Agenda

Thursday 27 September 2018

12:10 - 13:00

Meeting

12:10 - 12:15  M1  Chair’s business  
5 mins

12:15 - 12:15  M2  Minutes of the meeting on 6 June 2018  
0 mins

12:15 - 12:20  M3  Chief Executive’s Report  
5 mins

12:20 - 12:25  M4  Chief Operating Officer’s Report  
5 mins

12:25 - 12:40  M5  Mental health programme: Verbal update and next steps  
15 mins

12:40 - 12:55  M6  Update on implementing the Corporate Strategy  
15 mins

12:55 - 13:00  M7  Any other business  
5 mins

M8  Annual report on DC pension scheme
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Council meeting, 27 September 2018

6 June 2018

Council

Draft as of: 6 July 2018

To approve

Minutes of the meeting on 6 June 2018*

Members present

Terence Stephenson, Chair

Steve Burnett
Shree Datta
Christine Eames
Anthony Harnden
Helene Hayman

Deirdre Kelly
Paul Knight
Suzi Leather
Denise Platt
Amerdeep Somal

Others present

Charlie Massey, Chief Executive and Registrar
Susan Goldsmith, Chief Operating Officer (until item 3)
Paul Buckley, Director of Strategy and Policy
Una Lane, Director of Registration and Revalidation
Colin Melville, Director of Education and Standards
Mary Morgan-Hyland, Council Secretary
Anthony Omo, Director of Fitness to Practise and General Counsel
Paul Reynolds, Director of Strategic Communications and Engagement
Neil Roberts, Director of Resources and Quality Assurance
Dame Caroline Swift, Chair of Medical Practitioners Tribunal Service (for items 5 & 6)

* These Minutes should be read in conjunction with the Council papers for this meeting, which are available on our website at http://www.gmc-uk.org
Chair’s business

1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.

Minutes of the meeting on 24 April 2018

2 Council approved the minutes of the meeting on 24 April 2018 as a true record.

Chief Operating Officer’s Report

3 Council noted declarations of interest from Susan Goldsmith, Paul Buckley, Steve Burnett and Paul Knight in relation to their role as directors of GMC Services International (GMCSI).

4 Council considered the Chief Operating Officer’s Report and noted:

a The commentary on operational performance which confirmed that the GMC met all its operational key performance indicators and noted exceptions to delivery against strategic benefits.

b A re-prioritisation of work which could be paused, or stopped, to implement GMC commitments, without significant detriment to stakeholders, to address concerns following the High Court’s judgment in respect of GMC v. Bawa-Garba (2018).

c Minor updates to the Corporate Opportunities and Risk Register (CORR) which had been reviewed by the Audit and Risk Committee.

d A summary of current judicial reviews and appeals.

e Investment summaries for GMCSI and Funds under management including a GMCSI financial summary for the period January to April 2018.

f Trends in applications for registration from International Medical Graduates and doctors from the European Economic Area.

g Progress of the Transformation Programme and plans for SMT to consider the staff survey at the SMT away day.

h Quarter 1 income forecast to be £622k above budget as a result of an increase in demand for Professional and Linguistic Assessment Board (PLAB) tests, and an increase in applications for registration from International Medical Graduates. Expenditure was expected to be £925k over budget, mainly due to the costs of holding additional PLAB tests, and 11% anticipated increase in Medical Practitioners Tribunal Service (MPTS) hearing days compared to budget.
During discussion, Council noted:

a A risk would be added to the CORR to reflect the impact on the organisation of the high number of posts currently being recruited.

b That the GMCSI financial summary had been included in the Chief Operating Officer’s report for the first time. The content and presentation of management information provided on GMCSI financial performance in all reports to Council would be reviewed for consistency, to ensure Council could effectively monitor and track GMCSI performance going forward.

c The CORR had been reviewed by the Audit and Risk Committee.

d That the colour coding related to risk-projects being “on track” and was not a rating of the issues themselves. However, consideration would be given to sufficiently reflecting in the risk register the impact on the GMC of the Jack Adcock/Dr Bawa-Garba case, the High Court’s judgment in GMC v. Bawa-Garba (2018) and Dr Bawa-Garba’s appeal.

e The GMC’s response to the high volumes of enquiries to the Contact Centre regarding the tragic case of Alfie Evans.

Chief Executive’s Report

Council considered the Chief Executive’s Report, noting developments in the external environment, progress on the GMC’s strategic priorities and how the GMC’s major work programmes were progressing.

Council noted that revised Guidance on reflective practice would be published in September 2018, not July as stated in the Chief Executive’s Report.

Report of the Medical Practitioners Tribunal Service Committee

Council considered a report from the MPTS Committee. The report set out the key activities of the MPTS since the last report to Council in December 2017.

Council also noted the MPTS Annual Report to Parliament.

During discussion, Council noted:

a The MPTS budget for 2018 was £8.5m which was a reduction from £9.4m in 2017.

b Ongoing initiatives to reduce the number of adjournments part heard including the provision of evidence bundles in advance of hearings and appointment of legally qualified chairs.

c Ongoing work to revise Sanctions guidance.
d  Dame Caroline Swift attended the Professor Sir Norman Williams Review to give evidence on behalf of MPTS.

e  The context and pressures doctors were working under was taken into account by tribunals if presented.

f  The MPTS operated a reactive media communications strategy.

g  As a result of MPTS communications activity, press reports correctly referenced either the MPTS or GMC more frequently, which would aid wider understanding of the operational separation of the two bodies with stakeholders and the general public.

h  Successful appeals to MPTS decisions were used as training points for MPTS tribunal members and training was delivered in a number of ways including webinars.

i  MPTS tribunals were observed by a small number of members of the public and there was significant press interest in some cases.

j  Work of MPTS to engage and support doctors through a number of platforms including the Doctor Contact Service and the website and ongoing work to extend support to the pre-hearing stage.

k  An informal arrangement for law students studying at BPP University Law School, within St James’s Building, to provide information to doctors on hearing procedures.

l  The MPTS employed lawyers to cross examine vulnerable witnesses when doctors were self-represented.

11  MPTS:

a  Undertook to provide the percentage of tribunals conducted with legally qualified chairs.

b  Noted the suggestion that University of Manchester Law School could be approached to provide pro bono work for self-represented doctors.

**Fitness to Practise Statistics Report 2017**


13  Council:

  a  Noted the key figures and trends identified in Fitness to Practise activity in 2017.
b Approved the submission of the Fitness to Practise Annual Statistics Report 2017 to the Privy Council.

14 During discussion, Council noted:

a That the number of new full investigations opened was 8,546 in 2017 a decrease of 7% from 2016.

b Enquiries by members of the public decreased by 15% and enquiries from other sources (public organisations such as other regulators and patient organisations, individual doctors and press cuttings), increased by 18% in 2017.

c The proportion of case examiner decisions to close complaints or close complaints with advice decreased to 69% in 2017 from 75% in 2016 which was due to the use of provisional enquiries; previously these cases would have been fully investigated and had required a case examiner decision to close.

d The Fitness to Practise Statistics Report 2017 would be reviewed from a communications perspective.

Trustees Annual Report and Accounts and Impact Report 2017

15 Council considered the draft Trustees’ Annual Report and Accounts for the year ended 31 December 2017, noting that they had been reviewed by the Executive Board and the Audit and Risk Committee, and prepared in accordance with the Charities Statement of Recommended Practice (Financial Reporting Standard 102).

16 Council noted the statement of accounts, which represented a summary of financial activity for the year ended 31 December 2017 had been reviewed by the external auditors Crowe Clark Whitehill, who were content that the financial statements represented a true and fair view of the GMC’s financial position, and that there were no matters of exception which required reporting.

17 Council:

a Approved the Trustees’ Annual Report and Accounts for 2017 subject to:

   i Review of references to clarify free reserves and total reserves.

   ii Including reference in the report to Council’s key drivers for closing the Defined Benefit pension scheme which were to ensure the GMC pension fund provision was equitable to all employees across the GMC and to protect the GMC from the financial risk of increases in contributions.

   iii Consideration of additional feedback from Council members submitted outside the meeting would be reviewed and incorporated as required.
b Approved the Letter of Representation.

c Approved the Impact Report.

d Noted the GMC Audit Findings Report 2017.

e Authorised the Chair of Council to sign the Annual Report and Accounts for 2017, and the Letter of Representation, on its behalf, subject to amendments discussed and consideration of other feedback from Council members submitted outside the meeting.

f Noted improvements to the draft Trustees’ Annual Report and Accounts and Impact Report and commended all teams involved in their production.

Report of the Audit and Risk Committee

18 Council considered the report of the Audit and Risk Committee activities from January 2018 and the Head of Internal Audit’s Annual Report 2017.

19 During discussion, Council noted:

a Changes to the format of Audit and Risk Committee meeting to reduce the numbers of attendees present throughout the meeting, ensure better use of management time, improve discussion and devote the Committee’s attention to key risk areas.

b The contract with Moore Stephens, the GMC’s internal audit partner, expired in 2018 and a full procurement process was in train.

c The GMC was compliant with the new General Data Protection Regulations by 25 May 2018 and Moore Stephens had considered the GMC’s implementation as best practice.

d With reference to Circular 41-18 - Learning review of the handling of events in the Jack Adcock/ Dr Bawa-Garba case post the High Court judgment, Council members should indicate if they would like to contribute to the review.

e The Chair of the Audit and Risk Committee recorded the Committee’s appreciation to all colleagues who supported its work and in particular the contribution of Michael Farthing, the former Chair of Audit and Risk during 2017, Lindsey Mallors, Assistant Director - Audit and Risk Assurance, and Lucy Kiely, Audit and Risk Committee Secretary.

Review of Corporate Complaints

20 As agreed by Council in November 2017, Council noted it would receive biannual reports on corporate complaints going forward.
21 Council noted the review of corporate complaints from October 2017 to March 2018 and issues arising from the trends identified.

22 Council agreed:

a To adopt the proposals for Council members’ involvement in responding to complaints addressed to them, subject to amendments agreed to the sample templates.

b Approved the associated amendments to the Governance Handbook.

c Further consideration should be given to the reporting mechanism to ensure Council were aware of high volumes of complaints, calls or correspondence in response to high profile cases or reports in the public domain.

23 During discussion, Council:

a Noted that complaint re-categorisation work would be progressed and included in the report to Council in November 2018.

b The ongoing review of letters sent to doctors or families when the complaint did not meet the GMC’s threshold for action to be taken.

c Noted that the Corporate Review Team reviewed feedback of the GMC’s handling of complaints which were addressed and, where appropriate, any learning points taken forward.

d Noted that 1049 compliments had also been logged during the period under review and commended the work of the teams involved.

**Investment Strategy**

24 Council noted that, at its meeting on 12 December 2017, it had agreed in principle to increase the funds available for investment from £10 million to up to £50 million, subject to a further paper being presented to Council setting out a proposed implementation plan and timescale. Council considered the investment plan and timescale for investing a further £40 million with CCLA in funds under management in a bespoke portfolio.

25 Council:

a Agreed to endorse the investment implementation plan and timescale approved by the Investment Sub-Committee on 1 May 2018 to invest a further £40 million with CCLA in funds under management in a bespoke portfolio to be invested in eight tranches of £5 million.
b Placed on record that the rationale for adopting the recommended investment strategy was to ensure good stewardship of registrants’ funds. Similarly, the establishment of GMC Services International had been to ensure GMC services were not provided externally without charge.

c Agreed that, given the significant funds invested by the GMC (via pensions, funds under management and GMCSI), and associated risks, it must take a holistic approach to monitoring the GMC’s investment portfolio to ensure it had overall oversight. To progress this, Council noted that:

i Plans were already in train for Asset Risk Consultants to conduct a review, with clear terms of reference, of the GMC’s overall investment strategy, including an assessment of the combined risks arising from the GMC’s investment portfolio and the GMC pension scheme investment strategy.

ii A Council seminar would be scheduled on the GMC overall financial risk profile in autumn 2018. Consideration would be given to the suggestion to invite John Coulthard, who had previously advised Council on pensions strategy, to assist.

iii It would continue to be updated on the views and activities of Investment Sub-Committee and Board of Pension Trustees where appropriate.

26 During discussion, Council noted:

a The investment plan and timescale had been developed following a period of due diligence by the Investment Sub-Committee including an external review by Linchpin in 2017 and discussions with CCLA, the GMC’s fund manager. The investment proposals had been reviewed by Asset Risk Consultants, the GMC’s newly appointed external adviser in 2018.

b Linchpin’s key recommendation was that the level of funds invested under management should be increased, as holding the majority of funds in cash would not provide protection against the real value of our assets being eroded by inflation.

c The target return of Consumer Price Index (CPI) + 2%, measured over a rolling five year period, was relatively low risk. However, it was impossible to completely eliminate all risks when placing investment funds under management.

d Asset Risk Consultants would deliver investment training for the Investment Sub-Committee which Council members could also attend.

e The existing holding in the COIF Ethical Fund would be retained until the end of the process in order to maintain diversification. When the tranches were substantially complete, and the diversified bespoke portfolio was established,
CCLA would start to realise the existing holding in the COIF Fund and use the proceeds to widen the range of direct holdings in the bespoke portfolio.

An option to pause the transfer of funds under severe economic conditions. However, CCLA and Asset Risk Consultants were of the view, that despite currently market volatility, it remained a good time to invest.

Any other business

27 Council noted the Council away day would take place on 3 and 4 July 2018 at Donnington Grove, County Club, Donnington and papers would available on the Board Intelligence app in due course.

