talent, ability and potential to develop the skills needed to succeed in a board role, and who can bring an additional perspective to the Council's discussions.

As an affiliate you will be given opportunities to shadow almost everything an appointed Council member would do, including:

- Observing how Council sets our strategy, defines our high-level policies and ensures that we fulfil our statutory and charitable purposes. You will be asked to contribute your perspectives as an affiliate to issues that are discussed

Agenda item M6

Update on Council Affiliates scheme

- Preparing for, attending and contributing views at Council seminars, and observing confidential and public meetings across the full range of Council business.
- Observing Council Committees and contributing if asked to do so by the Chair.
- Participating in strategy development days and any Council development opportunities.
- Developing a good understanding of the range of the GMC's work, keeping up-to-date with Council business, reading regular updates and information.

As an affiliate you will not be a Charity Trustee or subject to the legal duties, responsibilities or liabilities of appointed Council members. You will have the chance to contribute to the Council's work as an observer at council meeting but you will not participate in Council decision-making.

The appointment will be for two years and the total time commitment is around two days a month (though this could vary depending on what each affiliate wants to get out of the opportunity.)

Affiliates will receive the associate rate of £325 a day, for two days a month, plus reasonable travel costs/expenses in line with GMC policy.

Council meetings will need to be attended in person and can be held at any of our offices around the country. You will also need to commit to participate in support meetings ahead of each Council meeting (which could be online) and there will be the opportunity to attend Committee meetings which are held in London, Manchester or online.

You will need to have full support and consent of your employer or any organisation or body you work for in applying for these roles, including willingness to release you to attend Council meetings and other activities.

What we are looking for:

We are looking for those interested in future board roles. We do not expect prior boardroom experience, but Affiliates need to demonstrate an interest in the work of the GMC and an ambition to take part in governance groups.

You will:

- Demonstrate high standards of personal conduct including impartiality and objectivity.
- Demonstrate our values of integrity, excellence, collaboration, fairness and transparency, adopting the Council's Code of Conduct and other policies and uphold the seven principles of public life.
- Possess excellent inter-personal skills as well as the confidence to share your perspective (However, working with the Chair and others, we can help you to develop your confidence in the Board room.)

Agenda item M6

Update on Council Affiliates scheme

- Show an interest in learning about the GMC's work and an understanding of, and commitment to, the protection of the public through professional regulation.
- Show enthusiasm, curiosity, and the potential ability to develop skills such as:
 - thinking strategically, stepping back and seeing the big picture.
 - developing the skills to scrutinise, challenge in a constructive and supportive way and identify when and how to seek assurance.
- demonstrating an analytical approach, with potential to develop the ability to weigh complex issues and reach sound judgements.
- Have the willingness to develop an understanding of the range of organisational and business issues with which the Council deals, together with willingness to develop the knowledge and skills to make a strategic and constructive contribution to discussions.
- Have the willingness to develop the ability to work successfully with a team of Non-Executive and Executive colleagues, with evidence of respecting and listening to others, earning the respect of colleagues and contributing constructively to collective discussions.
- Demonstrate the ability to commit the time required to make the most of this opportunity.

What we will offer:

Opportunity

We offer the opportunity to gain valuable board room experience to help you achieve future board room and leadership positions. How much you take from the role will be up to each affiliate.

Inclusion

We are a supportive, inclusive board and very keen to hear opinions and views that may differ from our own. Affiliates will be able to observe everything that comes to Council and no issues will be off limits.

Development

We will provide a comprehensive induction into the GMC's work, our Council and governance. You will also take part in all Council seminars and workshops through the year.

Range of experience

As well as attending Council meetings, you will have the opportunity to attend Committee meetings so you can gain an insight into the full range of governance at the GMC.

Support

You will have an assigned Council member who will provide support and guidance. Additionally,

Agenda item M6

Update on Council Affiliates scheme

our Council Chair will regularly check in with you to provide ongoing support and our Governance team will be on hand to provide you with practical support and assistance.

What will you achieve by being an affiliate?

By the end of the scheme, we would expect affiliates to have:

- Developed a full understanding of the GMC's work and the range of Council and organisational responsibilities.
- Experience of board business and contributing to discussions at the highest level.
- Board room skills such as the courage to constructively and effectively speak up, challenge, seek assurance, and work effectively as part of a high level team – understanding how possible solutions can be formulated, as well as understanding the causes of certain limitations.
- An understanding of how Council takes responsibility for and develops the GMC's corporate strategy, business plans and budgets and other policy. An understanding of how Council ensures the GMC is fulfilling its statutory purpose.
- Experience of how Council holds the Executive to account for the management of day-to-day operations, ensuring that resources are used effectively and appropriately.

Safeguarding Annual Report

Action	To note
Purpose	<p>The Charity Commission requires charities to produce an annual safeguarding report.</p> <p>This is our second annual safeguarding report. It details work completed to move the safeguarding project into business as usual (BAU); along with a summary of other safeguarding activity that has taken place throughout 2024.</p>
Decision Trail	The report has been shared with SMT May 2025, ARC May 2025 and Executive Board June 2025
Recommendation	To note the content of the report.
Annexes	<p>Annex A: Safeguarding Report for 2024</p> <p>Annex B: Safeguarding Data</p> <p>Annex C: Safeguarding Costs</p>
Author contacts	<p>Helen Majerski, Designated Safeguarding Manager</p> <p>Claire Gardner, Head of Quality and Safeguarding</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

Agenda item M8
Safeguarding Annual Report

Background

- 1 The GMC has a responsibility under the Charity Commission’s guidance to have robust arrangements in place to safeguard and promote the welfare of children and adults at risk and to take reasonable steps to protect those who we come into contact with from harm.
- 2 This is our second annual safeguarding report to Council and covers safeguarding activity for 2024. It should be noted that during 2024 we continued to implement our safeguarding project which involved:
 - Collaborating with colleagues in each directorate to support embedding safeguarding into local processes and business as usual (BAU) activity.
 - Delivery of mandatory digital training to colleagues and face to face training for colleagues who are more likely to see safeguarding in the course of their work.
 - Continuous improvement activity to safeguarding processes, decision making and data collection as we continued to learn from the safeguarding activity impacting the GMC.

Safeguarding Annual Report for 2024

- 3 The Safeguarding Annual Report can be found at Annex A. The approval route for the report is:
 - SMT on 12 May 2025
 - Audit and Risk Committee (ARC) May 2025
 - Executive Board June 2025
 - Council July 2025
- 4 The content of the report has been updated to reflect feedback from ARC to include cost information. This can be found at Annex C.

Safeguarding Annual Report for 2024

- 5 2024 was the second year of our phased implementation of safeguarding policies and processes. As we continued to collaborate with colleagues, different team and directorate requirements were identified.
- 6 As a result, the Safeguarding Team refreshed several internal processes including changes to reporting exceptions and recording of decisions in Siebel. We also developed our safeguarding dashboards. As a consequence of these changes, it is not possible to compare our 2024 data with last year’s data. 2025 will be the first year where we will have organisational wide safeguarding data.

Agenda item M8

Safeguarding Annual Report

- 7 There have also been changes and developments taking place during 2025 for Council to note. These include:
- Changes to reporting thresholds. Colleagues are now required to report all cases where an individual expresses suicidal ideation or self-harm. Colleagues are still expected to deal with any immediate risk to life and provide signposting to support services prior to reporting the incident to the Safeguarding Team. This change of approach for 2025 will enable us to collate data as well as ensuring that colleagues have been provided with any relevant support.
 - Safeguarding cases referred to the GMC directly into Fitness to Practice (FTP) from a statutory safeguarding organisation (Police, Local Authority or NSPCC) will now be monitored by the Safeguarding Team. Again, this is to ensure we have a full data set, and the team can reach out to colleagues to provide safeguarding support.
 - Changes to our safeguarding decision template to include more information on the case and our decision rationale. This improvement was a recommendation following a compliance review of safeguarding decisions by the Quality Assurance (QA) Team.
 - Development of a thematic peer review process in FTP to check if all relevant safeguarding cases are being referred to the Safeguarding Team. The QA Team also have a standard question in our compliance audit criteria to record any instances where a safeguarding concern has not been reported.
- 8 Further information on the above will be available in the 2025 Annual Report.

Conclusion

- 9 Considerable progress has been made during 2024. The Internal Audit completed by BDO and Safeguarding Alliance commented on the progress that has been made to GMC's safeguarding culture.
- 10 We have completed the implementation phase of our safeguarding project and safeguarding work will now move to BAU activity. A project closure report was approved by Gateway and Executive Board in March 2025.
- 11 2025 is the first year that safeguarding is embedded across all directorates, and we have seen an increase in the number of referrals reported to the Safeguarding Team and external referrals to statutory agencies.

Annex A

General
Medical
Council

Safeguarding Annual Report 2024

Authors:

Claire Gardner, Head of Quality, Assurance and Safeguarding

Helen Majerski, Designated Safeguarding Manager

May 2025

Background

1. The GMC has a responsibility under the Charity Commission's guidance to have robust arrangements in place to safeguard and promote the welfare of children and adults at risk and to take reasonable steps to protect those who we come into contact with from harm. This responsibility lies with everyone who works at the GMC or is working on behalf of the GMC including our colleagues, those contracted to work with us, and council members.
2. There is also a Charity Commission expectation that an annual report on safeguarding is produced. This is our second annual safeguarding report. It provides Council with:
 - Assurance that we are meeting our safeguarding obligations in relation to the Charity Commission guidance and our GMC values.
 - An overview of GMC's safeguarding practice and activity.
 - Information on the types of safeguarding concerns we see at the GMC.
 - An overview of our plans for 2025 and our commitment to continuously improve and develop our safeguarding culture.