28 Council noted the date of its next seminar and meeting on 26 and 27 September 2018, in London.

Confirmed:

Terence Stephenson, Chair 27 September 2018
Executive summary
This report outlines developments in our external environment and progress on our strategy since Council last met.

Key points to note:

- In July 2018, the Court of Appeal overturned the decision of the High Court in the case of Dr Bawa-Garba. We fully accept the Court’s ruling and will not be appealing it.

- As part of our Corporate Strategy, we are working hard to support a medical profession under pressure – and progress in key areas is set out below.

- We are working with the Government, NHS England and Health Education England to support the development of plans for the future of the NHS workforce in England.

Recommendation
Council is asked to consider the Chief Executive’s report.
Developments in our external environment

Court of Appeal judgment

1 The Court of Appeal’s judgment on the Dr Bawa-Garba case was handed down on Monday 20 August 2018. We fully accept the Court of Appeal’s judgment and will not be appealing it.

2 This was a case of the tragic death of a child, and the consequent criminal conviction of a doctor. It was important to clarify the different roles of criminal courts and disciplinary tribunals in cases of gross negligence manslaughter, and we are carefully examining the court’s decision to see what lessons can be learnt.

3 As the independent regulator responsible for protecting patient safety we are frequently called upon to take difficult decisions, and we do not take that role lightly. We are sorry for the anguish and uncertainty these proceedings have had on Jack’s family, Dr Bawa-Garba and the wider profession. This was a complex and unusual case, and while the decisions we took were in good faith, we know that investigations and hearings are difficult for everyone involved.

4 Although gross negligence manslaughter cases in medicine are extremely rare, this case has exposed a raft of concerns, particularly around the role of criminal law in medicine, which is why we have commissioned an independent review to look at how it (and Culpable Homicide in Scotland) is applied in situations where the risk of death is a constant, and in the context of systemic pressure.

5 The case has also been a lightning rod for the profession, highlighting issues that have gone unaddressed for far too long. While the GMC is not responsible for decisions to prosecute gross negligence manslaughter or culpable homicide cases, we have reflected on what we can do to address the concerns we’ve heard about this case. Doctors have rightly challenged us to speak out more forcefully to support those practising in pressured environments, and that is what we are increasing our efforts to do.

Workforce

6 A new ten year plan for the NHS in England is now in development and is due to be delivered by November 2018. In announcing additional funding for the NHS in June, the Prime Minister said that the plan ‘must include a comprehensive plan for its workforce to ensure we have the right staff, in the right settings, and with the right skills to deliver world class care’.

7 The GMC has a clear role to play in developing a more systemic approach to workforce planning. We are responsible for setting the standards of medical education and training for the doctors of the future, through registration can help secure an adequate supply of high-quality doctors from both within the UK and
abroad, and through our work with doctors and employers help support the medical workforce where they work. We take these responsibilities seriously and are in discussions with Government, NHS England and Health Education England to support the important work ongoing in this area.

8 We will also be engaging with Governments and partners in Scotland, Wales and Northern Ireland on our work in this area given many of these issues and our contribution to addressing them must be considered in a four country context.

Gosport Independent Panel report

9 The Gosport Independent Panel was set up to address concerns raised by families over a number of years about the initial care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths. It published its report on 20 June 2018.

10 The report does not contain any specific recommendations but it is widely critical of both individuals and organisations, among them healthcare organisations, the police, Crown Prosecution Service, Department of Health, GMC and NMC. The focus of criticism on the GMC concerns our handling of the fitness to practise investigation and subsequent hearing involving Dr Jane Barton.

11 It is clear we have lessons to learn and I have met with Bishop James Jones, the chair of the Panel, to discuss the work we are doing to address the issues and criticisms raised within the report.

12 A new police probe into the events at Gosport War Memorial Hospital will be led by Kent and Essex Police. It will consider whether any individuals should be subject to criminal investigation. We will liaise closely with the police to understand if any doctors become the focus of police investigations. If we identify a current risk to patient safety, the Medical Practitioner’s Tribunal Service can take action on a doctor’s registration through an Interim Orders Tribunal.

Clinically assisted nutrition and hydration

13 We provide guidance to doctors on the treatment and care for those coming towards the end of life, including in cases where patients are receiving clinically assisted nutrition and hydration (CANH).

14 In July 2018, the Supreme Court ruled that it is no longer necessary to seek court approval to withdraw CANH from a patient with a prolonged disorder of consciousness, where the patient’s healthcare team and the family / carers agree that withdrawal is in the patient’s best interests.
This ruling reinforces the need for up-to-date guidance to support those involved in making these very challenging decisions. We are working with the British Medical Association (BMA) and the Royal College of Physicians (RCP) to develop their new guidance which is due to be published in November 2018 (this will supersede the interim guidance we published jointly with the BMA and RCP in February 2018).

Progress on our strategy

Supporting a Profession under Pressure

Over recent months we have been actively working with doctors and medical leaders about how we can better support the medical profession. We are committed to delivering a programme of work to tackle the specific issues that have been raised. This includes:

a Commissioning an independent review, led by Leslie Hamilton, into how gross negligence manslaughter and culpable homicide are applied to medical practice.

b Commissioning a major independent research programme led by Roger Kline and Dr Doyin Atewologun to help us understand why some doctors are referred to us by employers for fitness to practise issues more than others.

c Starting a UK-wide review of the factors that affect medical students and doctors' wellbeing, led by Professor Michael West and Dame Denise Coia, to agree priority areas for collaborative action that can help tackle the underlying causes of poor wellbeing.

d Exploring how we can incorporate human factors training into the training of our fitness to practise Case Examiners, and the medical experts used in our processes.

e Continuing to collaborate with the BMA, the wider profession, four UK governments and national partners to improve the consistency of how all doctors can register safety concerns about working in under-resourced environments and in particular where they are asked to work beyond their hours.

f Stepping up our work with healthcare providers to make sure doctors feel supported when they begin a new role or return to practice after time away.

g In September 2018, the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, the General Medical Council, and the Medical Schools Council, have published new co-produced joint guidance, to help doctors as reflective practitioners.
National Training Surveys

17 In July 2018 we published the initial findings of our UK-wide National Training Surveys. The surveys, undertaken between March and May 2018, were completed by more than 70,000 doctors in training and doctors who act as trainers.

18 The initial findings demonstrate the highly pressurised environments that doctors are currently training and being trained in. Almost half of trainees reported regularly working beyond their rostered hours, and around one in five say they often feel short of sleep while at work. Forty per cent described the intensity of their work as 'heavy or very heavy'. Trainers also reported heavy workloads, with a third of them saying it was hard to find the time they need to fulfil their educational roles.

19 I presented these findings at the HSJ Patient Safety Congress conference in July 2019. I also wrote to the Chairs and Chief Executives of all provider organisations across the UK drawing their attention to our findings and the importance of protecting training time and standards, as set out in Promoting Excellence.

20 We are now analysing the results in more detail and a further report will be published later in the year.

Medical Licensing Assessment

21 We continue to refine details of the Medical Licensing Assessment (MLA) as we build a model for implementation that works from a practical, political and legal perspective. Development of both elements of the MLA – the Clinical Professional Skills Assessment (CPSA) and the Applied Knowledge Test (AKT) – continues to be supported by experts from undergraduate education and postgraduate training through our Expert Reference Group and its subgroups.

22 Medical schools have now received a skeleton set of requirements for the CPSA element, and will be able to feedback on these as we develop a final version. An evolved model for the AKT element is being completed and the details behind the model will be explored with medical schools and other stakeholders over the autumn and early 2019.

23 A blueprint draft is currently being prepared and will be circulated to stakeholders in November. The blueprint will cover not only the content of the MLA AKT and CPSA but the wider curriculum as defined in Outcomes and other GMC publications.

24 We have reviewed the existing pathways to registration for International Medical Graduates (IMGs) – sponsorship, acceptable postgraduate qualifications and eligibility to specialist and GP registration – and, subject to Council discussion and approval, will begin a public consultation on the pathways to registration for IMGs in the autumn.
**Consent guidance**

25 Colin Melville and his team are continuing to work on Consent guidance with Deborah Bowman, Professor of Ethics and Law at St George’s University of London, and others, paying close attention to the feedback that Council gave in the February 2018 meeting. The content is being reviewed to balance the need for contextual information against brevity.

26 Engagement with frontline doctors through the Regional Liaison Service and the round table is underway. We are considering how to deliver a set of ‘top tips’ but it is important that this is compliant with the legal status of the guidance. We will arrange for the guidance to be signed off by the Executive Board (as set out in the Council minute) and then the consultation is due to be launched in October 2018.

**Executive Board**

27 The Executive Board met on 4 June, 25 June and 23 July 2018 and considered items on:

a  The first biannual review of the Corporate Strategy. This explored whether any adjustments were required to the strategic aims and what further the GMC might do to support implementation. The Board agreed that the Corporate Strategy was relevant and focused in the right areas, agreed to adopt a ‘one GMC’ strategy approach rather than having multiple directorate, section or thematic strategies, and agreed the need for the development of a high-level operating model to assist with the delivery of this approach.

b  Initial proposals for new measures and thresholds to monitor performance of our statutory functions and business-critical services. The Board agreed to further work to develop the new suite of business measures, which will replace existing service level agreements and key performance indicators. This will be implemented during 2019 and reviewed every two years.

c  The mid-year HR report, noting data on turnover and recruitment and absence rates. The Board noted updates to the flexitime policy and travel disruption policy for consultation, updates to a number of clauses to be included in new employment contracts and agreed to an increase in the number of days leave that can be bought or sold from three to five per year, with effect from 1 January 2019.

d  Outline proposals for a pay strategy for 2019, including options to address the gender pay gap, and agreed to end the current restrictions on appointment salaries for internal candidates, an approach which was aimed at addressing the issue of differential starting salaries.
The Board approved a new approach to managing and developing our relationships with key stakeholders and partners. The approach will focus on relationships with the highest strategic value, providing a framework to give relationships greater direction and structure and enable us to be more proactive.

**Incoming GMC Chair**

28 We are delighted that Dame Clare Marx has been appointed as the new GMC Chair from 1 January 2019. The process for inducting Dame Clare into her role has begun, and she will be meeting all members of Council over the coming weeks.

29 Dame Clare will chair the interview panels for the two new Council members and we anticipate the interviews will take place at the end of September 2018. The successful candidates will join Council from 1 January 2019.

30 We will also be holding an event in December to mark Professor Sir Terence Stephenson’s tenure as Chair of the GMC and to thank him for his wise and compassionate leadership. Details will follow from the events team shortly.
**Agenda item:** M4  
**Report title:** Chief Operating Officer’s Report  
**Report by:** Susan Goldsmith, Chief Operating Officer  
Email: susan.goldsmith@gmc-uk.org, Phone: 020 7189 5124  
**Action:** To consider

### Executive summary
This report provides an update on our operational performance, key projects and programmes, and other operational matters arising including:

- Q2 Financial Forecast
- Trends in applications for registration and demand for the Professional and Linguistic Assessments Board (PLAB)
- Update on our work to Support a Profession Under Pressure
- Transformation Programme update
- Corporate Opportunities and Risk Register refresh.

### Recommendation
Council is asked to consider the report and Annex A (Council portfolio) and Annex B (Corporate Opportunities and Risk Register).
Issue

1  This report provides an update on our operational performance, strategic progress, and other operational matters arising. It is exception-based, highlighting the key issues that Council should be aware of in the delivery of our work programme for 2018.

Operational Key Performance Indicators

2  All operational key performance indicators (KPIs), at Annex A, were met up to the end of July 2018.

Strategic delivery

3  The Council portfolio, at Annex A, shows the detail of our strategic delivery, by exception:

   a  Consent Guidance (Amber) – This project is reported as amber due to postponement of the launch of Consent Guidance consultation to allow time for further engagement with front line doctors. We now plan to launch the consultation in October and this has impacted the resource needed due to the longer duration of work. Project implementation is being managed to ensure consultation takes place before the end of 2018.

   b  Medical Licensing Assessment (MLA) (Amber) – As discussed in item C9 the rating of this project is amber for July due to extending timeframes for our public consultation which will begin in December to look at alternative ways in which International Medical Graduates (IMGs) will demonstrate they meet a common threshold for safe practice in the UK. This does not affect the 'go-live’ date of 2022 when IMGs and UK students will begin to take live MLA assessments. The requirement for UK students to pass the MLA for the award of a UK PMQ will thus apply to those graduating from 2023.

   c  Welcome to UK Practice (WtUKP) (Amber) - The project is currently reported as amber due to resourcing challenges. We forecast that the overall status will be green once extra resource is in place and trained. Progress has been made with a start date for an L4 project officer now agreed. We are holding forecasting meetings with our Data, Research and Intelligence Hub (DRIH) to help us prepare for 2019 business planning and future resource needs.

   d  Brexit (Amber) – Due to the high level of uncertainty around Brexit, the project is reported as amber. Following the European Council meeting on 18-19 October 2018, we hope we will have more clarity on whether the Withdrawal Agreement will be signed and the likelihood of a ‘no deal’ Brexit in March 2019. We have now
received some guidance from Department of Health and Social Care (DHSC) officials on how a 'no deal' Brexit might be mitigated, but we remain extremely concerned about the significant risk of having only six months to implement any contingency plans for leaving the EU in March 2019.

4 Our operational planning and mitigation falls under three broad headings: workforce capacity planning, Clinical Assessment Centre capacity planning and business process changes.

5 We have also provided detailed legal comments on the draft Medical Act amendments that DHSC plans to introduce under the EU Withdrawal Bill (when passed) and expect to see the Department for Business, Energy and Industrial Strategy (BEIS) general system regulations in September 2018. We are also working with professional regulation partners to understand common positions on the amendments we have had sight of and on a potential joint response to the Department.