Safeguarding structure and governance

3. The Director of Resources is the Senior Management Team (SMT) lead for Safeguarding. Our Safeguarding Team is located in the Quality, Continuous Improvement and Safeguarding Section, Resources Directorate. The team consists of a Designated Safeguarding Manager (DSM) who was appointed in July 2022 and a Safeguarding Officer (SO) who was appointed in November 2023. Both members of the team have received Level 5 safeguarding training.
4. Our safeguarding work is supported on an ad hoc basis by other professionals across the GMC, including colleagues in our Legal and Information Governance teams who provide advice and support on complex cases and in the sharing of information. Four colleagues from the Quality Assurance Team, have received additional safeguarding training (to Level 3) and provide ad hoc support and resilience to the Safeguarding Team during peaks in workload.
5. While not a statutory safeguarding organisation, our approach to safeguarding incorporates good practice and learning from frameworks and national safeguarding guidance, taking into account safeguarding requirements and legislation to protect adults and children across the four countries.
6. We are committed to continue to develop a strong safeguarding culture across the GMC, where safeguarding is a key element in what we do. A Safeguarding Working Group (SWG), chaired by the Director of Resources is attended by representatives from all our directorates

and the MPTS. The group provides advice, challenge, support, and direction to the Safeguarding Team.

7. Our safeguarding risks are managed via our corporate risk register and within the Safeguarding Team.
8. Our safeguarding approach has been subject to three internal audits. The last audit was conducted by the Safeguarding Alliance/BDO in September 2024. The results of the audit were positive. The audit report acknowledged the work done to develop our safeguarding culture and concluded 'Overall, the investment in safeguarding training has not only enhanced the knowledge and skills of staff but has also instilled a strong culture of safeguarding throughout the GMC. The tangible improvements in practice and reporting highlights the success of the safeguarding project initiative.'
9. In 2024 the Quality Assurance Team undertook a compliance audit of a sample of safeguarding decisions. The results of this audit provided assurance that our decisions were appropriate, however we updated our decision making guidance to ensure that all our decision rationale was being recorded appropriately. The results of all audits were reported to our Audit and Risk Committee (ARC).

Safeguarding policies and processes

10. Our revised corporate safeguarding policy and processes were approved by Executive Board in May 2023. From May 2023 to December 2024 the revised policy along with training was implemented across all directorates and at the MPTS.
11. In addition to our corporate safeguarding policy, the GMC have a suite of policies and processes in place that support our approach to safeguarding. These include:
 - Health and Safety including our threatening & abusive behaviour policy.
 - A range of people policies, including unexplained absences, sickness absence, and disciplinary policy, processes and procedures.
 - Raising concerns policy.
 - Independent support services for victims and doctors.
 - Supporting vulnerable people toolkit.
 - Domestic abuse policy.
 - Recruitment policy.

Charity Commission requirements

12. We have made considerable progress in implementing our policies and processes and embedding safeguarding into our business as usual (BAU) activity. Key achievements to note for 2024 include:

- The continuous development of our three year safeguarding plan.
- The delivery of digital and face-to-face safeguarding training for colleagues.
- The delivery of safeguarding workshops and training to Council and Senior Management Team.
- Internal audit of our safeguarding policies and processes.

Safeguarding Systems

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

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

Key safeguarding activities and statistics

Safeguarding concerns reported to the Safeguarding Team

14. The Safeguarding Team review concerns identified during the course of our work which relate to registrants, witnesses, complainants and members of the public.

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

-
15. A total of 413 safeguarding referrals were reported to the Safeguarding Team in 2024: averaging at 34 a month. This compares with ten referrals a month for the last six months of 2023. A total of 57 referrals were closed as they were not safeguarding cases.
16. A total of 273 concerns required a decision and 399 decisions were made in total. The decisions figure is higher than the number of concerns as had numerous people involved and a separate decision was made for each person.
17. Further data on the reported concerns and decisions can be found in Annex B. Key points to note:
- The majority of safeguarding decisions made by the Safeguarding Team related to adults, either solely or as one aspect of a decision. 14% of decisions related only to children, a slight reduction from 2023 when it was 16%.
 - 62% of safeguarding decisions involved a registrant(s)
 - 66% of referrals came from Fitness to Practise and 25% from Registration and Revalidation.
 - The most common safeguarding themes reported to the Safeguarding Team were about adult mental health, suicide ideation and self-harm and domestic abuse. In relation to children, it was physical and emotional abuse.

Decision outcomes

18. A safeguarding decision is made on each individual involved in a referral where the concern meets the definition of safeguarding and threshold for reporting. Therefore, the number of decisions made will be higher than the number of concerns reported to the Safeguarding Team. In relation to decision outcomes:
- In 10% of safeguarding cases signposting was recommended and no further action was required by the Safeguarding Team.
 - In 40% of cases the Safeguarding Team were able to establish that statutory safeguarding agencies were already aware of the concern(s) and no further action was required.
 - In five concerns reported, relating to seven individuals, the matters were serious enough to warrant disclosure of information to an external statutory safeguarding organisation. Two concerns were reported to the relevant local authority, two to the Police and three to the National Crime Agency. These concerns related to:
 - A child who was forced to take intimate photos of adults. The information was shared with children's services.
 - A vulnerable patient who stated she has been sexually exploited by her doctor. The adult had not reported this to the police but did not object to the GMC sharing the information.

-
- A registrant who was planning to leave the UK, with their children due to domestic abuse in the home. Children's services were contacted and provided advice to the parent.
 - A video posted on social media of someone purporting to be a doctor arranging to meet a child. While not able to identify the legitimacy of the video or the individuals involved, the information was reported to the National Crime Agency.
 - We received concerns from two registrants based overseas who raised concerns about detaining patients illegally. The information was shared with the National Crime Agency.

Safeguarding concerns reported to the People Team

19. The People Team had a total of 32 safeguarding concerns raised in 2024, this is a 200% increase on the monthly concerns raised in 2023 and serves to demonstrate how identifying and dealing with safeguarding concerns has become embedded within the organisation. The main theme relates to colleagues not attending work.
20. There has been an increase in the diversity of concerns raised, which was expected as colleagues became more experienced in dealing with concerns. There were a small number of cases that related to domestic abuse. This data does not include details relating to colleagues' physical or mental health, which are managed and supported via our sickness absence policies and processes.

Threatening and abusive behaviour

21. A total of 24 threatening and abusive behaviour incidents were reported to the Compliance Team in 2024. Of these incidents:
- 3 were reported to the police.
 - 21 threats were made to colleagues.
 - 3 threats were made to doctors or third parties.
 - The majority of threats made were to colleagues in FTP or R&R directorates. In all cases where threats were made to colleagues, support was provided by their line manager.

Independent support to victims

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

to specialist support agencies and where necessary, referrals to statutory safeguarding agencies.

23. During 2024:

- A total 171 of referrals were made to Victim Support of which 94 were self-referrals and 77 were submitted by GMC colleagues on behalf of the person needing support. The use of the service has increased when compared with 2023 where a total of 136 referrals were made to Victim Support,
- There were 361 attempted calls made to Victim Support, of these 80% of calls were answered.
- A total of 2 safeguarding referrals were made as a result of a call with the service.
- 72 service users were signposted to other organisations for support. Data on signposting to other organisations was unavailable between January and March due to some systems changes occurring at Victim Support during this time.

Doctor Support Service

24. The Doctor Support Service offers emotional support to doctors undergoing an investigation. The service is free and run independently from the GMC. During 2024, 95 doctors contacted the service and were provided with support. This figure relates to doctors new to the service during 2024 compared with 77 doctors in this category contacting the service in 2023.

25. Every user between January 2023 and December 2024 was emailed the link to the feedback survey to complete. Of the 178 users contacted in 2024, 46 people completed the survey. The results show:

- 91% found it easy or very easy to access the service.
- 89% agreed or strongly agreed that their doctor supporter was sensitive towards their issues.
- 87% agreed or strongly agreed that it was helpful talking to a doctor about their worries.
- 83% agreed or strongly agreed that they felt more able to cope with the fitness to practice process after speaking with a doctor supporter.

Safer Recruitment

26. A review of recruitment processes started in 2024 and is ongoing. The Recruitment Team are continuously enhancing their approach by embedding safer recruitment practices into day to day recruitment activities including the design of job packs, advertisements, selection processes, and measures to ensure candidate safety.

Wellbeing support for colleagues

27. We have a range of wellbeing services that all colleagues can access. The Employee Assistance Programme (EAP) is an external service which provides colleagues access to free support and counselling and advice on work, personal and health issues. In addition, colleagues can access other wellbeing support services and training including:

- Access to Mental Health First Aiders – who provide urgent emotional support to colleagues.
- Freedom to Speak Up Champions.
- Mental health awareness and resilience training.
- Wellbeing action planning and support on making reasonable adjustments in the workplace.
- Decompression sessions.
- Network groups.

Safeguarding Advice

28. Colleagues will contact the DSM or SO to ask for advice on processes or specific safeguarding situations they are managing. During 2024 we had 142 requests for advice. Examples include:

- Supporting the Recruitment Team on developing their safer recruitment processes.
- Supporting colleagues in our Education and Standards Directorate when considering safeguarding policies in place at universities.
- Advice on safeguarding relating to colleagues.
- Information request from external agencies such as the Police, NHS England or other safeguarding organisations.
- Advice on supporting vulnerable people.

Communication and Awareness

29. Our Safeguarding Hub which went live on the GMC intranet in 2023 continues to be updated with the latest safeguarding information. The Hub contains information on what safeguarding

is, our policies and processes, roles and responsibilities, guidance documents, information on how to report concerns, and where colleagues can go to access support for themselves or where to signpost others.