Q2 Financial Forecast

6 We have now finished Q2 forecasting with the business as presented at Annex A. Our revised forecast year-end position has moved to a surplus of £0.9m; a change of £6m from our budgeted surplus position of £6.9m. The main drivers for these changes are:

   a A one-off pension top-up payment agreed with Council of £4.1m compared to a forecasted top-up of £0.5m.

   b Volume driven tribunal costs at the MPTS (we are forecasting 17% more hearings than previously projected) and associated costs in our fitness to practise area, most notably legal preparation costs. MPTS and FtP colleagues are working together to understand the drivers of this growth and we are revising our volumetric models accordingly. However, the MPTS have made significant efficiency savings this year through the continued successful implementation of initiatives such as Legally Qualified Chairs and Meetings on the Papers in addition to other efficiency gains which has offset this rise in demand to some extent.

   c The increasing difficulty in driving the same level of efficiency in the organisation post-Change Programme than we have traditionally delivered. The efficiency target we set ourselves (3% of expenditure) is likely to be missed by £1m. We continue to derive efficiency, but, non-staff costs are a relatively small part of our expenditure outside of crucial statutory delivery work and considerable efforts have been made in previous financial years to bear down on these costs.

   d Expanded investment in our Leadership and Management training which is a vital part of our Transformation Programme – we have re-scoped this work with our
provider to ensure it delivers on our expectations for the programme. We see this as a worthwhile investment in capability and capacity to aid in delivering our ambitious corporate strategy.

**Trends in applications for registration and Professional and Linguistic Assessments Board (PLAB) demand**

7. We continue to see high levels of registration applications from IMGs (Graph 1 at Annex A). As at the end of July 2018 we had received 41% more applications for registration from IMGs year-to-date than at the same point in 2017. This is an increase of 136% at the same point in 2013. However, volumes for July 2018 have now decreased slightly since June 2018.

8. We introduced changes to the registration application process for IMGs in June 2018. We now require medical qualifications to be verified directly with the awarding institutions through the Pre-registration primary source verification (PSV) system. We believe that a surge of applications submitted to us in March to June 2018, directly before Pre-registration PSV, was partly due to the introduction of this new process.

9. We are monitoring volumes closely but within the Brexit context future volumes are difficult to predict. Currently, applications received for registration from European Economic Area (EEA) Medical Graduates remain relatively stable in comparison to the same point in 2017. (Graph 2 at Annex A).

10. IMG doctors frequently need to take the PLAB tests and we have seen a high level of demand for both parts of these tests, known as PLAB 1 and PLAB 2 (graph 3 in Annex A). The latter is delivered through our Clinical Assessment Centre (CAC) in Manchester and to mitigate demand this year we have already increased capacity through an improvement programme, extra staffing and Saturday opening. The current waiting time for PLAB 2 availability is around five months.

11. However, once results for the September 2018 PLAB 1 test are published in October, PLAB 2 waiting times are expected to extend to seven months. Additionally, due to the high number of expected PLAB 1 completions in November 2018 waiting times for PLAB 2 would be set to increase to around 11–12 months. To mitigate against this deterioration in service we are taking further steps to increase CAC capacity. We plan to open our new CAC facility with one additional circuit (meaning two circuits will run in parallel) by July 2019 and in the interim we will also be running additional PLAB 2

* the pass rate is likely to remain the same at around 65% but there are around 4000 candidates sitting the exam abroad, compared to 750 for the UK.
tests in January, March and May 2019 at external venues. These additional off-site PLAB options will keep wait times to around six to seven months.

Transformation Programme update

12 Since my last report to Council we have continued to make progress with the various strands of work across the programme.

13 Under the Empower work streams we are finalising the roll-out plan for our new leadership and management programme with a revised scope as noted above; gathering evidence for our Investors in People accreditation; and launching Insights coaching for our second cohort of colleagues undertaking our feedback for success programme.

14 Under the Enact work streams, the Senior Management Team (SMT) have recently discussed and commissioned work following a detailed Agility gap-analysis of the organisation; we have continued the roll-out of technology to aid collation, design and publishing of corporate governance papers through extension of the new Board intelligence app to Audit and Risk Committee (ARC) papers; and we have now signed, launched and started to use the Joint Working Agreement protocol for regulatory escalation of patient safety issues.

15 The Envision and Engage work stream continue to implement major changes to our policy and communications capability and elements of this will be reviewed by internal audit colleagues in time for ARC in November 2018.

16 As part of our commitment to the inclusive roll-out of this programme of work, we are also planning two organisation wide Transformation Programme events with colleagues on 30 October 2018 (Manchester) and 7 November 2018 (London) as a chance for us to test understanding, success and barriers to delivery with colleagues. We hope this will provide time to reflect on progress so far and what more might be needed in the coming years of the programme.

Corporate Opportunities and Risk Register refresh

17 We have conducted a refresh of our Corporate Opportunities and Risk Register (CORR). These changes are being presented to the ARC in September 2018 to ensure that the work we have done continues to give them sufficient detail to provide assurance to Council that the Risk Management Framework is operating effectively.

18 This refresh aims to ensure that collective focus and attention is directed at the most strategic and cross-cutting threats and opportunities as the CORR had developed in to quite a lengthy register. The refresh has provided an opportunity to review all the risk descriptions and remove or re-phrase where there were elements of duplication or where the risk can be appropriately monitored at directorate level (with the usual
escalation protocols in place when needed). We have also used it as an opportunity to indicate on the CORR only the key mitigating controls (with ‘sub’ level controls being captured at directorate and local levels) which aims to give clarity to readers of the CORR, of the key controls providing assurance.

Finally, the CORR is being supplemented with a summary front sheet, drawing readers’ attention to key risks and changes to risk ratings and activities. To address timing issues between the various meetings where the register is discussed, this also includes highlighting emerging risks which have not been subject to formal governance approval for addition (or closure) to the register through the Executive Board.
M4 – Annex A

Council portfolio

Data presented as at 31 July 2018 (unless otherwise stated)
Commentary as at 28 August 2018

Working with doctors Working for patients
## Operational Key Performance Indicator (KPI) summary

<table>
<thead>
<tr>
<th>Core regulatory objective</th>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We decide which doctors are qualified to work here and we oversee UK medical education and training.</strong></td>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>99%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Answer 80% of calls within 20 seconds</td>
<td>93%</td>
<td>On track</td>
</tr>
<tr>
<td><strong>We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.</strong></td>
<td>Decision on 95% of all revalidation recommendations within 5 days</td>
<td>96%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>93%</td>
<td>On track</td>
</tr>
<tr>
<td><strong>We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.</strong></td>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>93%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>94%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>96%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>100%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>On track</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business support area</th>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td>2017/18 Income and expenditure [% variance]</td>
<td>0.16</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td>Rolling twelve month staff turnover within 8-15% (excluding change programme (redundancy) effects)</td>
<td>8.34</td>
<td>7.89</td>
</tr>
<tr>
<td><strong>Information systems</strong></td>
<td>IS system availability (%)</td>
<td>99.99%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Media monitoring</strong></td>
<td>Monthly media score</td>
<td>-2541</td>
<td>183</td>
</tr>
</tbody>
</table>

**NB** We are currently reviewing our operational KPIs with a view to introducing a revised suite of indicators in early 2019.
Strategic delivery – overall view

The diagram below shows the key benefits of the 2018-2020 Corporate Strategy. The RAG ratings indicate our progress with delivery of the activities that will realise these benefits. More detail on exceptions is on Slides 4-5.

Corporate Strategy 2018-2020

1. Supporting doctors in delivering good medical practice
   - Doctors are supported to deliver high quality care
   - Doctors have a fulfilling/sustained career
   - Enhanced trust in our role
   - Increased confidence in the quality of training environments
   - Improved identification of risk

2. Strengthening collaboration with regulatory partners.
   - Reduced regulatory burden
   - Right response by the right organisation, at the right time
   - Enhanced perception of regulation

3. Strengthening our relationship with the public and the profession
   - Public confidence in GMC
   - Enhanced customer service
   - Contribute to public confidence in doctors

4. Meeting the change needs of the health services across the four countries of the UK
   - UK workforce needs better met
   - Maintenance of a coherent model of regulation across the UK
   - We are well prepared for and can influence legislative change

Delay/issue in delivery – overall objective or deadline at risk
Delay/issue in delivery but overall deadline or objective on track
On track

These RAGs are based on delivery of strategic benefits envisioned in the GMC Corporate Strategy. While they may be affected by external issues and challenges they will not, as a necessity, reflect in all cases external opinion at that point in time as they are future focussed on benefit delivery and the GMC contribution to that delivery.
Strategic delivery (by exception)

**Strategic aim 1: Supporting doctors in delivering good medical practice**

- **Key benefit**: Doctors are supported to deliver high quality care
- **Activities to deliver (by exception)**: Revised consent guidance, Welcome to UK Practice (WtUKP)
- **Lead indicators**: Guidance reflects shifts in legal, policy and workplace environments, Plans for expansion of programme are in place
- **Lag indicators**: TBC
- **Exception commentary**: Following the project update taken to Council in February 2018, it was agreed that the Consultation will be postponed until Autumn to allow time for further engagement with front line doctors in preparation for the consultation. The project team are working with colleagues to re-plan timelines and milestones. The team has made good progress with the proposals for next steps to address the concerns raised with them since the Council meeting and have been working to draft communications internally and externally to reflect the decisions made.

- **Key benefit**: Contribute to public confidence in doctors
- **Activities to deliver (by exception)**: Medical Licensing Assessment
- **Lead indicators**: Consensus on proposals for the Applied Knowledge Test
- **Lag indicators**: TBC
- **Exception commentary**: This project is currently reporting in amber due to resourcing issues, however, with an overall status forecast for green once extra resource in place and trained. Recruitment has now been completed with a start date for an L4 project officer agreed and forecasting meetings being held with Data Research and Intelligence (DRI Hub) to help us prepare for 2019 business planning.

**Strategic aim 3: Strengthening our relationship with the public and the profession**

- **Key benefit**: Contribute to public confidence in doctors
- **Activities to deliver (by exception)**: Medical Licensing Assessment
- **Lead indicators**: Consensus on proposals for the Applied Knowledge Test
- **Lag indicators**: TBC
- **Exception commentary**: The rating of this project is amber for July due to extending timeframes for our public consultation which will begin in December. This consultation will look at alternative ways in which international medical graduates will demonstrate they meet a common threshold for safe practice in the UK. This does not affect the ‘go-live date’ of 2022 meaning that International Medical Graduates (IMGs) and UK students will begin to take live MLA assessments in 2022. The requirement for UK students to pass the MLA for the award of a UK PMQ will thus apply to those graduating from 2023.
**Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK**

**Key benefit**

*We are well prepared for and can influence legislative change*

**Activities to deliver (by exception)**

Preparing for UK Exit

**Lead indicators**

More certainty on likelihood of scenarios

**Lag indicators**

TBC

**Exception commentary**

Project remains amber due to the high level of uncertainty around Brexit. Following the European Council meeting on 18-19 October 2018, we should have more clarity on whether the Withdrawal Agreement will be signed and the likelihood of a ‘no deal’ Brexit. We remain seriously concerned that without the Withdrawal Agreement in place, we would have only six months to implement any contingency plans for leaving the EU in March 2019, however, we have been proactive in establishing contingency plans.
## Financial summary

### Financial summary as at July 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget July £000</th>
<th>Actual July £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational expenditure</td>
<td>57,234</td>
<td>57,567</td>
<td>-333</td>
<td>1%</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>507</td>
<td>507</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>57,741</td>
<td>58,074</td>
<td>-333</td>
<td>1%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
<td>-86%</td>
</tr>
<tr>
<td>Total income</td>
<td>65,999</td>
<td>66,393</td>
<td>394</td>
<td>1%</td>
</tr>
<tr>
<td>Surplus/ (deficit)</td>
<td>7,758</td>
<td>4,219</td>
<td>-3,539</td>
<td>-46%</td>
</tr>
</tbody>
</table>

### Capital Programme

<table>
<thead>
<tr>
<th></th>
<th>Budget Dec Jan £000</th>
<th>Q2 Forecast £000</th>
<th>Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>101,680</td>
<td>105,073</td>
<td>-3,393</td>
</tr>
<tr>
<td>Surplus/deficit</td>
<td>6,947</td>
<td>876</td>
<td>-6,071</td>
</tr>
</tbody>
</table>

### Key drivers of expenditure - To date £000

<table>
<thead>
<tr>
<th>Key drivers of expenditure</th>
<th>£000</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>-9</td>
<td>Average headcount level is in line with budget.</td>
</tr>
<tr>
<td>Volume variance</td>
<td>-458</td>
<td>Additional costs of £274k due to running an additional 166 MPTS hearing days. The extra costs of running these hearings is offset by running a higher proportion of Legally Qualified Chairs (LQC) led hearings than budgeted. We assumed 35% of hearings would have an LQC however we have been able to schedule 86% of hearing with an LQC. This increase has led to efficiency savings of £472k to date and are reflected in the line below. There have been additional costs due to increased demand for PLAB tests however this is offset by additional income, additional costs to date are £105k and additional income £262k, resulting in a favourable net position of £157k. Also, additional costs due to increased staff training, coaching and management development, partly offset by fewer performance assessments, investigation committees and CAG meetings.</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>-9</td>
<td>PSA fees are marginally higher than budgeted.</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>-199</td>
<td>Efficiency savings are below target for the year to date.</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>-87</td>
<td>Additional projects undertaken, including the learning review.</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>429</td>
<td>Some projects are starting later in the year than originally planned.</td>
</tr>
<tr>
<td>Total</td>
<td>-333</td>
<td></td>
</tr>
</tbody>
</table>

### Key drivers of expenditure - Forecast £000

<table>
<thead>
<tr>
<th>Key drivers of expenditure</th>
<th>£000</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>-46</td>
<td>Forecast headcount is in line with budget however the variance is generated by those vacancies having slightly different salaries to those assumed.</td>
</tr>
<tr>
<td>Volume variance</td>
<td>-1,907</td>
<td>There is a forecast 17% increase in MPTS hearing days which creates additional direct and indirect costs in MPTS and legal costs in FTP. Additional costs are forecast at £633k however savings made through the expanded use of LQC produce savings of £778k leaving a net favourable position of £145k. The increase in PLAB volumes creates additional direct costs for running assessments and indirect costs, such as recruitment and training. Additional costs amount to £455k and the extra income received is forecast to be £753k, resulting in a favourable net position of £298k compared to budget. The scope of the leadership, management development and coaching programmes has widened, resulting in additional costs.</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>-452</td>
<td>There has been an increase in PLAB costs such as, invigilation and marking, role players, and associate fees. There has been an increase in service charges and electricity charges on our accommodation, due in part to additional headcount. Bank changes have gone up due to more transactions being from overseas as a result of IMG candidates.</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>-926</td>
<td>A shortfall on the 2018 efficiency target is forecast.</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>-192</td>
<td>Additional projects undertaken, including the learning review.</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>130</td>
<td>The rollout of Meetings with Doctors and Patients has been deferred until 2019.</td>
</tr>
<tr>
<td>Total</td>
<td>-3,393</td>
<td></td>
</tr>
</tbody>
</table>

A6
## Expenditure as at July 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget July</th>
<th>Actual July</th>
<th>Variance</th>
<th>Budget Dec</th>
<th>Q2 Forecast</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Staff costs</td>
<td>33,208</td>
<td>33,217</td>
<td>-9</td>
<td>57,587</td>
<td>57,633</td>
<td>-46</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>1,857</td>
<td>2,066</td>
<td>-209</td>
<td>3,450</td>
<td>4,242</td>
<td>-792</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,056</td>
<td>996</td>
<td>60</td>
<td>1,894</td>
<td>1,895</td>
<td>-1</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>1,979</td>
<td>1,882</td>
<td>97</td>
<td>3,356</td>
<td>3,267</td>
<td>89</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>3,307</td>
<td>3,254</td>
<td>53</td>
<td>5,726</td>
<td>5,870</td>
<td>-144</td>
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<tr>
<td>Legal costs</td>
<td>2,440</td>
<td>2,475</td>
<td>-35</td>
<td>4,159</td>
<td>4,369</td>
<td>-210</td>
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<tr>
<td>Professional fees</td>
<td>909</td>
<td>904</td>
<td>5</td>
<td>2,124</td>
<td>2,388</td>
<td>-264</td>
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<tr>
<td>Council &amp; members costs</td>
<td>318</td>
<td>296</td>
<td>22</td>
<td>541</td>
<td>512</td>
<td>29</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>7,877</td>
<td>8,074</td>
<td>-197</td>
<td>13,821</td>
<td>14,861</td>
<td>-1,040</td>
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<tr>
<td>Depreciation costs</td>
<td>4,117</td>
<td>3,981</td>
<td>136</td>
<td>7,057</td>
<td>7,056</td>
<td>1</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>413</td>
<td>422</td>
<td>-9</td>
<td>710</td>
<td>730</td>
<td>-20</td>
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<tr>
<td>Under-achievement of efficiency savings</td>
<td>-247</td>
<td>0</td>
<td>-247</td>
<td>-1,245</td>
<td>-250</td>
<td>-995</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>57,234</strong></td>
<td><strong>57,567</strong></td>
<td><strong>-333</strong></td>
<td><strong>99,180</strong></td>
<td><strong>102,573</strong></td>
<td><strong>-3,393</strong></td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>507</td>
<td>507</td>
<td>0</td>
<td>2,500</td>
<td>2,500</td>
<td>0</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>58,241</strong></td>
<td><strong>62,174</strong></td>
<td><strong>-3,933</strong></td>
<td><strong>102,180</strong></td>
<td><strong>109,173</strong></td>
<td><strong>-6,993</strong></td>
</tr>
</tbody>
</table>

## Income as at July 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget July</th>
<th>Actual July</th>
<th>Variance</th>
<th>Budget Dec</th>
<th>Q2 Forecast</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Annual retention fees</td>
<td>57,346</td>
<td>57,219</td>
<td>-127</td>
<td>93,551</td>
<td>93,610</td>
<td>59</td>
</tr>
<tr>
<td>Registration fees</td>
<td>1,547</td>
<td>1,739</td>
<td>192</td>
<td>3,546</td>
<td>3,918</td>
<td>372</td>
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<tr>
<td>PLAB fees</td>
<td>3,287</td>
<td>3,549</td>
<td>262</td>
<td>5,662</td>
<td>6,415</td>
<td>753</td>
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<tr>
<td>Specialist application CCT fees</td>
<td>1,759</td>
<td>1,786</td>
<td>27</td>
<td>2,582</td>
<td>2,569</td>
<td>-13</td>
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<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>502</td>
<td>570</td>
<td>68</td>
<td>801</td>
<td>843</td>
<td>42</td>
</tr>
<tr>
<td>Interest income</td>
<td>335</td>
<td>389</td>
<td>54</td>
<td>570</td>
<td>677</td>
<td>107</td>
</tr>
<tr>
<td>Investment income</td>
<td>373</td>
<td>359</td>
<td>-14</td>
<td>1,141</td>
<td>772</td>
<td>-369</td>
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<tr>
<td>Other income</td>
<td>850</td>
<td>782</td>
<td>-68</td>
<td>1,274</td>
<td>1,245</td>
<td>-29</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>65,999</strong></td>
<td><strong>66,393</strong></td>
<td><strong>394</strong></td>
<td><strong>109,127</strong></td>
<td><strong>110,049</strong></td>
<td><strong>922</strong></td>
</tr>
</tbody>
</table>

## Surplus / (deficit)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>7,758</strong></td>
<td><strong>4,219</strong></td>
<td><strong>-3,539</strong></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>6,947</strong></td>
<td><strong>876</strong></td>
<td><strong>-6,071</strong></td>
</tr>
</tbody>
</table>
GMCSI summary and investments summary

### GMCSI summary as at July 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget July £000</th>
<th>Actual July £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>290</td>
<td>89</td>
<td>-201</td>
<td>69%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>565</td>
<td>351</td>
<td>214</td>
<td>38%</td>
</tr>
<tr>
<td>Profit/ (loss)</td>
<td>-275</td>
<td>-262</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget Jan - Dec £000</th>
<th>Forecast £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,186</td>
<td>211</td>
<td>-975</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>1,119</td>
<td>548</td>
<td>571</td>
<td>51%</td>
</tr>
</tbody>
</table>

### Finance - investments summary as at 30th June 2018 (figures are updated quarterly)

<table>
<thead>
<tr>
<th></th>
<th>Original value £000</th>
<th>Current value £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital value of funds invested</td>
<td>£10,000</td>
<td>£10,813</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset Allocation</th>
<th>GMC thresholds</th>
<th>Current allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>20% - 50%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Fixed interest</td>
<td>0% - 25%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cash and near-cash</td>
<td>25% - 65%</td>
<td>45.1%</td>
</tr>
<tr>
<td>Infrastructure and operating assets</td>
<td>0% - 20%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Property</td>
<td>0% - 10%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0% - 10%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment returns</th>
<th>Annual</th>
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</thead>
<tbody>
<tr>
<td>Target (CPI + 2%)</td>
<td>4.49%</td>
</tr>
<tr>
<td>CCLA performance</td>
<td>4.92%</td>
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</tbody>
</table>
The table below provides a summary of appeals and judicial reviews as at 17 August 2018:

<table>
<thead>
<tr>
<th>Open cases carried forward since last report</th>
<th>New cases</th>
<th>Concluded cases</th>
<th>Outstanding cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>PSA Appeals</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Explanation of concluded cases**

- **s.40 (Practitioner) Appeals**: N/A

- **s.40A (GMC) Appeals**: 1 successful COA appeal by GMC against previous dismissal of appeal by High Court.
  
  1 successful COA appeal by Doctor against previous decision of High Court to allow GMC appeal.

- **Judicial Reviews**: N/A

- **PSA Appeals**: N/A

- **IOT challenges**: No new challenges, 5 applications outstanding

**New referrals by PSA to the High Court under Section 29**

- Since the last report with explanation, and any applications outstanding

- **PSA Appeals**: N/A

**Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding**

- **IOT challenges**: No new challenges, 5 applications outstanding

**Any other litigation of particular note**

- We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.
As per discussion at Council in April 2018, this data has been supplied to assist with monitoring the impact of Brexit on doctors applying to work in the UK and related workforce issues. Information has also been provided on the number of EEA and International Medical Graduates doctors applying to work in the UK. These updates have been provided since June 2018 and will continue to be provided on an ongoing basis.
Trends in registration applications

**Graph 3:** PLAB 1 & 2 assessments taken 2012-2018
(Showing volume each year, 1 August-31 July)

**Graph 4:** Number of Doctors on the register with a License to Practise (End of year 2012-July 2018)
M4 – Chief Operating Officer’s report

M4 – Annex B

Corporate Opportunities and Risk register
### Strategic risks and how we manage them

#### Overarching opportunities and risks in delivering the Corporate Strategy

<table>
<thead>
<tr>
<th>OSOP1 Opportunity</th>
<th>P. Reynolds</th>
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</table>
| If we clearly articulate our new strategic direction to partners and the profession, we have an opportunity to build a platform from which to start moving ‘upstream’ in our work and be seen to actively support doctors at all stages of their careers. | Operational excellence tracked through:  
- Monitoring and reporting on the performance of our core functions to Council, Executive Board, Audit and Risk Committee (ARC) etc.  
- Professional Standards Authority (PSA) Performance Review  
- Annual Report – provides overview of how we have deployed our resources to achieve our objectives and deliver our core functions.  
- RLS/ELS colleagues – provide regular advice in relation to our core functional areas (FP), Registration & Revalidation, Standards and Guidance etc.  
- Internal audit activities in relation to our core functions.  
- PSA - addressing core function at entry to register with a licence to practise  
- Taking Revalidation Forward (TRF) workstream 1 - Making revalidation more accessible to patients and the public.  
- JIRHDELLA report - evaluation of revalidation, published May 2018. The evaluation provides us with a way to independently demonstrate to the profession and the public that revalidation is meeting its regulatory objectives. The findings of the evaluation will help us to identify improvements to revalidation we can make.  
- Our response to the Department of Health consultation around regulatory reform - opportunity to further enhance collaboration with our stakeholders, so that we identify new opportunities to deliver our statutory functions and contribute to patient safety in the wider healthcare system.  
- Communications & Engagement | • New Strategic Communication and Engagement Directorate  
- Regional Liaison Service (RLS) and Employer Liaison Service (ELS) – contact with multiple stakeholders including Responsible Officers (ROs), NHS Trusts, doctor groups etc.  
- Our review of the outcomes will ensure that our expectations of what newly qualified doctors from UK medical schools must know and be able to do when they start work for the first time are up to date and fit for purpose.  
- Visits and Monitoring teams in regular contact with students, trainees and educators during QA visits. Opportunity to share messages.  
- Pre - registration PSV - value for our partners in knowing we’ve checked new registrant’s qualifications  
- Collaboration with medical schools in relation to student Fitness to Practise and the graduation process.  
- Transformation Programme exception-based update at alternative Executive Board meetings. |
| OSOP2 Opportunity | P. Reynolds |
| We use our reputation for operational excellence to further enhance collaboration with our stakeholders, so that we identify new opportunities to deliver our statutory functions and contribute to patient safety in the wider healthcare system. | • Council consideration of 2016/17 Performance Review (April 2018)  
- Perceptions of collaborative working among our key partners to be tested in 2018 tracking survey  
- Implementation of strategic relationships operating model from 2019 onwards (subject to resource requirements being agreed).  
- Medical Licensing Assessment (MLA) - will assess new practitioners against a common threshold of safe practice. |
| OSOP3 Opportunity | P. Reynolds |
| Through enhancing our engagement across all of our activities, we empower and develop members of staff to build strong and mutually beneficial relationships with stakeholders, and develop understanding of the impact of GMC decisions/interventions, so that we achieve the full impact of our ambition to be collaborative. | • Identification, prioritisation and coordination of engagement activities by the new Strategic Communication Directorate  
- Empowering and Developing Our People – Transformation Programme  
- Impact Assessments  
- The MLA programme is being implemented by work strands drawing on experience and expertise from across the GMC, and in collaboration with medical schools and other key stakeholders.  
- Corporate strategic commitments at team level to increase level of ownership and engagement from staff  
- L&D functions - delivering support and training to staff members in managing relationships with stakeholders. | • Transformation Programme exception-based update at alternative Executive Board meetings.  
- PSA annual Performance Review  
- Annual reporting to the Charity Commission on how we have met our core statutory objectives  
- Annual internal audit programme |
The GMC’s regulatory effectiveness, credibility and reputation may erode over time if we don’t keep abreast of widening political agendas, UK and European legislative change as well as changes in the UK health environment in both the developed nations and in England, which may restrict our ability to understand how these impact on individual doctor's practice in order to deliver functions to full efficiency or develop as a regulator.