30. In January 2024 new people policies related to domestic abuse, and colleagues absent without approval were published. The People Team worked with the DSM to update these policies.
31. In April, safeguarding featured in the monthly 'In Touch' article which is authored by a member of our Senior Management Team.
32. In April 2024 the importance of Safeguarding also featured in our Chief Executives live video communication to all staff known as 'Charlie's Stand Up'.
33. In June 2024 a safeguarding blog was published on Inside Info which included information from colleagues in Facilities. The article outlined what colleagues had learnt from safeguarding training and how safeguarding had been embedded into their day to day activities.
34. Our revised Vulnerable Person's toolkit was launched on the 10 September 2024 to coincide with National Suicide Prevention Day. The toolkit is available on the desktop of all GMC laptops.
35. We have over 45 Directorate Safeguarding Representatives (Reps) across the GMC and MPTS who support our safeguarding activity. Reps are responsible for leading work in their directorates to embed safeguarding into BAU processes. Progress is monitored via our three year safeguarding plan with updates being provided to our SWG. They also provide advice and feedback to the Safeguarding Team on any emerging issues or additional training requirements.
36. The Safeguarding Team have benchmarked and networked with other organisations including attending the National Local Authority Designated Officer Network, Safeguarding Alliance and safeguarding teams in NHS Trusts.

Training

37. The aim of our training is to create a culture where safeguarding is recognised, recorded, and reported, and where colleagues raising or impacted by a concern are supported. We have a duty to provide safeguarding training to our colleagues and those who work with us, which is commensurate with their role. All colleagues will receive mandatory digital training to ensure they are able to recognise safeguarding concerns, ensure that concerns and allegations are managed sensitively, and know how to report information to our DSM or People Team.

-
38. During 2024, digital mandatory training was completed by a total of 1066 colleagues across all directorates.
39. In February 2024 safeguarding training was delivered to our Senior Management Team and to council members in July 2024. All assistant directors attended a one day safeguarding training session with five sessions being delivered during 2024.
40. The feedback from colleagues relating to both the digital and face to face sessions has been positive:
- 89% of colleagues who provided feedback on completion of the digital and face-to-face training said it met their expectations and that the course was very good or excellent. This is a similar rating to 2023 where 88% of colleagues found the course very good or excellent.
 - 91% of colleagues who provided feedback on the digital training said it contained relevant information and the figure was 80% for delegates who attended the face-to-face training which was below the 2023 result of 96%.
 - Over 90% of delegates said it was well organised and presented, trainers gave delegates individual attention, and encouraged participation compared to 100% in 2023.
41. Training and continuous professional development is also in place for our DSM and SO. Training and events attended is bulleted below.
- DSM and the SO have external supervision regularly with Safeguarding Alliance.
 - DSM attended Safeguarding Adults Digital Conference (1 day Feb 24)
 - DSM attended MIND Health for Managers (1 day March 24)
 - DSM was trained as a Mental Health First Aider (3 days Nov 24)
 - SO completed Safeguarding Children & Adults Level 5 training (Nov 24)
 - SO has completed the SCIE Training – Safeguarding Adults for Managers and DSLs (2 days Feb 24)

Progress on 2024 Priorities

Implementation of the safeguarding project

42. The safeguarding implementation plan was completed by the 31 December 2024. Colleagues in all directorates have completed mandatory digital training. All colleagues have access to safeguarding reporting systems and are aware of their roles and responsibilities to recognise, record and report safeguarding concerns.

Vulnerable Persons Toolkit

43. The content of our Vulnerable Persons toolkit has been updated and is now accessible to all colleagues via an icon on their laptop.

Development of our safeguarding dashboards

44. We have information dashboards in place that enable us to identify the number of safeguarding referrals made to the Safeguarding Team, along with themes and outcomes. In addition, we have a separate monthly report to identify safeguarding concerns that have been reported to the GMC by a statutory safeguarding organisation.

A review of our recruitment process to include safer recruitment good practice.

45. Recruitment packs and job descriptions include details of our safeguarding policy. Recruiting managers in teams where safeguarding is likely to occur are also encouraged to talk about safeguarding at job interviews.

SMT and Council member safeguarding training/workshops.

46. All members of the GMC senior leadership team, assistant directors and council members were invited to a safeguarding workshop or training event.

Safeguarding Three Year Plan

47. Our three year plan contains objectives for the Safeguarding Team, People Team and directorates. The plan is a live document that is updated as new issues or changes are identified. The objectives reflect issues and risks outstanding from the safeguarding project, recommendations from audits, objectives identified by directorate teams at training events and issues identified by the SWG. Examples of objectives include:

- Building safeguarding into business continuity plans.
- Working with local change and policy teams to ensure policy documents are updated or old policies are withdrawn.
- Development of our local Directorate Safeguarding Representatives.

Costs

48. A summary of the costs to provide support services and the resource costs for the Safeguarding Team is at Annex C.

Priorities for 2025

49. Our work priorities for 2025 include:

- Refresh and roll out of our digital safeguarding training to all colleagues.
- Supporting directorates in completing their local safeguarding actions as recorded in the three year plan.
- Delivery of scheduled safeguarding training to new colleagues or colleagues who want to refresh their safeguarding knowledge.
- To continue to monitor external developments in safeguarding and consider their implication for the GMC.
- To deliver our communication and awareness strategy.