The volume and complexity of the programme of work we seek to undertake may exceed our capacity to successfully deliver particularly if we do not have sufficient capacity, experience or expertise within our data functions, then we will not be able to continue to run our data and insights to greater effect in anticipating and highlighting emerging risks, to support doctors delivering high quality healthcare, and to inform the development of new policies and interventions.

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Risk pre-control</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Schedule / Phase</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further action required?</th>
<th>Further action detail</th>
<th>Risk appetite</th>
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<tbody>
<tr>
<td>OST1 Threat</td>
<td></td>
<td></td>
<td>Paul Buckley &amp; Paul Reynolds</td>
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<tr>
<td>OST2 Threat</td>
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<td>P.Buckley</td>
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<tr>
<td>DST3 Threat</td>
<td>If our external partners do not share our strategic priorities and vision or have different standards and approaches and/or have insufficient resources to commit to working with us, we will not be able to secure the support and traction needed to make the progress envisaged on our strategic aims and could impact the speed at which we are able to develop and provide collective assurance</td>
<td>P. Reynolds</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>Mitigation (for threats)</td>
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<td></td>
<td>• Work to align our communications activity to avoid overburdening our stakeholders or creating engagement fatigue</td>
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<td>• Joint working frameworks (e.g. CQC/NHS/SCO/GVGC)</td>
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<td></td>
<td>• Launch of our new Corporate Strategy and communications around this</td>
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<td>• ELS-engagement activities - building relationships with external partners and explaining what we are aiming to achieve; liaison teams in place</td>
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<td></td>
<td>• Education to work with Health Education England (HEE) and deaneries to ensure our Quality Assurance (QA) is proportionate. We also need to be assured that quality management is effective. Part of review of QA</td>
<td></td>
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<td>• Implementation of strategic relationships operating model from 2019 onwards (subject to resource requirements being agreed) will deliver closer collaborative working with our regulatory partners</td>
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<td></td>
<td>• The MLA will establish a minimum threshold clearly linked to our regulatory function and the need to ensure patient safety: demonstrating that an individual is capable of functioning safely on the first day of clinical practice in the UK. If stakeholders accept that, we will be in a better position to drive consistent future improvement</td>
<td></td>
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<td>• Our quality assurance role involves us ensuring our standards are met. Our review of QA allows us to look at how we hold quality management organisations to account and ensure high standards. This involves looking at how good or notable practice is identified, shared and maintained</td>
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<tr>
<td></td>
<td>• Regular communications and engagement between GMC senior leadership and the Department of Health and system regulators across the four countries</td>
<td></td>
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<td></td>
<td>• MLA - building links with external partners through joint work on design and delivery</td>
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<tr>
<td>DST5 Threat</td>
<td>There may be circumstances and/or media coverage which suggests the profession or public find our actions, decisions and commentary on topics contentious and, without access to all the evidence, could potentially damage the confidence doctors have in us, our reputation with doctors and patients, and result in stakeholders being less willing to work collaboratively in delivering our key organisational priorities.</td>
<td>P. Reynolds</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>Mitigation (for threats)</td>
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<tr>
<td></td>
<td>• Media statement released 13 August outlining our position that we fully accept the Court of Appeal’s judgement in the Dr Bawa-Garba case to overturn the earlier decision made by the Divisional Court</td>
<td></td>
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<td>• Daily media and social media and political monitoring</td>
<td></td>
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<tr>
<td></td>
<td>• Monthly high profile case reviews by media team and PIP</td>
<td></td>
<td></td>
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<td>• Analysis of weekly media issues log</td>
<td></td>
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<tr>
<td></td>
<td>• Proactive stakeholder management handling of a case by case basis</td>
<td></td>
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<td>• Monthly report to CEO on Rule 12, complaints, correspondence from high profile figures or organisations and other high profile issues</td>
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<tr>
<td></td>
<td>• Field force to provide intelligence reports and help us respond on emerging or live issues</td>
<td></td>
<td></td>
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<td>• Field force to provide intelligence reports and help us respond on emerging or live issues</td>
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<td></td>
<td>• SMT standing agenda item on complex and contentious decisions being made</td>
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<td>• SMT standing agenda item on complex and contentious decisions being made</td>
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<td></td>
<td>• Council to receive a 6 monthly complaints analysis and trend briefing note</td>
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<td>• Council to receive a 6 monthly complaints analysis and trend briefing note</td>
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<tr>
<td></td>
<td>• Review and refresh our rapid response process, April 2018</td>
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<td>• Review and refresh our rapid response process, April 2018</td>
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<td>Medium</td>
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</tbody>
</table>

**Risk appetite:**
- Low
- Medium
- High

**Likelihood / Opportunity:**
- Low
- Medium
- High

**Impact:**
- Low
- Medium
- High

**Assessment:**
- Low
- Medium
- High

**Mitigation (for threats):**
- Work to align our communications activity to avoid overburdening our stakeholders or creating engagement fatigue
- Joint working frameworks (e.g. CQC/NHS/SCO/GVGC)
- Launch of our new Corporate Strategy and communications around this
- Education to work with Health Education England (HEE) and deaneries to ensure our Quality Assurance (QA) is proportionate. We also need to be assured that quality management is effective. Part of review of QA
- The MLA will establish a minimum threshold clearly linked to our regulatory function and the need to ensure patient safety: demonstrating that an individual is capable of functioning safely on the first day of clinical practice in the UK. If stakeholders accept that, we will be in a better position to drive consistent future improvement
- Our quality assurance role involves us ensuring our standards are met. Our review of QA allows us to look at how we hold quality management organisations to account and ensure high standards. This involves looking at how good or notable practice is identified, shared and maintained
- Regular communications and engagement between GMC senior leadership and the Department of Health and system regulators across the four countries

**Further action detail:**
- MLA - building links with external partners through joint work on design and delivery
STRATEGIC AIM 1 - Supporting doctors in maintaining good practice

We use our contact with the large cohort of international and European medical graduates who join the Register each year, to make sure they understand our role and the ways in which we can support them, enhancing their ability to achieve and maintain good practice and their perception of us as their regulator.

- Non-training grade doctors is an increasing cohort of the doctor population and has an increasing impact on training. We have identified these impacts in our QA visits. This can be positive, as they fill gaps, or negative, as they compete for training opportunities with trainees. Any training of this doctor cohort is heterogeneous and currently outside of the oversight and regulation of ourselves, HEE and deaneries. We do not set standards or survey this cohort about their training. We do sometimes speak to these doctors on QA visits however.
- Where an IMG or EEA doctor is in an official training post, we do regulate their training. We have also analysed their National Training Survey (NTS) responses separately to UK qualified doctors.
- We have analysed progression through training of different trainee doctors in our differential attainment project. Later in 2018 we will liaise with postgraduate deans to find out what they are doing to remove any unfair barriers to progression.
- Registration ID checks for all first time registrants, meeting with a member of GMC staff (opportunity)
- International Association of Medical Regulatory Authorities (IAMRA) - potential to work with other regulators in this forum.
- Continued promotion of content relevant to IMG and EEA doctors (such as information about PLAB, the MLA, English language checks) on social media, our other digital channels, and broadcast media.

If we do not take full account of the systemic pressures and wider culture within which doctors operate, the impact of our interventions to support doctors in maintaining good practice may be limited, and we may not focus our resources in the most effective way.

- Strategy and Policy Directorate – Regulatory Policy Teams & the Policy Leadership Group (PLG) – enabling us to deliver more evidence-led policy and understand more about how our standards and guidance function in a team-based environment.
- Insights gained from our FtP investigation work in relation to patient care, and from medical CE inputs into the investigation process.
- Insight brought back into the business by our field force teams, aiding our understanding of the different environments in which doctors work.
- Intelligence Module available for use.
- Devolved Office expertise - able to inform organisation of behaviours and environment in devolved regions.
- Increased collaboration with other regulators through various forums e.g Inter-regulator groups and Special Measures and Challenge Provider Oversight Group.
- We attend quality management visits that are increasingly multidisciplinary. HEE and deaneries have a remit for non-medical learners also. Our evidence on training environments focusses on the whole environment, and we also collect evidence on team working. Often solutions to issues in training are multidisciplinary, such as nurse practitioners, physician associates.
- In our QA visits, we interrogate our standards, which include how training environments enable trainee doctors to fulfil the duty of candour.

- The MLA assessment blueprint will be based on revised Outcomes for Graduates, GPCs and other sources with strong emphasis on MDTs. In the development process we will talk to clinical practitioners and assessors so could share any insight from those conversations.

Increasing participation in Welcome to UK Practice by 80% by 2020.
- Digital Transformation 2020 programme - changes to the information on our website, making it easier to navigate and personalise.
- The MLA will be a touchpoint for all International Medical Graduates (IMGs) and potentially EEA, with an assessment blueprint covering ethics and professionalism. Information packs or Welcome to UK Practice sessions for IMGs could potentially be linked to MLA stages (e.g. first application, passing AKT, passing CPA)
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<tbody>
<tr>
<td>T2.1 Threat</td>
<td>In cases where there are high profile patient safety issues and potentially unsafe environments for doctors and doctors in training, there are challenges in working effectively and collaboratively with other regulatory partners causing an adverse reputational impact for the GMC</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>CRITICAL</td>
<td>CRITICAL</td>
<td>Acting Chief Executive’s Report (June 2016), North Middlesex Audit and Risk Committee</td>
<td>CEO/COO update at each meeting</td>
<td>Yes</td>
<td>Working towards information sharing agreements in other regulators including devolved nations</td>
<td>Low</td>
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<tr>
<td>Mitigation (for threats)</td>
<td></td>
<td>Information sharing agreement in place with CQC</td>
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<td>Working closely with the Health and Social Care Regulators Forum to improve collaboration</td>
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<td>Education enhanced monitoring process in place</td>
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<td>Internal processes to manage communications</td>
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<td>We help ensure available and appropriately trained staff through our mandatory training on Information Security/Data Protection and training courses such as Influencing &amp; Stakeholder engagement training</td>
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<tr>
<td>Enhancement (for opportunities)</td>
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<td>Council</td>
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<td></td>
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<td>• Acting Chief Executive’s Report (June 2016), North Middlesex Audit and Risk Committee</td>
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<td>• CEO/COO update at each meeting</td>
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<td>Other</td>
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<td>• CEO gave evidence to the Health Select Committee about the impact of Brexit on medical regulation (February 2017)</td>
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<td></td>
<td></td>
<td>• Developing joint frameworks to improve collaboration</td>
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<td>• Develop a shared escalation protocol</td>
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<td>• Influence existing structures and fora to support information sharing</td>
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<td>• Agree a process for defining and communicating roles and responsibilities</td>
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<td>• Improve the use of data and insight - CQC to set up working group and feedback on analysis of current practice</td>
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<td>• Develop a culture of proactively sharing information and briefings</td>
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</tbody>
</table>
**OP3.1 Opportunity**

If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession.

- Patient and Public Working Group established
- Patient and Public engagement workstream reported through Engage Board as part of Transformation Portfolio
- Annual tracking survey results to understand perceptions of patients and the public (Sept/Oct)
- Better signposting workstream led by Fitness to Practise - we are looking at how to engage with members of the public who want to complain

**OP3.2 Opportunity**

We have the opportunity to be a more proactive regulator and demonstrate our understanding of the environment in which the profession is working as well as showing a willingness to speak up about issues facing the profession, allowing us provide further support to doctors.

- Being more vocal about the pressures in our narratives to external world
- Holding other stakeholders to account
- Bringing stakeholders together through various forums to deliver their part in addressing system pressures
- Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of NTS results (July)

---

**STRATEGIC AIM 3 - Strengthening our relationship with the public and the profession**

|----|----------------------|-------------------------|-------|------------|--------|------------|--------------------------|-------------------------------|-----------------------------|-----------|-----------------------|------------------------|-------------|
| OP3.1 | Opportunity | If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession. | P. Reynolds | LOW | - Patient and Public Working Group established  
- Patient and Public engagement workstream reported through Engage Board as part of Transformation Portfolio  
- Annual tracking survey results to understand perceptions of patients and the public (Sept/Oct)  
- Better signposting workstream led by Fitness to Practise - we are looking at how to engage with members of the public who want to complain | | | | | | | | | |
| OP3.2 | Opportunity | We have the opportunity to be a more proactive regulator and demonstrate our understanding of the environment in which the profession is working as well as showing a willingness to speak up about issues facing the profession, allowing us provide further support to doctors. | P. Reynolds | LOW | - Being more vocal about the pressures in our narratives to external world  
- Holding other stakeholders to account  
- Bringing stakeholders together through various forums to deliver their part in addressing system pressures  
- Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of NTS results (July) | | | | | | | | | |
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Risk appetite</th>
<th>Assure</th>
<th>Further action requested?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4.1 Threat</td>
<td>reclassified as IMG doctors</td>
<td>capacity to facilitate the PLAB test and maintain effective use of resources, in particular our may have a significant impact on our not position ourselves to respond effectively, UK Because we do not know the outcome of the Government's Brexit negotiations, we may</td>
<td>Paul Buckley</td>
<td>High</td>
<td>STRATEGIC AIM 4 - Meeting the changing needs of the health services across the four countries of the UK</td>
<td>Yes</td>
<td>• Establishment of cross-Directorate Brexit working group led by the UK, European and International Affairs team to scope challenges and opportunities for the GMC to define legislative priorities, and to review the potential impact on the legislation affecting our work (monthly meetings) • Ongoing engagement planned with Governments and key stakeholders • Active engagement with key influencers to influence post-Brexit proposals for healthcare regulation and accountability • Liaison with UK and European regulators to ensure influence and leadership of key networks is maintained • Publication of analyses of licensed doctors with an EEA PMQ and of doctors with EEA nationality • Design and implementation of engagement campaigns to try to ensure that post-Brexit legal framework does not prohibit application of NPLA to EEA doctors or impede reforms under flexibility review • Regular meetings with similar organisations / regulators impacted by Brexit to share intelligence and update on respective preparations • Regular meetings with HSQC, BESC and De/EU officials • Regular SMT engagement with UK Government officials • Programme of engagement with external stakeholders and governments throughout 2017 and 2018 to push for reforms of health professions provisions in RPQ Directive • UK, European &amp; International Team – engagement work with other UK healthcare and non-healthcare regulators, and horizon scanning • Preparing for Brexit project • Establishment of R&amp;R EU-exit steering group • Creation of policy register to track policy change needed ahead of Brexit • Operational planning work undertaken by FAQBU including financial implications of scenario planning • Policy decisions taken on impact of Brexit on education policy • The NLA is being developed so as to accommodate EEA doctors as IMGs or as under RPQ. We have also developed outline plans for ensuring ourselves about new registrants’ professional practice in the UK. Agile positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety. • Reviewing our approach to Specialist/SP registration • No deal scenario planning (Feb - 10) Scenario planning for hard, medium and soft Brexit options • IS scoping work underway • Exploring future clinical assessment centre capacity</td>
</tr>
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</table>
## Business risks and how we manage them

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Further Action required</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT1</td>
<td>Threat</td>
<td>Recruitment and transfer activity remains high and could challenge teams ability to deliver their functions effectively and impact on other key initiatives such as development of the policy profession.</td>
<td>Neil Roberts</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Yes</td>
<td>Low</td>
</tr>
<tr>
<td>AT2</td>
<td>Threat</td>
<td>Continued stretched resources and finances in the health environment create the potential for increased patient safety incidents which could strategically impact the GMC’s role as the regulator, upholding professional standards for doctors and trainees and creating reputational pressures on fitness to practise referrals and education monitoring services.</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Major</td>
<td>No</td>
<td>Low</td>
</tr>
<tr>
<td>AT3</td>
<td>Threat</td>
<td>We do not comply with our statutory obligations on Data Protection, Human Rights and/or Equality and Diversity, leading to legal challenge, financial loss and/or unfair outcomes, all of which could lead to reputational damage.</td>
<td>Susan Goldsmith</td>
<td>Likely</td>
<td>Minor</td>
<td>Yes</td>
<td>Low</td>
</tr>
</tbody>
</table>

### ACTIVELY OPERATIONAL RISKS

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Assessment</th>
<th>Mitigation (for threats)</th>
<th>Control in place</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required</th>
<th>Further action detail</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT1</td>
<td>Threat</td>
<td>Recruitment and transfer activity remains high and could challenge teams ability to deliver their functions effectively and impact on other key initiatives such as development of the policy profession.</td>
<td>Neil Roberts</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>Recruitment of additional HR staff</td>
<td>Recruitment planner/tracking system and weekly update to SMT</td>
<td>Headcount forecasts produced by Finance are reviewed monthly</td>
<td>Regular monitoring of staff turnover, which removes stale and low</td>
<td>Arrangements in place to quickly source temporary workers when needed</td>
<td>No</td>
<td>Low</td>
</tr>
<tr>
<td>AT2</td>
<td>Threat</td>
<td>Continued stretched resources and finances in the health environment create the potential for increased patient safety incidents which could strategically impact the GMC’s role as the regulator, upholding professional standards for doctors and trainees and creating reputational pressures on fitness to practise referrals and education monitoring services.</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Major</td>
<td>CRITICAL</td>
<td>Monitoring and forecasting of Fitness to Practise case loads</td>
<td>Monitoring of Centre for Workforce Information (CWFI) staff shortages and skills gaps, and other external sources of quantitative and qualitative data, through horizon scanning (Data, Research and Intelligence team)</td>
<td>Ongoing engagement with Department of Health (England) (DHEL), Health Education England, and other stakeholders</td>
<td>Monitoring external environment</td>
<td>Active engagement with 2 doctors about potential situations which may put patients at risk</td>
<td>Enhanced monitoring process in place</td>
<td>No</td>
</tr>
<tr>
<td>AT3</td>
<td>Threat</td>
<td>We do not comply with our statutory obligations on Data Protection, Human Rights and/or Equality and Diversity, leading to legal challenge, financial loss and/or unfair outcomes, all of which could lead to reputational damage.</td>
<td>Susan Goldsmith</td>
<td>Likely</td>
<td>Minor</td>
<td>LOW</td>
<td>E&amp;D-related activities in directorate business plans and further work underway to complete full benefits mapping to inform 2019-2020 plans.</td>
<td>Skilled and fully resourced team to promote E&amp;D in our work</td>
<td>Equality analysis undertaken as a component of all major project and policy activity.</td>
<td>E&amp;D training for all staff and associates and further work to develop this to incorporate inclusion.</td>
<td>Improvement opportunities have been identified and an EDBI curriculum scope defined. Inclusive online module under development and further content on plans.</td>
<td>Inclusive leadership embedded in management and leadership development programmes. Inclusion plan timeline outlined with HR and inclusion dialogue planned in September/October 2018.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Neil Roberts</td>
<td>Likely</td>
<td>Minor</td>
<td>LOW</td>
<td>E&amp;D-related activities in directorate business plans and further work underway to complete full benefits mapping to inform 2019-2020 plans.</td>
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<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Susan Goldsmith</td>
<td>Likely</td>
<td>Minor</td>
<td>LOW</td>
<td>E&amp;D-related activities in directorate business plans and further work underway to complete full benefits mapping to inform 2019-2020 plans.</td>
<td>Skilled and fully resourced team to promote E&amp;D in our work</td>
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<td>Inclusive leadership embedded in management and leadership development programmes. Inclusion plan timeline outlined with HR and inclusion dialogue planned in September/October 2018.</td>
<td>Yes</td>
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</table>
The page contains a table titled "Inherent Operational Risks". Each row represents a risk with columns for ID, Threat / Opportunity, Risk detail, Owner, Likelihood, Impact, Control pre-conditions, Mitigation (for Threat), Enablers (for opportunity), Council or Board Review, Assurance, Further Action required?, and Risk appetite.

The table includes various risks such as:
- **IT1 Threat**: We register an individual who is not properly qualified and/or fit to practise with an impact on patient safety and/or the reputation of the GMC. Owner: Anthony Omo. Likelihood: Quite Likely. Impact: Critical. Assurance: No. Risk appetite: Medium.
- **IT2 Threat**: We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation. Owner: Una Lane. Likelihood: Low. Impact: Low. Assurance: No. Risk appetite: Low.
- **IT3 Threat**: We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation. Owner: Una Lane. Likelihood: Moderate. Impact: Low. Assurance: Yes. Risk appetite: Low.

The table also includes columns for detailed mitigation strategies and assurance measures, such as documenting key controls and processes, training and available staff, employing liaison advisors, and engaging with responsible officers. There are also mentions of internal audits, reviews, and other assurance measures.
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat</th>
<th>Likelihood</th>
<th>Mitigation (for threats)</th>
<th>Residual risk with control in place</th>
<th>Likelihood</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
<th>Risk appetite</th>
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<tbody>
<tr>
<td>IT4</td>
<td>Threat</td>
<td>Moderate</td>
<td>Documented process and procedures to investigate and monitor concerns, including: • Trainer and available staff and Associates • Enhanced Monitoring Information Published on our website quarterly • Relationships with other delivery partners • Steering of information across the organisation (PSF and RLS, Employer Liaison Service (ELS) via Joint Working Intelligence Group)</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Unlikely</td>
<td>No</td>
<td></td>
<td>Low</td>
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<tr>
<td>IT5</td>
<td>Threat</td>
<td>Moderate</td>
<td>Documented process and procedures (Adjudication Manual); • Regular performance monitoring and reporting • Trained and available staff (including MPTS induction); • Tribunal members training and assessment (including induction programme); • SBIs changes implemented to bring further assurance to MPTS process including binding case management decisions</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Unlikely</td>
<td>No</td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>IT6</td>
<td>Threat</td>
<td>Low</td>
<td>Documented process and procedures (Adjudication Manual); • Regular performance monitoring and reporting • Trained and available staff (including MPTS induction); • Tribunal members training and assessment (including induction programme); • SBIs changes implemented to bring further assurance to MPTS process including binding case management decisions</td>
<td>Unlikely</td>
<td>Low</td>
<td>No</td>
<td></td>
<td></td>
<td>High</td>
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<tr>
<td>IT7</td>
<td>Threat</td>
<td>Low</td>
<td>Documented process and procedures (Adjudication Manual); • Regular performance monitoring and reporting • Trained and available staff (including MPTS induction); • Tribunal members training and assessment (including induction programme); • SBIs changes implemented to bring further assurance to MPTS process including binding case management decisions</td>
<td>Unlikely</td>
<td>Low</td>
<td>No</td>
<td></td>
<td></td>
<td>High</td>
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</table>

**Further Action Details:**

**IT4 Threat:**
- **Controlled/educational interventions**
  - Professional development for staff (PSF, RLS, ELS)
  - Joint Working Intelligence Group

**IT5 Threat:**
- **Controlled/educational interventions**
  - Professional development for staff (PSF, RLS, ELS)
  - Joint Working Intelligence Group

**IT6 Threat:**
- **Controlled/educational interventions**
  - Professional development for staff (PSF, RLS, ELS)
  - Joint Working Intelligence Group

**IT7 Threat:**
- **Controlled/educational interventions**
  - Professional development for staff (PSF, RLS, ELS)
  - Joint Working Intelligence Group
<table>
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<tr>
<th>ID</th>
<th>Threat</th>
<th>Opportunity</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Unlikely</th>
<th>Moderate</th>
<th>Likely</th>
<th>Very Likely</th>
<th>Feasibility</th>
<th>MNA</th>
<th>CRITICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT8</td>
<td>Threat</td>
<td>Our anti-fraud procedures and process may not prevent internal or external parties committing fraud against the GMC, resulting in monetary loss</td>
<td>Neil Roberts</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Likely</td>
<td>Unlikely</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>IT9</td>
<td>Threat</td>
<td>Difficulties in the recruitment and retention of staff and associates with the required skills and experience may challenge our ability to deliver our functions effectively</td>
<td>Neil Roberts</td>
<td>Major</td>
<td>Low</td>
<td>Moderate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Low</td>
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<tr>
<td>IT10</td>
<td>Threat</td>
<td>An external incident, including a cyber attack, which affects our infrastructure, security systems and/or staffing levels may prevent us from delivering our key functions</td>
<td>Neil Roberts</td>
<td>Major</td>
<td>Low</td>
<td>Moderate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Low</td>
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<tr>
<td>IT11</td>
<td>Threat</td>
<td>Adverse economic events create a significant strain in the Defined Benefit (DB) Scheme which the employer needs to cover</td>
<td>Neil Roberts</td>
<td>Major</td>
<td>Low</td>
<td>Moderate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Low</td>
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<tr>
<td>IT12</td>
<td>Threat</td>
<td>Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our regulatory services</td>
<td>Charlie Massey</td>
<td>Major</td>
<td>Low</td>
<td>Moderate</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Low</td>
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</tbody>
</table>

### INHERENT OPERATIONAL RISKS

#### Risk pre-controls

- Business planning & budget setting processes to ensure funds are allocated appropriately
- Talent and leadership programmes builds capacity
- Business continuity processes in place with periodic testing and reviewed with focus on core business as usual
- Adverse economic events create a significant strain in the Defined Benefit (DB) Scheme which the employer needs to cover
- Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our regulatory services

#### Risk assessment

- Business planning & budget setting processes to ensure funds are allocated appropriately
- Talent and leadership programmes builds capacity
- Business continuity processes in place with periodic testing and reviewed with focus on core business as usual
- Adverse economic events create a significant strain in the Defined Benefit (DB) Scheme which the employer needs to cover
- Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our regulatory services

#### Risk mitigation

- Business planning & budget setting processes to ensure funds are allocated appropriately
- Talent and leadership programmes builds capacity
- Business continuity processes in place with periodic testing and reviewed with focus on core business as usual
- Adverse economic events create a significant strain in the Defined Benefit (DB) Scheme which the employer needs to cover
- Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our regulatory services

#### Risk appetite

- Business planning & budget setting processes to ensure funds are allocated appropriately
- Talent and leadership programmes builds capacity
- Business continuity processes in place with periodic testing and reviewed with focus on core business as usual
- Adverse economic events create a significant strain in the Defined Benefit (DB) Scheme which the employer needs to cover
- Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our regulatory services

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### TRANSFORMATION PORTFOLIO...

- Transformation Portfolio set up in June 2017 to oversee deliver of enhancing our organisational capabilities. Programmes of work are designed around embedding a clearer sense of purpose and impact; empowering and developing our people; injecting more pace, agility and cross organisational working; and enhancing our engagement with the healthcare system
Agenda item: M6
Report title: Update on implementing the Corporate Strategy
Report by: Tim Aldrich, Assistant Director, Strategy
tim.aldrich@gmc-uk.org, 020 7189 5282
Action: To consider

Executive summary
The Council’s new Corporate Strategy for 2018-20 was published in January 2018. This paper sets out progress in implementing the Strategy to date and specifically:

- An introduction to the newly established Strategy team within the Strategy and Policy Directorate which is playing a key role in the ongoing implementation of the Corporate Strategy and support to Senior Management and Council on strategic issues.