Annex B

Safeguarding Data

Safeguarding Data

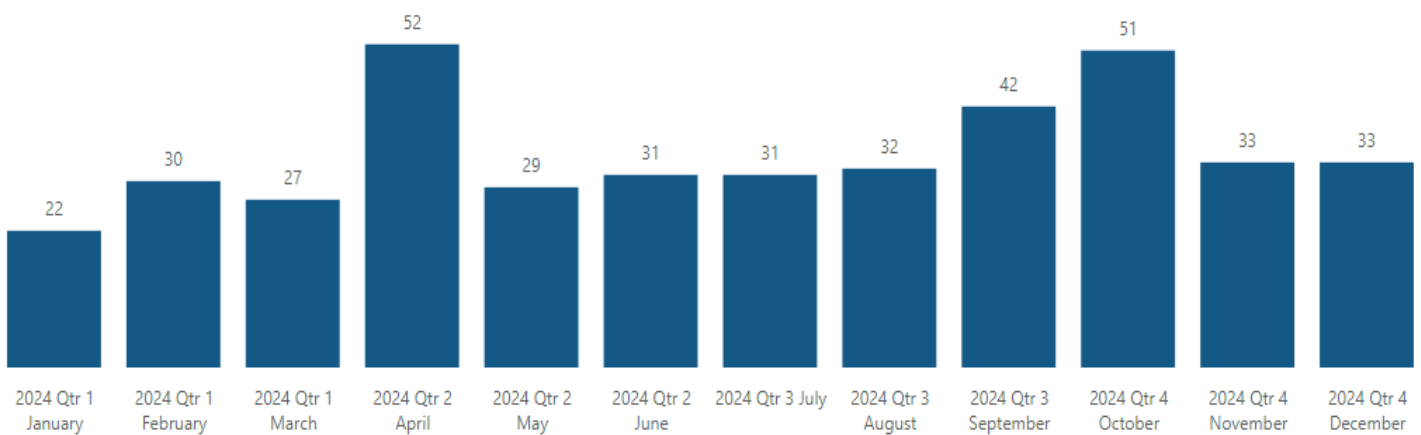
The data below relates to safeguarding concerns reported to the Safeguarding Team from January to December 2024. During this period the new policy and process continued to be implemented via a phased release across directorates and therefore it does not reflect a complete picture for all the GMC.

2025 will be the first year when we will be able to report safeguarding information for all directorates.

Volume of Safeguarding concerns in 2024



of referrals



Was the referral related to a registrant?

The figures below relate to registrants who were either at risk of harm or their actions may have caused harm to others.

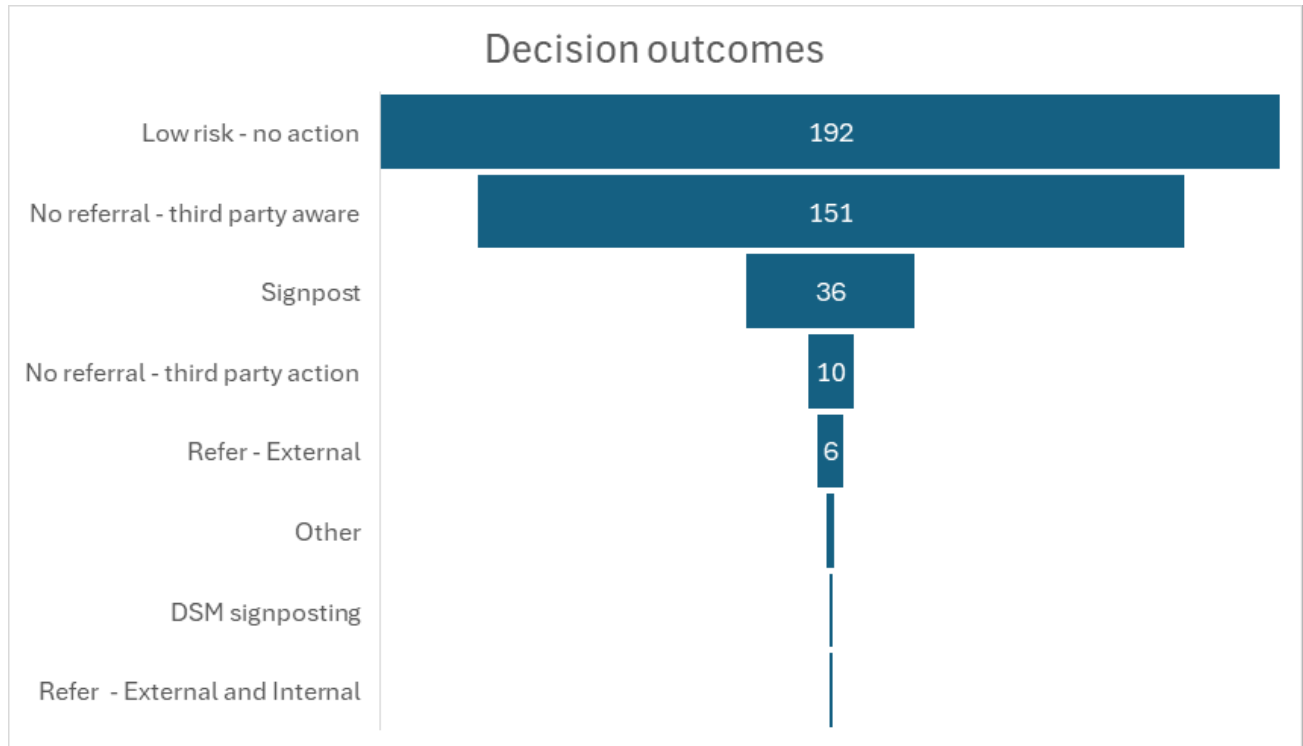


Who was the concern about?