- A summary of a mid-year ‘temperature check’ taken to Executive Board on the Strategy with some recommendations now being taken forward.

- An update on development of ‘lag’ indicators and a baseline assessment against which to monitor performance against the Strategy.

Recommendation:
To consider and approve the approach to implementation of the Corporate Strategy and in particular the reporting of ‘lag’ indicators.
**Establishing the new Strategy function**

1. The new Strategy and Policy directorate was established in January 2018 with an intention to augment existing capabilities in Regulatory Policy and Data, Research and Insight with a new small strategy team focused on providing support for corporate strategy and strategic thinking.

2. Tim Aldrich was appointed to lead the team as Assistant Director, Strategy (reporting to Paul Buckley) and started in April 2018. Recruitment of the team is complete with the final new team members joining in early September. While the full core team is approximately 5.4 FTE, part of the remit of the team is to develop strategic capability across the GMC and to work collaboratively in the spirit of ‘One GMC’.

3. The main responsibility of the team is to provide strategic decision support to the leadership of the GMC and Council. Specifically, this means:

   a. Advising on implementation of the current strategy and, in time, coordinating development of a new Corporate Strategy. To note: initial background preparation (in particular any research required) for the next Strategy from 2021 is necessary in 2019 to inform development in 2020.

   b. Leading specific projects into cross-cutting strategic issues, providing rapid identification and analysis of options to senior leadership and facilitating effective, pacy decision-making.

   c. Supporting strategic initiatives within the GMC, for example the Council Away Day in July 2018 or strategic support for GMC Services International Ltd, and with regulatory partners as appropriate in partnership with colleagues.

4. Example projects currently underway include:

   a. Collective Effect Review: this project is seeking to identify opportunities to understand better the current relationships between the GMC and regulatory partners, and to identify options to enhance our effect and effectiveness nationally, regionally and locally. It is a commitment under Strategic Aim 2 of the Corporate Strategy to collaborate more effectively with our regulatory partners and will report in mid-Autumn 2018.

   b. The Field Forces Review: this project is reviewing how to maximise the effectiveness of our field forces. By field forces we mean outreach teams that work with frontline doctors, healthcare providers, educational institutions and systems regulators, and thus include: the Devolved Offices, Education Quality Assurance Visits and Monitoring, the Employer Liaison Service, and the Regional Liaison Service. It is a commitment under Strategic Aim 4 of the Corporate
Strategy and will build on the findings of the Collective Effect Review. It will report in late Autumn 2018.

Measurement of performance: lagging indicators

5 Council received a paper in April 2018 setting out the ‘benefits-led’ approach to measuring performance against the Corporate Strategy 2018-20 published in January 2018. The paper provided a set of leading indicators for each of the 14 benefits identified under the four strategic aims of the Strategy. ‘Lead’ indicators (provided the right ones are chosen) are signals of potential future trends or outcomes.

6 The leading indicators are primarily activities being undertaken by the GMC with the intent of achieving one of the specified benefits.

7 In parallel work has been underway to develop corresponding ‘lag’ indicators - outcome measures of the impact of our work. By their nature these take some time to manifest and direct causality is difficult to confirm, nevertheless, good practice is to endeavour to collect and monitor.

8 While a number of existing measures have been drawn from sources such as our National Training Survey (NTS), many of the ‘lag’ indicators are perceptions-based. To establish the baseline and ongoing approach to performance measurement, we tendered for an external agency to support with the surveying of the profession, patients and the public, and key stakeholder groups. IFF Research won the tender in July 2018 and has started work. We are hopeful that some initial top line results from the field work currently underway may be available by the time of this Council meeting.

9 It is also established good practice to set a baseline, a point from which to measure performance as the strategy is implemented. We are currently establishing the baseline for the 14 identified benefits and where currently available this is provided in the annex.

10 We have selected a few examples to illustrate the proposed approach, one example benefit for each of the four Strategic Aims:

<table>
<thead>
<tr>
<th>Strategic Aim</th>
<th>Example benefit</th>
<th>Primary ‘lag’ measure</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supporting doctors in delivering good medical practice</td>
<td>Doctors are supported to deliver high quality care</td>
<td>1. Perception Question (Drs.)</td>
<td>IFF Research survey (pending)</td>
</tr>
<tr>
<td>2. <strong>National Training Survey (NTS) Supportive Environment</strong></td>
<td>72.66% (2018)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>NTS Workload Indicator</strong></td>
<td>48.19% (2018)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. <strong>Strengthening collaboration with regulatory partners</strong></th>
<th>1. <strong>Perceptions – 50 key stakeholders</strong></th>
<th>IFF Research Survey (pending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced perception of regulation (amongst regulatory peers)</td>
<td>2. <strong>Professional Standards Authority (PSA) Rating</strong></td>
<td>(TBC) 2017 report</td>
</tr>
<tr>
<td>3. <strong>Trade media coverage (% positive) – medical trades</strong></td>
<td>4.1% positive, 21.3% neutral, 75.5% negative (July 18)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. <strong>Strengthening our relationship with the public and the profession</strong></th>
<th>1. <strong>Annual Ipsos MORI Veracity Index – confidence in medical profession</strong></th>
<th>91% (Nov 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>2. <strong>Perceptions question – public</strong></td>
<td>IFF Research survey (pending)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. <strong>Meeting the change needs of the health services across the four countries of the UK</strong></th>
<th>UK workforce needs better met</th>
<th>Question to UKAF on whether needs better met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Autumn UKAFs (October)</td>
</tr>
</tbody>
</table>
The full set of proposed indicators is provided in the Annex.

11 The 'lag' indicators will be reported annually in full for Council and by exception via the Chief Operating Officer’s report alongside the lead indicators – and will thus be in the public domain, reflecting our commitment to being a transparent, open and accountable regulator.

12 We should be in a position to update the Corporate Strategy 2018-20 document published in January 2018 with the indicators and performance annually, demonstrating how it remains a live document, driving the direction of the organisation.

Corporate Strategy temperature check

13 Following the arrival of Tim Aldrich as Assistant Director, he was asked to carry out a brief review of the position of the corporate strategy a few months in – a 'temperature check' – and specifically to review:

a Whether any adjustments are required to the strategic aims in the light of the changed external environment since the start of 2018.

b How well the Corporate Strategy has 'landed' internally and – so far as it was shared – externally.

c What further the GMC may do to best implement the strategy.

14 There is a broad internal consensus that recent events have highlighted that the Corporate Strategy is not only still relevant but focused in the right areas. In particular that the strategy is focused on how we engage with key stakeholders and emphasises how we can support doctors in an environment under pressure. As many senior colleagues have noted – it is more relevant now than when it was launched.

15 The evidence from an internal evaluation of the launch of the Strategy suggests that it has 'landed' well but will require an ongoing campaign to embed the strategic aims. Further, it is important that the relevance of the Strategy to operational teams is demonstrated and reiterated. While the principle of One GMC is understood, it is a view widely held that the organisation has further to go in working across silos. To maximise internal consistency, we propose that in future the organisation refers to only one Strategy and not multiple Directorate, Section or thematic strategies*. As an alternative we would suggest using ‘sub-strategies’, ‘plans’ and ‘approaches’ as appropriate.

* We note that there are requirements for the GMC to have an Equality, Diversity & Inclusion Strategy.
16 External engagement on the Corporate Strategy has been relatively minimal and largely limited to three UK Advisory Forums in March 2018, a session at the GMC Conference also in March and some presentations at external events. Anecdotal evidence is, however, that it has been well received and is thought to communicate well our direction and intent. We should consider how far we wish to use it more explicitly in external communications as an opportunity to provide a wider context for our work.

17 The development of the *Supporting a profession under pressure* programme has brought into focus challenges in re-prioritising work. An initiative is under way via a new Policy Leadership Group as part of business planning to set more direction for 2019 – successfully focusing resources on a smaller selection of priority activities and creating responsive capacity is essential for becoming more agile.

18 The Executive Board recently accepted a recommendation to develop a high-level operating model to assist with applying the internal levers available to implement the Strategy. This will set out the key functions, capabilities, offerings and the linkages between these. It will assist with prioritisation by providing clearer visibility of who does what beyond the organisation chart and would assist in developing and implementing changes in support of the Strategy. It should also show how sub-strategies, plans and approaches fit with the Strategy and Transformation Programme.

19 Regular review of performance against the Corporate Strategy is being overseen by Paul Buckley as Director of Strategy and Policy. Assistant Director level leads are being assigned to each of the four Strategic Aims and reporting will be by exception via the Chief Operating Officer’s report to Council.
M6 - Annex A
Evaluating our corporate strategy
Draft lagging baseline measures
September 2018
Background: taking a benefits-led approach

- Our corporate strategy identified 4 strategic aims
- 14 associated benefits have been defined – each linked to one of the 4 aims (see slide 3)
- The lead indicators were presented at the April Council meeting and are being reported by exception in the COO report to Council (see slide 4)
- The slide pack describes these benefits and associated **primary** and secondary lag measures for each benefit (see slides 5-8)
- Many of the indicators are being measured via a survey currently being carried out for the GMC by IFF Research
**Background: strategic aims and aligned benefits**

### 4 Strategic aims within the Corporate Strategy

1. **Supporting doctors in delivering good medical practice**
2. **Strengthening collaboration with regulatory partners**
3. **Strengthening our relationship with the public and the profession**
4. **Meeting the change needs of the health services across the four countries of the UK**

### 14 benefits aligned to the four Strategic aims

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Strategic Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>1. Supporting doctors in delivering good medical practice</td>
</tr>
<tr>
<td>Improved identification of risk</td>
<td>1. Supporting doctors in delivering good medical practice</td>
</tr>
<tr>
<td>Doctors have a fulfilling/sustained career</td>
<td>1. Supporting doctors in delivering good medical practice</td>
</tr>
<tr>
<td>Enhanced trust in our role</td>
<td>1. Supporting doctors in delivering good medical practice</td>
</tr>
<tr>
<td>Increased confidence in the quality of training environments</td>
<td>1. Supporting doctors in delivering good medical practice</td>
</tr>
<tr>
<td>Right response by the right organisation, at the right time</td>
<td>2. Strengthening collaboration with regulatory partners</td>
</tr>
<tr>
<td>Smarter regulation*</td>
<td>2. Strengthening collaboration with regulatory partners</td>
</tr>
<tr>
<td>Enhanced perception of regulation</td>
<td>2. Strengthening collaboration with regulatory partners</td>
</tr>
<tr>
<td>Public confidence in GMC</td>
<td>3. Strengthening our relationship with the public and the profession</td>
</tr>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>3. Strengthening our relationship with the public and the profession</td>
</tr>
<tr>
<td>Enhanced customer service</td>
<td>3. Strengthening our relationship with the public and the profession</td>
</tr>
<tr>
<td>Regulatory model and interventions are relevant, effective, appropriate, and better meet the needs of the four UK countries</td>
<td>4. Meeting the change needs of the health services across the four countries of the UK</td>
</tr>
<tr>
<td>UK workforce needs better met</td>
<td>4. Meeting the change needs of the health services across the four countries of the UK</td>
</tr>
<tr>
<td>We are well prepared for and can influence legislative change</td>
<td>4. Meeting the change needs of the health services across the four countries of the UK</td>
</tr>
</tbody>
</table>

* Renamed from ‘reducing regulatory burden’
Example of where the lag indicators fit

The following is an example from the Chief Operating Officer report (April 2018) showing, by exception, performance against one of the 14 benefits. To date we have not had ‘lag’ indicators.

Strategic aim 1: Supporting doctors in delivering good medical practice (continued)

Key benefit
Doctors have a fulfilling/sustained career

Activities to deliver (by exception)
Flexibility programme

Lead indicators
Common outcomes and shared components of training

Lag indicators*
TBC

Exception commentary
After experiencing resource issues, we have committed to some shared project support with the Academy of Medical Royal Colleges (AoMRC). This will allow work to progress on the key workstreams of reviewing the guidance designed to promote transferability of trainees across different specialties, and develop shared curricula content to broaden exposure and capability to elements of training. We are also securing further GMC resource, which will allow us to progress a curricula mapping exercise to identify commonalities and opportunities across specialty curricula and opportunities.

The following four slides set out the proposed indicators (the primary in **bold**, with secondary supporting indicators where available) against each benefit and where available a baseline metric.
1. Supporting doctors in delivering good medical practice

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>1. <strong>Perception Question (Drs.)</strong></td>
<td>1. IFF Research survey</td>
</tr>
<tr>
<td></td>
<td>3. NTS Workload Indicator</td>
<td>3. 48.19% (2018)</td>
</tr>
<tr>
<td>Doctors have a fulfilling / sustained career</td>
<td>1. <strong>Perception Question (Drs.)</strong></td>
<td>1. IFF Research survey</td>
</tr>
<tr>
<td>Enhanced trust in our role</td>
<td>1. <strong>Perception Question (Drs)</strong></td>
<td>1. IFF Research survey</td>
</tr>
<tr>
<td></td>
<td>2. Number negative motions submitted at BMA conference</td>
<td>2. 46 (2018)</td>
</tr>
<tr>
<td></td>
<td>3. Feedback on Regional Liaison Service sessions “Has the session improved your impression of the GMC”</td>
<td>3. [#] RLS</td>
</tr>
<tr>
<td></td>
<td>4. Media Monitoring (% positive / negative)</td>
<td>4. 2.6% positive, 45.7% neutral, 52% negative</td>
</tr>
<tr>
<td>Increased confidence in the QA of training environments</td>
<td>1. <strong>NTS Satisfaction – Trainers</strong></td>
<td>1. 1. 71.13%** (2018)</td>
</tr>
<tr>
<td></td>
<td>2. <strong>NTS Satisfaction – Trainees</strong></td>
<td>2. 2. 79.01% (2018)</td>
</tr>
</tbody>
</table>

* Findings to be published in SOMEP / January but not reviewed annually
** Each NTS question response is given a score out of 100 and then we take the average across all questions in the indicator. This gives a score out of 100 for each doctor for each indicator – the scores provided are the average indicator scores for all trainee doctors in the survey.
## 2. Strengthening collaboration with regulatory partners

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved identification of risk</td>
<td>1. <strong>Modern Regulator Improvement Tool (MRI T) assessment</strong> against a maturity model of ‘absent’ through to ‘leading’</td>
<td>1. [TBC]</td>
</tr>
</tbody>
</table>
| Smarter Working                                     | 1. **Perceptions - 50 key stakeholders**  
2. Provisional Enquiries KPI (but Drs) % cases closed in 63 / 84 days  
3. Professional Standards Authority (PSA) Assessment (relevant measure)                                                                 | 1. IFF Research Survey  
2. 59% 63 days 77% 84 days (2018 Year to July)  
3. 2017 report                                                                                           |
| Right response right organisation at right time     | 1. **Emerging Concerns KPI – Regulatory Review Panels (RRP) held**  
2. Perceptions – 50 key stakeholders  
3. Patient Safety Intelligence Forum (PSIF) / Escalations  
4. Number of complaints being received into the GMC which are not for us as an organisation to resolve | 1. 0 (June 2018)  
2. IFF Research Survey  
3. KPI in development  
4. KPI / GMC complaints definition in development                                                           |
| Enhanced perception of regulation (amongst regulatory peers) | 1. **Perceptions – 50 key stakeholders**  
2. Professional Standards Authority (PSA) Rating  
3. Trade media coverage (% positive) – medical trades                                                                 | 1. IFF Research Survey  
2. (TBC) 2017 report  
3. 4.1% positive, 21.3% neutral, 75.5% negative (July 18)                                                  |
3. Strengthening our relationship with the public and the profession

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public confidence in GMC</td>
<td>1. Perceptions question - public</td>
<td>1. IFF Research survey</td>
</tr>
<tr>
<td>Enhanced Customer Service</td>
<td>1. Institute of Customer Service (ICS) Customer Effort - Call Centre</td>
<td>1. TBC*</td>
</tr>
<tr>
<td></td>
<td>2. ICS Net Promoter Score - Web</td>
<td>2. TBC*</td>
</tr>
<tr>
<td></td>
<td>3. Complaints vs compliments*</td>
<td>3. TBC**</td>
</tr>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>1. Annual Ipsos MORI Veracity Index – confidence in medical profession</td>
<td>1. 91% (Nov 2017)</td>
</tr>
<tr>
<td></td>
<td>2. Perceptions question – public</td>
<td>2. IFF Research survey</td>
</tr>
</tbody>
</table>

*ICS baseline undertaken in Jan ’18 but need to i) if this can be tracked as the sample group cannot be re-engaged and ii) plans to implement ICS benchmarking

**Still no common definition of a complaint across directorates so needs work to baseline and track this measure
4. Being responsive to the changing political landscape and the needs of the health services across the four countries of the UK

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK workforce needs better met</td>
<td>1. Question to UKAF on whether needs better met</td>
<td>1. Autumn UKAFs</td>
</tr>
<tr>
<td>Reg. model and interventions are relevant, effective and appropriate and better meet needs of 4 countries</td>
<td>1. IFF Research survey question to on whether regulatory model and interventions are relevant, effective and appropriate and better meet needs of the 4 countries</td>
<td>1. IFF Research survey</td>
</tr>
<tr>
<td>We are well prepared for and can influence legislative change</td>
<td>1. IFF Research survey question on how well prepared for an can influence legislative change</td>
<td>1. IFF Research survey</td>
</tr>
</tbody>
</table>
Executive summary
At its meeting on 12 December 2017, Council requested an annual report on the DC scheme, with the first such report to include an overview of the scheme’s governance arrangements and of the investment options available to staff. This report summarises the governance of the GMC Group Personal Pension Plan, the GMC’s defined contribution (DC) pension scheme, during the last 12 months, in particular the work of the Aviva Group Personal Pension Plan Management Committee in overseeing the operation of the Plan. This includes the regular monitoring of investment performance and administration, considering the impact of wider changes to GMC pension arrangements and legislative changes, work to develop and implement new investment options and reviewing the Committee’s membership and statement of purpose.

Recommendation
Council is asked to note the report on governance of the GMC Group Personal Pension Plan.
Background

1. The Aviva Group Personal Pension Plan Management Committee (the Committee) is an advisory forum which monitors and reviews the operation of the GMC Group Personal Pension Plan (the Plan). There are no legal obligations to have a management committee but our arrangements are in line with the regulator’s guidance on best practice.

2. The Committee was established by Council on 22 May 2013 as an advisory group that reports matters relating to the Plan that require decision to the former Performance and Resources Board and has latterly reported to the Executive Board. As the Committee does not have executive powers, reporting to the Executive Board ensures that there is an appropriate route for any issues that require a decision and the employer can have sight of pensions issues that might have a wider impact, for example on recruitment and retention.

3. The Committee’s responsibilities include:
   a. Monitoring and reviewing key data relating to the Plan.
   b. Reviewing the provider’s service levels and administration.
   c. Monitoring and reviewing the fees charged to Plan members.
   d. Monitoring the investment performance of the options available.
   e. Ensure that the provider has available a suitable range of investment options and, if required, commissioning any GMC specific investment options or products.
   f. Advising on communications to prospective members and active members and monitoring the mechanisms for improving member understanding and engagement.
   g. Ensuring that diversity issues relating to members are considered and responded to.

4. The Committee meets three times a year.

5. The Committee has recently reviewed its statement of purpose and proposes a number of changes for Executive Board to consider at its meeting on 1 October 2018. The current statement of purpose is attached as Annex A.

6. The Committee comprises four employer nominated members and four Plan member nominated members, and is chaired by the Director of Resources and Quality Assurance. There are currently two vacancies for Plan member nominated members,
for which an appointment campaign will shortly take place and one vacancy for an employer nominated member, to be appointed in early October 2018.

7 The post of Head of Registration, Investigation and Information, named in the statement of purpose as one of the employer nominated members, no longer exists. Therefore the proposed changes to the statement of purpose to be considered by the Executive Board include replacing that specific job title with ‘One further employer-nominated board member from outside the Resources and Quality Assurance directorate’.

8 When the Committee was established, the Plan was known as the Aviva Group Personal Pension Plan, but is more correctly titled the GMC Group Personal Pension Plan rather than being named after the current provider. The Executive Board will consider a proposal at its meeting on 1 October 2018 to update the statement of purpose and rename the Committee as the GMC Group Personal Pension Plan Management Board, to reflect the correct name of the Plan and to conform to the naming convention for boards, committees and forums.

Monitoring the investment performance and administration of the GMC Group Personal Pension Plan

9 The Committee receives updates on Aviva’s investment performance and administration, including advice from Aon on its assessment of Aviva’s performance. An established monthly procedure is also in place to meet the GMC’s auto enrolment requirements.

10 A review by Aon into whether Aviva’s offer remained competitive had resulted in Aviva being able to offer a reduction in annual management charges from 0.38% to 0.33% of the pension pot, which was subject to the proposed changes to the GMC Staff Superannuation Scheme going ahead, and is now in place. Aon’s review of the charge fulfilled a requirement to review the competitiveness of the management charge every three to five years. The Committee noted at its meeting on 18 July 2018 that Aviva had initially not correctly implemented the lower annual management charge, but following notification by the GMC, had quickly corrected the error and backdated the lower rate to ensure that members were not financially disadvantaged.

11 Between April and July 2018, primarily as a result of the changes to the defined benefit scheme, 563 new members joined the Plan, bringing the total membership to 1,202. As at 1 June 2018 the total value of scheme members’ assets under management was £9,332,244.58.

12 At the Management Committee’s most recent meeting on 18 July 2018, it was noted that Aon was content with Aviva’s management of almost all of the investment funds as performing in line with benchmarks. Aon had reservations about the performance
of one diversified assets fund, which would be kept under review, although the long-term returns for it remained positive. The Committee noted that 45 members had a total of £16,105 invested in that fund and Aviva reported that the fund was not designed to provide a return, but to provide stability for Plan members on the approach to retirement.

**New investment options for Plan members**

13 The Plan’s Default Investment Option (DIO) has previously been designed on the assumption that members would use at least 75% of their pension pot to purchase an annuity. However, under changes announced in the 2014 and 2015 budgets, defined contribution pension scheme members now have greater flexibility in how they access their benefits at retirement, with members having three broad options (which can be mixed and matched):

a  Withdraw money in cash at retirement, up to 100% of the value of the pension pot.

b  Leave money invested within the pension plan and draw this down over time.

c  Purchase an annuity to provide a guaranteed income.

14 Detailed analysis was undertaken by Aon on behalf of the Management Committee, and a new DIO and two lifestyle options suited to annuity purchase and drawdown were approved during 2017 by the Executive Board and by Aviva’s Independent Governance Committee.

15 It was originally intended that the new DIO would be implemented from 30 November 2017. However, Aviva later notified the Committee that they had not taken into account that the proposed change to the new DIO required a change to terms and conditions and had therefore delayed the implementation. At the Committee’s most recent meeting, on 18 July 2018, a senior representative of Aviva attended to apologise for the continued delay in implementation of the DIO and two other issues that had arisen in the administration of the pension plan funds (the implementation of the lower annual management charge as set out in paragraph 6 and the setting up in the old DIO of 27 members who joined the scheme after the new DIO went live, which has also since been corrected).

16 The Committee heard that the switch to the new DIO will take until early 2019 to resolve, because it requires Aviva to carry out a due diligence process and send a letter to each member to change the terms and conditions, which requires 90 days’ notice to be given.
17 There is an appetite from a small number of staff for an ethical investment fund and 25 staff attended seminars on the topic in late June and early July 2018. Aon are considering the feedback from the seminars and are working with Aviva to design an ethical investment option, reflecting our employees’ preferences, for the Committee to approve. This will provide a further investment option for colleagues.

Risk Register

18 Since its meeting in April 2018 the Committee has started receiving a Risk Register at each meeting to provide an overview of the risks associated with running the GMC Group Personal Pension Plan and the mitigation measures in place or required. The Risk Register will continue to be developed and regularly monitored by the Committee.

Keeping up to date with legislative change

19 The Committee receives updates at each meeting from Aon on legislative changes affecting DC pension schemes, which has included the established of a single financial guidance body to replace the three existing government sponsored guidance providers, the government’s planned pension dashboard expected to be launched in 2019, new income tax rates in Scotland, and the introduction of an employer-arranged pensions advice exemption.

Engagement by members

20 The Committee receives regular updates on the use of dedicated webpages operated by Aviva for members of the scheme. In the period 1 September 2017 to 28 February 2018 the microsite was visited on 118 occasions by 83 unique visitors. In the period 1 March 2018 to 31 May 2018, coinciding with the expansion in membership of the scheme, there were 404 visits by 263 unique visitors. Aviva have expressed a willingness to work with the GMC and Aon to find ways to improve engagement with members.
Aviva Group Personal Pension Plan Management Committee: Statement of Purpose

Background

1. This annex sets out the draft Statement of Purpose for the Aviva Group Personal Pension Plan Management Committee. This is an advisory group that reports matters that require decision to the Performance and Resources Board.

Membership

2. The Committee is chaired by the Director of Resources and Quality Assurance. Other members include:
   a. The Assistant Director – Human Resources.
   b. The Assistant Director – Finance.
   c. Head of Registration Investigation and Information.
   d. Four Plan member nominated committee members.

3. It is proposed that Plan member nominated Committee members are elected on three year terms.

4. The Committee will be advised by appropriate professional advisers as required.

Working arrangements

5. The Committee will meet three times a year and provide an annual update to the Performance and Resources Board on its work, which in turn will report annually to Council on the Plan.

6. Secretariat duties are undertaken by the Governance Team. The Committee Secretary minutes each meeting and aims to circulate the minutes, as cleared.
by the Chair, to members for comments within two weeks of the meeting. The Committee approves minutes at the next Committee meeting. Minutes record the conclusions of the Committee on the issues considered and will be cascaded to staff as appropriate. Reports and papers considered at meetings of the Committee will not normally be published.

Duties and activities

7 The Committee will be responsible for monitoring and reviewing the operation of the Defined Contribution Pension Plan including:

Member concerns

8 Monitoring the mechanisms for improving member understanding and engagement, especially in relation to decisions on investment choices and retirement options.

9 Advising on communications to prospective members and active members.

10 Providing a point of contact for members to raise issues regarding the Plan that they have not been able to resolve with the provider.

11 Ensuring that diversity issues relating to members are considered and responded to (including accessibility).

Legislation and good practice

12 Receiving and considering advice and information concerning legislative changes and good modern practice.

Employer issues

13 Monitoring and reviewing key data relating to the Plan including membership numbers, leavers and opt outs.

14 Reviewing the provider’s service levels and administration.

15 Advising the employer on any relevant diversity issues including how the Plan meets diverse needs and avoids unfair discrimination.

Investment performance options

16 Monitoring the investment performance of the options the provider makes available for Scheme members.

17 Monitor and review the fees charged to Plan members.
18 Ensure that the provider has available a suitable range of investment options in line with member requirements, with specific reference to the default fund.

19 Commission, as required, any GMC specific investment options or products.