Decision outcomes

In 40% of decisions the cases were of a serious safeguarding nature, but no referral was required by the team as we determined statutory safeguarding organisations were already aware.



Safeguarding themes

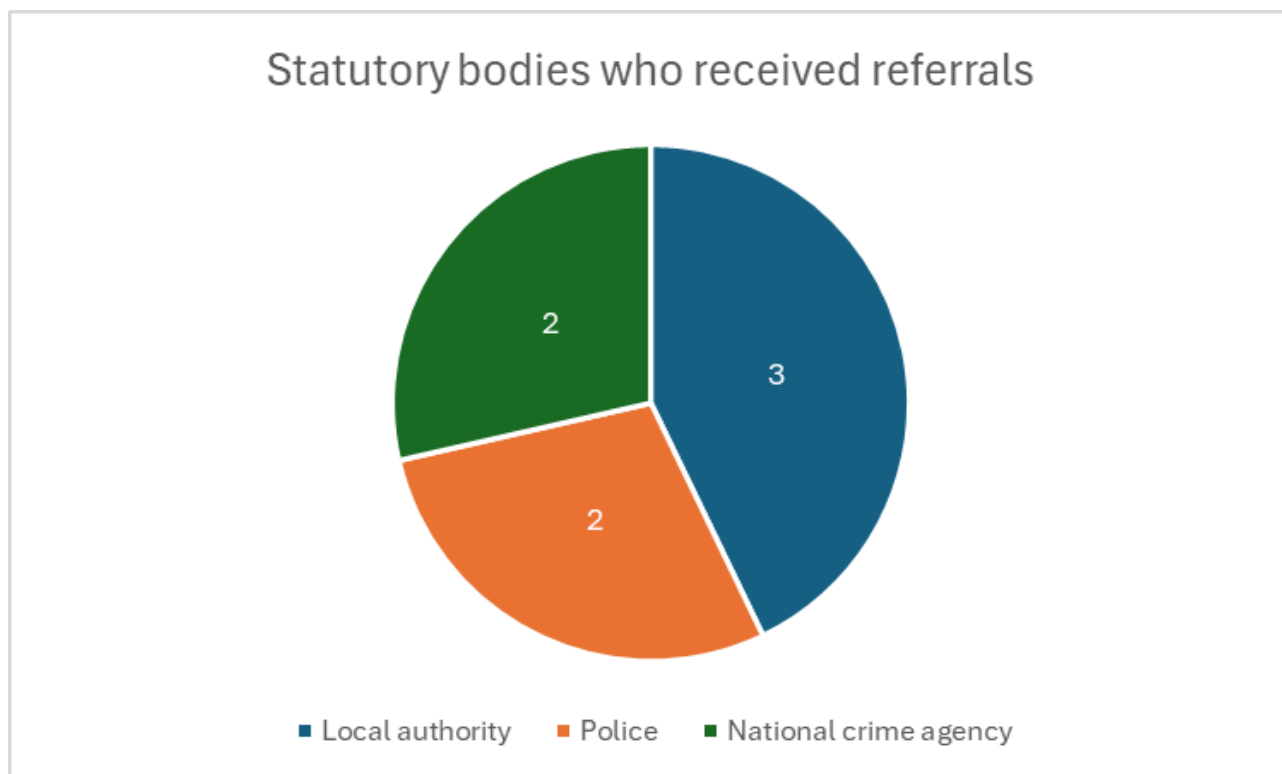
25% of all decisions related to either Adult Mental Health or Self-Harm /Suicide, making it the most common theme referred to the Safeguarding Team.

Adult Domestic Abuse is also one of the most commonly occurring themes, accounting for 15% of the total.

Theme	# of Decisions
Adult Mental Health	62
Adult Domestic Abuse	59
Adult Self Harm/Suicide	39
Adult Neglect - Acts Of Omiss	34
Adult Sexual Abuse	32
Adult Physical Abuse	19
Child Physical Abuse	16
Adult Org Or Instit Abuse	15
Child Emotional Abuse	12
Adult Non Recent Abuse	11
Child Domestic Abuse	11
Adult Discriminatory Abuse	10
Adult Psych Or Emotional Abuse	10
Child Sexual Abuse	10
Adult Financ - Material Abuse	9
Child Neglect	9
Child Mental Health	8
Child Neglect/Abuse	7
Other	7
Child Non Recent Abuse	6
Adult Self-Neglect	3
Adult Sexual Exploitation	3
Adult Modern Slavery	2
Child Grooming	2
Adult Honour Based Violence	1
Child Online Abuse	1
Child Self Harm/Suicide	1
Total	399

Reporting concerns to external statutory safeguarding organisations

In five cases, involving seven individuals the Safeguarding Team disclosed information to external statutory organisations.



Annex C

Safeguarding Costs

2024 Safeguarding Costs

Activity	Cost (£)
Safeguarding Team with staff and training oncosts	105,148
Doctor Support Scheme	61,000
Independent Support Service – Victim Support	86,000
Employee Assistance Programme	14,636
Total	266,784

Council forward work programme

Action	To note
Purpose	This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
Recommendation	To note the Council forward work programme
Annexes	None
Author contacts	Melanie Wilson , Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Corporate Directorate

Agenda item M9**Council forward work programme**

Background

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

30 Sept/1 Oct 2025 – Scotland

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> Scotland focus 	Paul Reynolds
Confidential session	<ul style="list-style-type: none"> Report from GMC Services International Ltd 	Paul Reynolds
	<ul style="list-style-type: none"> SC&E Impact report 	Paul Reynolds
	<ul style="list-style-type: none"> 2026 Budget Assumptions and Approach 	Neil Roberts / Shaun Gallagher
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	Shaun Gallagher
	<ul style="list-style-type: none"> Regulatory Fairness Review 	Shaun Gallagher
	<ul style="list-style-type: none"> People Report 	Neil Roberts
	<ul style="list-style-type: none"> SoMEP workforce report 	Shaun Gallagher
	<ul style="list-style-type: none"> Updated Risk Management Framework approval 	Shaun Gallagher
	<ul style="list-style-type: none"> Approval of PA courses 	Push Mangat
	<ul style="list-style-type: none"> Update to Governance Handbook 	Sophie Brookes
	<ul style="list-style-type: none"> Updates to the Investment Committee statement of purpose 	Neil Roberts
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

Agenda item M9

Council forward work programme

3/4 December 2025 – London

	Item	Sponsor
Seminar	• Perception Survey results	Paul Reynolds
	• DB pension scheme triennial valuation sign off	Neil Roberts
Confidential session	• TBC	
Public session	• Fairer Employer Referrals	Anthony Omo / Push Mangat
	• Fairer Training Cultures	Push Mangat
	• 2026 Budget and Business Plan	Neil Roberts / Shaun Gallagher
	• Corporate Strategy	Shaun Gallagher
	• The Future of Education and Career Development	Push Mangat
	• Report of the MPTS committee	Gill Edelman
	• Report of the Audit and Risk Committee	Neil Roberts
	• Report of the Remuneration Committee	Melanie Wilson
	• PPI update	Paul Reynolds
	• Reg Reform update	Shaun Gallagher
	• Compliments and Complaints report	Charlie Massey
• ED&I Annual report	Shaun Gallagher	
Below the line	• Council forward work programme	Carrie MacEwen
	• Annual report on the DC pension scheme	Neil Roberts

10/11 February 2026 – London

	Item	Sponsor
Seminar	• TBC	

Agenda item M9

Council forward work programme

Confidential session	<ul style="list-style-type: none"> Annual Review of Governance Framework: GMC/GMCSI 	Sophie Brookes
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Annual update of Governance Handbook 	Sophie Brookes
	<ul style="list-style-type: none"> PSA Annual review of our performance 	Shaun Gallagher
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	Shaun Gallagher
	<ul style="list-style-type: none"> People Survey report 	Neil Roberts
	<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 2026 Away Day – TBC

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

22/23 April 2026 – Manchester

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> SoMEP Workplace & Experiences report – key findings/messages 	Shaun Gallagher
	<ul style="list-style-type: none"> Space for an external speaker - TBC 	
Confidential session	<ul style="list-style-type: none"> Report from GMCSI 	Paul Reynolds
	<ul style="list-style-type: none"> PA/AA revalidation rules - sign-off 	Una Lane
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> People Report (including Inclusion workstream) 	Neil Roberts
	<ul style="list-style-type: none"> 2025 national reports 	Paul Reynolds
	<ul style="list-style-type: none"> Annual QA update 	Push Mangat
	<ul style="list-style-type: none"> Biannual section 40a report 	Charlie Massey

Agenda item M9**Council forward work programme**

	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	Shaun Gallagher
	<ul style="list-style-type: none"> 6 monthly SC&E Impact report 	Paul Reynolds
	<ul style="list-style-type: none"> Amending the list of bodies entitled to award a UK primary medical qualification 	Push Mangat
	<ul style="list-style-type: none"> Investment committee annual report 	Douglas Millican/Neil Roberts
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

9/10 June 2026 – London

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

22/23 July 2026

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

Agenda item M9

Council forward work programme

Confidential session	<ul style="list-style-type: none"> • TBC 	
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the Audit and Risk committee 	Vanessa Davies / Neil Roberts
	<ul style="list-style-type: none"> • 2026 Financial Update 	Neil Roberts
	<ul style="list-style-type: none"> • ED&I Annual report 	Shaun Gallagher
	<ul style="list-style-type: none"> • Safeguarding annual report 	Neil Roberts
	<ul style="list-style-type: none"> • Regulatory reform update [placeholder] 	Shaun Gallacher
	<ul style="list-style-type: none"> • Corporate Strategy update 	Shaun Gallagher
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen