April 2019 - Council Meeting

MEETING
30 April 2019 09:00

PUBLISHED
18 April 2019
Council Seminar and Meeting, 29-30 April 2019

Meeting Room 2.08
350 Euston Road,
London, NW1 3JN

**Agenda**

**Tuesday 30 April 2019**

10:20 - 13:00

Meeting

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*The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)*
11:55 - 12:20  M8  Introducing a Framework for GMC-regulated Credentials  
25 mins

12:20 - 12:40  M9  Welcome to UK Practice Expansion  
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Draft as of: 28 March 2019

To approve

**Minutes of the meeting on 27 February 2019**

**Members present**

Clare Marx, Chair

Steve Burnett  
Shree Datta  
Christine Eames  
Anthony Harnden  
Philip Hunt  

Michael Marsh  
Paul Knight  
Suzi Leather  
Denise Platt  
Amerdeep Somal

**Others present**

Charlie Massey, Chief Executive and Registrar  
Susan Goldsmith, Chief Operating Officer  
Paul Buckley, Director of Strategy and Policy  
Una Lane, Director of Registration and Revalidation  
Colin Melville, Director of Education and Standards  
Anthony Omo, Director of Fitness to Practise and General Counsel  
Neil Roberts, Director of Resources and Quality Assurance  
Melanie Wilson, Council Secretary
Chair’s business

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

2. It was noted that apologies had been received from Deirdre Kelly.

3. The Chair requested if there were any Declarations of Interest from Council members prior to the items being discussed.

   a. Philip Hunt - Chair of NHS Foundation Trust 2011-2014 (Chief Operating Officer’s Report) and Trustee of the Royal College of Ophthalmologists (Education Quality Assurance Review).

Minutes of the meeting on 12 December 2018

4. Council approved the minutes of the meeting on 12 December 2018 as a true record.

Chief Executive’s Report

5. Council considered the Chief Executive’s Report, noting:

   a. The legislative changes to the Medical Act in the event that the UK leaves the European Union without a deal have been approved in the House of Commons and are awaiting scheduling for debate in the House of Lords.

   b. The organisation has operational capacity should there be a surge in applications prior to Brexit to ensure applications are processed quickly.

   c. We are working closely with NHS Improvement on developing the workforce implementation plan to support the recently published NHS long-term plan in England.

   d. A report from the DHSC Government regarding Medical Associate Professionals was published in February which confirmed that there will be legislative change in relation to regulating physician associates. A decision on whether the GMC will be the regulator for this group has not been taken.

   e. The revised process exercising the GMC’s right of appeal is operating effectively. The panel involving the Chief Executive, Director Education & Standards and Director of Fitness to Practise has made three decisions which were published on the website.

6. During discussion, Council noted:

www.gmc-uk.org
a. That the guidance issued by the GMC in relation to abortion law in Northern Ireland was helpful. Although the organisation is continuing to work with the education providers, doctors and patient groups in Northern Ireland, it is mindful not to create confusion between the guidance and existing legislation.

b. That the qualifications of 2745 doctors who were registered via the same route as Ms Alemi had now been verified. The GMC were continuing with this work.

c. More work could be done by the organisation to support patient groups who are providing advice on medicinal cannabis products.

Chief Operating Officer’s Report

7. Council noted the report of the Chief Operating Officer, the Council Portfolio, Risk Register and Strategic lag indicators.

8. Council noted:

a. All key performance indicators (KPIs) had been met save for one which was to ‘commence 100% of Interim Order Tribunal hearings within three weeks’ which was missed due to human error. This had no impact on patient safety and further training was provided to staff to minimise this occurring again.

b. In the Council Portfolio and Risk Register two of the projects are highlighted as red-Medical Licensing Assessment and Brexit. Both items were discussed in detail and were not repeated in this section.

c. The Strategic lead and lag indicators which were created as part of the ‘benefits first’ approach which was implemented as a result of discussions in previous council meetings. Targets will follow in due course.

d. The organisation closed 2018 with a surplus of £1 million compared to the budgeted surplus of £6.9 million which was due in large part to a pension top up payment of £4.1 million.

e. The draft 2019 income budget is £109.2 million. The total 2019 expenditure budget is £122 million (comprising operational expenditure of £110.6 million, and capital expenditure of £11.4 million). Our operational expenditure and capital expenditure combined will generate a deficit of £12.8 million in 2019.

f. GMC Services International met its profit and loss target for 2018. The organisation has made a strong start in 2019 despite ongoing pressures. Three new risks have been added to the organisation’s Risk Register:

i. the challenges agreeing the Medical Licensing Assessment model

ii. the reputational risk surrounding non-training posts and training pathways
iii. the change in leadership and reporting structure following the announcement that Health Education England (HEE) will work jointly with NHS Improvement (NHSI).

g. Two risks have been changed:

i. Recruitment and transfer has been lowered from critical to significant. This reflects the fact that overall recruitment is stabilising. (AT1)

ii. Difficulties in the recruitment and retention of staff has been lowered from critical to significant. This reflects the fact that turnover levels remain low. (IT9)

9. During discussion, Council noted:

a. The levy paid to the Professional Standards Authority (PSA) was £710,000 which was higher than expenditure on the maintenance of the Council.

b. Steve Burnett, declared himself as a pension trustee, and advised Council that the Board of Trustees was moving into a triennial valuation result discussion which will be brought to Council in due course.

c. GMCSI will assume the responsibility from the GMC this year for managing revenue associated with the sale of the List of Registered Medical Practitioners (LRMP).

Field Forces Review

10. Council noted the future model of the field forces team and noted the following:

a. By the end of 2020, the GMC will have a seven-region model in England alongside national offices in Wales, Scotland and Northern Ireland which will maximise the synergies between the regional liaison service (RLS), employer liaison service (ELS), the devolved teams and education visits and monitoring team.

b. Line management for these teams will sit in the respective regional or national teams, supported by our central teams but will fall within the Strategic Communications and Engagement directorate.

c. Implementation will be carried out over the next two years with affected staff closely involved and kept up to date. We assume that the majority of staff will continue in their current role, with their day to day work largely unchanged.

d. The ‘One GMC’ strategy will be the focal point of this project.

11. During discussion, Council noted:
a. This new approach will allow the organisation to engage with regions at a more detailed level which will promote patient safety.

b. Branding for this is still being developed but a focus will be placed on the region, taking into account the four countries.

c. It is envisaged that the teams will remain in the current geographical locations, in virtual offices, and will be supported by the current teams in Manchester and London.

d. Further work needs to be done on how we can fully engage with doctors who are not based in a typical NHS structure or working in isolation (such as private practice or as a locum). We recognise the potential risk to patients where doctors are not fully engaged with their responsible officer.

Education Quality Assurance Review

12. Council:

■ noted the report of Education quality assurance review,

■ approved the proposed approach for Quality assurance and

■ approved the delivery of pilots during 2019.

13. Council noted:

a. The last audit of quality assurance occurred in 2011 when the organisation took responsibility for Postgraduate Medical Education and Training. This new project is an opportunity to take a holistic view on education quality assurance and update as necessary.

b. Two pieces of research were discussed when considering this project. Quality assurance activity is now based on risks and themes, and an approach to encourage cross regulatory collaboration should be considered.

c. The research advises that the GMC’s current processes are robust and proportionate however the organisation should consider this as an opportunity to work with other regulators and not increase the burden of reporting.

d. The focus on this project will be light touch regulation; the organisation does not want to do anything which will be perceived as an unnecessary administrative burden upon providers. With the new approach there will be no unnecessary large scale visits which are costly to both the GMC and to the education provider.

14. During discussion, Council noted:
a. The field forces structure could provide a useful approach during the pilot phase. Feedback will be examined in more detail under the new model. Maintaining a robust approach and providing challenge is vital but the revised model will encourage ongoing dialogue rather than a one-off inspection approach.

**Practical Skills and Procedures List – Approval for Publication**

15. Council received a copy of the re-drafted practical procedures documents which was approved in April 2018.

16. Council:

- Approved the revised list of practical skills and procedures for publication.
- Approved the separation of the core practical skills and procedures from *Outcomes for graduates*.
- Agreed to the removal of the core practical procedures for provisionally registered doctors from *Outcomes for provisionally registered doctors*.

17. Council noted:

a. The previous version of the Outcomes was produced in 2009. The GMC ran a public consultation on a revised draft of the Outcomes in 2018. Following the conclusion of the consultation, the document was updated and approved by Council to publish in summer 2018 with a requirement that schools meet them by summer 2020.

b. The consultation received 202 responses with 73% of individuals and organisations agreeing that there should be a practical procedures list included in the ‘Outcomes for Graduates’ document. The main reasons respondents gave for this was that the list provided clarity for medical schools, students and employers on what needed to be taught and assessed.

c. Following the consultation the team created a working group in October 2018. The group included representatives from the Foundation Programme, the UK Council of Clinical Skills Teachers, the Nursing and Midwifery Council (NMC), students and educationalists.

d. This list will be approved and published in March it is expected that medical schools will be in a position to include the revised outcomes document by summer 2020.

e. The ‘Outcomes for Graduates’, including the list of practical skills and procedures, will be one of the documents the organisation use to inform the blueprint for the MLA, alongside *Good medical practice*, the Foundation Programme Curriculum, Hospital Episode Statistics and equivalent statistics for primary and mental health.
Decision Making and Consent Consultation Outcomes

18. Council were provided with an update on the organisation’s engagement activity around the update of the GMC’s consent guidance.

19. Council noted the team’s wide-ranging engagement with key stakeholders around the UK and the positive response this generated.

20. Concerns were raised by Council in 2018 regarding the tone and content of the initial consultation and the team were asked to reconsider it given the emphasis of supporting the profession under pressure.

21. Council were reassured by the level of engagement and positive feedback that was received by the profession and working groups that were involved in the initial stages.

22. Council approved the timeline for finalising the draft of the guidance with it being presented to Council again in September 2019.

23. During discussion, Council noted:

   a. In phase two, the role of employers in ensuring the consistent implementation of the guidance should be emphasised, as they hold the legal responsibility for sound consent practice. A quick reference version could be considered to support practitioners at the point of care.

   b. There are gaps in the responses from particular groups, examples include NSPCC, the Autism Society, various disability groups. The team may need to actively engage with minority groups rather than sending out the standard questionnaire.

Report of the Executive Board

24. Council noted the report of the executive board.

2020 Council and Committee Planning


Any other business

26. Council noted the date of its next seminar and meeting on 29 and 30 April, in London.

Confirmed:

Clare Marx, Chair
30 April 2019
Council meeting, 30 April 2019

Agenda item: M3
Report title: Chief Executive’s report
Report by: Charlie Massey, Chief Executive, chiefexecutive@gmc-uk.org, 020 7189 5037
Action: To consider

Executive summary
This report outlines developments in our external environment and progress on our strategy since Council last met.

Key points to note:

- As part of our Supporting a Profession Under Pressure programme, major reports into gross negligence manslaughter and culpable homicide, fairness of referrals by employers and supporting the mental health and wellbeing of doctors are expected in the coming months.

- Our 2019 National Training Surveys are live until Wednesday 1 May 2019.

- We will launch a new survey of Staff, Associate Specialist and Specialty (SAS) and Locally Employed Doctors at the start of May 2019.

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

Workforce

1. We are working with NHS Improvement and NHS England on the workforce implementation plan that follows the publication of the NHS long-term plan for England. The plan is now due to be published towards the end of April.

2. Through our engagement we continue to highlight the themes set out in our workforce submission for improved supply and retention of doctors, increasing support for the profession and taking a systemic approach to the workforce challenge.

3. As part of this work, NHS England has launched a consultation on targeted legislative change for delivery of the long-term plan. This is focused on legislative changes designed to support more joined-up services, cut the delay and costs associated with the current procurement process as well as a greater coordination between NHS organisations.

4. In our response we will make the case that legislation needs to go beyond NHS architecture and also address professional regulation. A particular focus for us is reforming legislation on registration as part of a wider review of international routes to registration.

Clinical negligence cover for medical professionals

5. The government has introduced a state-backed clinical negligence scheme for general practice (CNSGP) in England. The new scheme went live on Monday 1 April, and covers all GPs working in the NHS, including those providing personal and alternative provider medical services, locum GPs and trainees. The scheme is being run by NHS Resolution.

6. We require all doctors to have adequate and appropriate insurance or indemnity arrangements in place covering the full scope of their medical practice in the UK. We are part of the Department’s Indemnity Standing Group that supports the implementation of the CNSGP scheme in England and are writing to all GPs in England to remind them of our requirements and their responsibility to make sure they continue to hold appropriate cover.

7. The Department also recently consulted on proposals for more fundamental change to the way the market for clinical negligence cover in the UK operates. We responded to this consultation making clear that we support the Government’s policy objectives – to ensure that patients harmed by the negligence of regulated healthcare professionals can access appropriate compensation – and that any changes would
need a substantial transition period to make sure that doctors can move seamlessly from one product to another and are not left without cover for any period of time.

Inquiries and reviews

8 We continue to support the work of a range of statutory and non-statutory inquiries and reviews:

Independent Neurology Inquiry

9 Dame Clare Marx, Una Lane and I gave evidence to the neurology inquiry in Belfast on 13 March 2019 which was established to review the recall of neurology patients by the Belfast Health and Social Care Trust. We expect the inquiry will wish to have further conversations with us as part of the evidence gathering process.

The Independent Medicines and Medical Devices Safety Review

10 Anthony Omo and Colin Melville gave oral evidence to the Independent Medicines and Medical Devices Safety review into the harmful side effects of medicines on patients on 14 March 2019. The evidence session focused on fitness to practise complaints, our guidance on consent and how doctors’ conflicts of interest are reported and managed, and we committed to writing further to the review on specific points on both consent and conflicts of interest. This followed earlier oral evidence given to the review in January, and written evidence submitted last year.

Infected blood inquiry

11 We continue to work on the disclosure of materials to the Contaminated Blood Inquiry which concerns how individuals with haemophilia were given blood infected with the HIV virus and hepatitis C. The inquiry has given us a target of mid-May to complete the disclosure and we are making good progress towards this, with over 40 per cent of all the search terms completed. We have also completed several urgent ad-hoc requests for information relating to individual doctors.

Elizabeth Dixon investigation

12 We have completed disclosure of 15,000 pages of documentation to the non-statutory investigation led by Dr Bill Kirkup into the death of baby Elizabeth Dixon in 2001. We don’t have a firm date for publication of the report but expect this to be in the coming months.

Inquiry into the treatment of eating disorders

13 The Public Administration and Constitutional Affairs Committee has launched an inquiry into the treatment of eating disorders in the NHS. This follows a report by the
Parliamentary and Health Service Ombudsman in December 2017, which recommended that the GMC conduct a review of training for doctors in this area.

14 We held a roundtable on this issue in Parliament on 12 March 2019. The roundtable was a way to convene stakeholders, particularly the Royal Colleges and the medical schools, who have powers in this area and to assess whether changes need to be made. The event will help as a catalyst in ensuring the Academy of Medical Royal Colleges and the Medical Schools Council work with us on this recommendation.

Progress on our strategy

Supporting a Profession Under Pressure

15 We have developed six projects under the supporting a profession under pressure programme.

16 The independent review into gross negligence manslaughter and culpable homicide, led by Dr Leslie Hamilton, is preparing to produce their final report and recommendations. Views from a range of individuals, and organisations involved in medicine and the law, as well as those representing patients and families, from across the four countries of the UK were gathered, including over 850 pieces of written evidence.

17 The reflective practitioner guidance – co-produced by the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, the GMC, and the Medical Schools Council – was published in September 2018. We are now discussing the development of additional advice and guidance to provide further support. As part of this, we have recently published new learning materials on our website, to help doctors apply the guidance in practice. We also continue to work with other healthcare regulators on a joint statement on team reflection across the healthcare professions, which we expect to publish before the summer.

18 Roger Kline and Dr Doyin Atewologun have concluded their interviews with front-line staff and stakeholders across the UK as part of their review into why some doctors are referred to us by employers more, or less, than others. This evidence will help inform the final report and recommendations. Dr Atewologun has published a blog for our website, discussing this project, and what she hopes it will achieve. We expect to publish the final report in the summer.

19 The co-chairs of our wellbeing review, Dame Denise Coia and Professor Michael West, have identified prominent themes and potential recommendations, based on their stakeholder engagement and research. The majority of engagement meetings with key stakeholders from across the UK including the BMA, Royal Medical Colleges, and devolved governments and health departments are now complete. Dame Denise, has
authored a blog updating on the review’s progress, and calling for examples of initiatives that have had a positive effect on wellbeing. We’re also developing plans to test ideas with frontline doctors and medical students over the summer, as well those organisations who can help us deliver the recommendations, when the report is published, later this year.

20 We continue to deliver a number of projects under our raising and acting on concerns, and induction and returners workstreams:

- For raising and acting on concerns we are joining with partners to embed initiatives such as the new Emerging Concerns Protocol signed with a number of regulators, and partnering with Freedom to Speak Up and Safer Working Guardians in England to raise awareness about their roles and the support they can offer.

- As part of our induction and returners workstream, we are working with NHS England and Health Education England to provide the International GP Recruitment programme with support. We’re also delivering our expanded Welcome to UK practice offering to provide more places for those new to working in the UK.

21 Our partnership with Oxford University’s Patient Safety Academy, to incorporate human factors training into the work of our fitness to practise case examiners, and the medical experts used in our processes, has been welcomed by stakeholders across the UK.

Medical Licensing Assessment (MLA)

22 Following the February seminar at Council we continue to work through the issues arising from the Medical Schools Council’s alternative proposal for delivering the MLA’s applied knowledge test (AKT). The MLA Programme Board held an extended workshop to explore the risks and opportunities arising, and the criteria we should use in assessing possible ways forward.

23 Council will receive a more substantial update in June when we also intend to seek Council’s agreement on a preferred way forward for delivering the AKT.

National Training Surveys and new SAS Survey

24 Our annual national training surveys for trainees and trainers across the UK are currently open and remain so until midday on Wednesday 1 May. The surveys seek the views of around 54,000 doctors in training and 46,000 senior doctors who act as trainers.
25 This year, we’re asking new questions on access to, and quality of, services and facilities that support doctors’ wellbeing, including:

- Rest facilities when working out-of-hours
- Information about access to and quality of common room/mess
- Knowledge of occupational health and wellbeing support

26 We’ll also continue to ask trainees and trainers how burnout is affecting them, after introducing questions on this last year.

27 We will also launch our first survey of SAS and Locally Employed Doctors in early May. This survey will cover issues such as workplace culture, career development and access to training, induction experiences and workload.

**Professional behaviours and patient safety training programme**

28 In April we launched a pilot of our new evidence-based ‘professional behaviours and patient safety’ training programme, to help doctors to tackle unprofessional behaviours that affect patient safety and outcomes. This has been developed in conjunction with the Royal College of Physicians, the Royal College of Surgeons of Edinburgh and the Royal College of Obstetricians and Gynaecologists; as well as from colleagues involved in the anti-bullying alliance.

29 Throughout 2019, our outreach teams will pilot the new programme, including face to face training in at least 14 sites across the UK.

**Executive Board**

30 The Executive Board met on 25 February and 25 March 2019 to consider items on:

- Operational performance including finance and people, customer service and learning as well as updates on corporate risks.
- The results of engagement on the draft framework for Credentialing, to provide formal accreditation for specific competencies in order to provide confidence an individual is fit to practice in that area, for consideration by Council at this meeting.
- Plans to consult on updated requirements for doctors to reflect on patient feedback for their revalidation, with the aim of enabling doctors to collect more meaningful feedback for their development and making it easier for patients to take part.
d Revised guidance for decision makers on Section 40A (Right of Appeals), including the applicable legal principles provided by the courts of both England and Wales and Scotland in cases which they have decided since the introduction of the right of appeal in December 2015 and to reflect changes to the decision-making process in response to recommendations from the Williams Review and in line with advice received from Sir Robert Francis QC.

e The review of flexibility in postgraduate training and the ongoing programme of engagement.

f A quarterly update on GMC Services International Ltd, including a high level review of 2018 performance, results to date in 2019 and future prospects.

31 The Board also noted updates on:

a Brexit preparedness, particularly in relation to planning for a No Deal scenario.

b The implementation of the Field Forces review to improve the way we work with frontline doctors, healthcare providers and systems regulators and align ourselves with local systems to support the delivery of our refocused approach to regulation.

c Human Resources report and gender pay reporting.

d The GMC Data Strategy, which aims to allow us to make best use of our data resources to inform decision making, inform internal and external stakeholders, and speed up information sharing.

e The annual report of the GMC’s Data Protection Officer, setting out details of activities and an analysis of trends in privacy rights issues since the implementation of the General Data Protection Regulation on 25 May 2018.

f The project to expand our Clinical Assessment facilities at new premises in Manchester.

GMC conference

32 The theme of this year’s conference was ‘Together: supporting a profession under pressure in delivering good care’. Held on 3 April 2019 we had over 200 delegates and the day included a series of interactive workshops, promoting discussion and debate with speakers including doctors, educators, international experts and NHS staff. The workshops were opportunities to showcase some of the important work we are doing including on tackling unprofessional behaviours, human factors in patient safety and health and disability in medical education.
Bullying and undermining roundtable event

33 We are holding a roundtable event in Parliament on 7 May 2019 to discuss the issue of bullying and undermining in the NHS. This will look at how Parliamentarians and Ministers might seek to address these issues through a change in the law which could provide greater support for health professionals who raise concerns. Henrietta Hughes, National Guardian for speaking up freely and safely within the NHS, will be speaking at the event.
Executive summary
This report provides an update on our operational performance, key projects and programmes, and other operational matters arising including:

- Financial summary and update to our reporting
- Trends in applications for registration and demand for the Professional and Linguistic Assessments Board (PLAB)
- Transformation Programme update
- Updates to the Corporate Opportunities and Risk Register (CORR)
- The Professional Standards Authority and our annual performance review
- Preparing for the introduction of Welsh Language Standards.

Recommendation
Council is asked to consider the report, 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 2019.

Operational Key Performance Indicators (KPIs)

2. In January 2019 we missed our target to commence 100% of Interim Order Tribunal (IOT) hearings within three weeks of referral, achieving 93%. This was due to a case with three allegations which required legal advice to determine if they all raised fitness to practise issues and took additional time to resolve. Following legal advice, we took the decision to close one of the allegations and proceeded with the other two. It resulted in the original IOT hearing needing to be rescheduled from 14 January to 23 January 2019. The doctor was closely monitored by their designated body and responsible officer (RO) during the additional days until the hearing.

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

3. We continue to receive high levels of registration applications from International Medical Graduates (IMGs), as shown in Graph 1 at Annex A. By the end of February 2019 we had received 53% more applications for registration from IMGs year-to-date than at the same point in 2018. This is an increase of 129% from 2016.

4. Consequently, demand for the Professional and Linguistics Assessment Board (PLAB) test, which help us to make sure doctors who qualified abroad have the right knowledge and skills to practise medicine in the UK, continues to rise. Graph 3 at Annex A shows an increase of 40% at the end of February 2019 compared to the same point in time in 2018. Work to expand our Clinical Assessment Centre (CAC) capacity so that we can accommodate this increase in demand is due to become operational by 6 August 2019. In the meantime, we ran additional PLAB tests at external venues in January and March and will doing so again in May 2019.

5. Until recently, volumes of applications received for registration from European Economic Area (EEA) medical graduates had remained relatively stable. As shown in Graph 2 at Annex A, since the beginning of this year applications have started to rise, and at the end of February 2019 were 32% higher than at the same point in 2018. We continue to closely monitor volumes to see if this is the beginning of a Brexit-related surge. If so, we have contingency arrangements in place to handle additional activity.
**Financial summary**

6 As at end of February 2019, we had a deficit of £68,000 compared to a budgeted deficit of £456,000. This was driven primarily by strong investment performance in February. Operational income was also 1% higher than forecast, primarily due to higher volumes of applications for registration from IMG and EEA doctors. Our expenditure was in line with budget.

7 On 25 March 2019, the Executive Board agreed to exclude investment income from our financial KPI. Investment performance is highly dependent on external market conditions, and subject to monthly fluctuation. Excluding investment will give a more accurate picture of our operational income and expenditure. However, we will continue to report investment income as a separate line within the budget, as at page A9 of Annex A.

8 To ensure a high degree of transparency of our investment performance, the investment summary dashboard at page A10 has also been updated to show the value of our investment, and how it is allocated across different assets. This should help give context to investment returns, and our performance against our annual target, which is currently set at Consumer Price Index plus 2%. As set out at paragraph 20, we have also updated the Corporate Risk and Opportunities Register to reflect the full volume of GMC investments.

9 Although the GMC remains in a healthy and stable financial position, it is important that we take a prudent approach so that we continue to deliver value for money for our registrants. This will help us build resilience for future uncertainties, and ensure that we balance investment in strategic initiatives, with maintaining and enhancing our operational effectiveness and efficiency. To help achieve this, we have set up a new project, the Expenditure and Investment Review. The project team comprises colleagues from Finance, Strategy, Corporate Business Planning, HR and Quality Assurance and Continuous Improvement. It will help understand the scope and opportunities to alleviate budget pressures in the short, medium and long-term, and identify where we can improve efficiency and effectiveness in delivering current priorities as well as informing future business planning and the next Corporate Strategy. I will keep you updated on progress.

**Strategic delivery**

10 The strategic portfolio, at Annex A, shows the detail of our strategic delivery in 2019, by exception.
Strategic aim 1: Supporting doctors in delivering good medical practice

11 Credentialing - There are key decisions required by Council before we can progress with next steps. Paper M8 asks Council to consider the changes to the framework and provides an interim report detailing how we undertook stakeholder engagement and the key findings.

12 Medical Licensing Assessment (MLA) – we have now completed an important stage of engagement with staff and students at all medical schools across the UK. Listening to their views, concerns and queries has been very constructive and informed our thinking on MLA development. Separately, the Medical Schools Council (MSC) had raised its own concerns about the proposed design and delivery of the applied knowledge test (AKT). This project is reported as red while we hold discussions with the MLA Expert Reference Group about the MSC’s alternative proposal for the AKT. In the meantime, the GMC’s Chair, Chief Executive and Director of Education and Standards continue to engage with the Medical Schools Council (MSC) Chair and Chief Executive. We anticipate seeking Council’s views again in June, following April’s very helpful seminar session.

13 Supporting a profession under pressure – overall progress remains good with a number of key reviews due to complete over the next few months. The CEO Report gives further detail on progress. There are some minor delays with individual work streams as set out below:

a Fairness – reported as amber due to slight delay to the timing of communications collection of protected characteristics data. This was to take into account the potential to drive higher volumes of enquiries to the Contact Centre at a time when they are likely to be under increased pressure due to Brexit.

b Induction and returners – reported as amber whilst we consider how to best work with others to enhance induction support, which links to our engagement on the NHS Longer Term Plan.

c The reflective practitioner - reported as amber due to delays in sign off from partners to approve the joint statement on the benefits of being a reflective practitioner. A partner organisation has also reported resourcing issues. We have been working with the other regulators and providing support to resolve this as quickly as possible. We still expect to publish in Spring 2019 and are working with partners to agree a publication date.

Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK

14 Preparing for Brexit – Continues to be reported red. At the time of writing a high level of uncertainty remains around the Withdrawal Agreement following rejections in
Council meeting, 30 April 2019
Agenda item M4 – Chief Operating Officer’s Report

Parliament in January and March 2019. Following close working with the Department of Health and Social Care (DHSC), ‘no deal’ Medical Act amendments have been passed, which provide significant mitigations against the legal risks we would otherwise be exposed to in this scenario. We anticipate that the majority of our operations would be able to continue with minimal disruption, whatever scenario is agreed. Significant work has been done to develop the new processes, policies and procedures to support the new route to registration. We have updated more than 300 webpages, which can be quickly launched in the event of no-deal, to ensure the information we provide remains up to date and relevant. The Chief Executive’s report gives more detail on the impact of Brexit on our other legislative and strategic work.

Progress with our Transformation Programme

15 As I reported to you in February 2019, the SMT has been considering how best to make sure change reaches the whole of the organisation. To support this, new communications narratives have been developed which focus on the benefits that the Transformation Programme will deliver to staff, and how it help us work as ‘One GMC’ to deliver on our Corporate Strategy. In June, the Executive Board will consider an update on delivery and impact against the key benefits, which will be used to inform planning on the next phase of implementation. I will provide a more detailed update to you in September on how the different elements of transformation are bedding in. In the meantime, a snapshot of recent progress is given below.

16 Much of our work to empower and develop staff is now becoming part of day to day working practices. Almost 100% of end of year reviews were signed off by the end of January, using our new streamlined performance and development processes. This year we will transition to a two-year model for our Feedback for Success programme, with a gap of at least 18 months between individual reports for staff. This will ensure all staff have regular and proportionate access to constructive feedback from their colleagues. We have also identified 14 development secondments in 2019, offering opportunities for staff to broaden their skills and knowledge in another area of the business.

17 At focus groups with staff last year, the SMT heard examples of where operational teams have removed unnecessary stages of sign-off and delegated decision-making. To further embed this throughout the organisation, we will shortly be rolling out new training to support staff at levels four-six in taking on more decision-making responsibilities. Separately, the new leadership and management programme for staff with line management responsibilities, delivered by Mindgym, has received positive feedback from its first cohort following launch in January.

18 In March, we launched our first ever GMC-wide customer service strategy which will help achieve consistently high levels of customer service across the organisation. The Institute of Customer Service is supporting work to share good practice, and build on
the achievements of the Contact Centre. This was the first area put forward for accreditation, achieving silver status in 2018.

19 Recruitment to our new Strategic Relationships Unit, which will enhance the way we work with others in the political and healthcare environment, is underway. Achievement of our strategic objectives relies on our ability to influence and collaborate with stakeholders, to help create a shared vision for creating environments where doctors are fully supported to deliver high quality care. Following Council’s consideration of our ‘Field Forces Review’ in February, we have further developed our thinking on implementation. We have also renamed field forces to ‘outreach’ teams, which better reflects their crucial role in developing direct relationships with patients, doctors, employers and medical leaders.

Updates to the Corporate Opportunities and Risk Register (CORR)

20 There have been no new threats or opportunities added to the CORR since February 2019. Key changes to existing risks are as follows:

a The residual rating for risk AT4, relating to credentialing, has been raised to critical due to a new tighter timeframe and the range of variable perspectives provided by stakeholders.

b Risk IT11, relating to GMC investment and the Defined Benefits Scheme, has been updated in regards to the full volume of GMC investments. Further mitigations have been added, including a periodic review of the pension scheme positions.

Our annual performance review by the Professional Standards Authority

21 The Professional Standards Authority (PSA) conducts an annual performance review to assess our effectiveness as part of its role in overseeing regulators. Our 2017/18 performance review is due to conclude shortly. Council will have the opportunity to consider the findings of the review, which we anticipate will be in September. This will include an assessment of whether we have met the PSA’s 24 Standards of Good Regulation, once published.

22 The PSA are also in the process of revising their Standards, following public consultation in 2018. We have volunteered to be part of their pilot of the new Standards, which we expect to begin over the next few months. This will give us a great opportunity to gain an initial benchmark of our evidence against the new Standards such as those relating to equality, diversity and inclusion; whilst providing feedback on how we think the new Standards can be rolled out to greatest effect.

Welsh Language Standards

23 We are currently governed by the Welsh Language Scheme, but this will be replaced by Standards in due course. Under the Standards model, the Welsh Language
Commissioner has greater powers of enforcement. The aim of the model is to ensure organisations that operate in Wales do not treat Welsh less favourably than English, and that they promote the Welsh language. Health regulators are the next bodies to be issued with the Standards, but we do not yet have an exact date, and the timeline will be affected by Brexit.

24 On 29 April, the GMC policy team in Wales will meet with the Welsh Language Minister to seek clarity over the timeline. I will keep you updated on developments, and there will be a further consultation before the Standards can be introduced, ensuring we have adequate time to prepare.
M4 Annex A – Council Portfolio

Council meeting
April 2019

Data presented as at 28 February 2019 (unless otherwise stated)
Commentary as at 27 March 2019

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

#### Core regulatory objective

<table>
<thead>
<tr>
<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></td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Answer 80% of calls within 20 seconds</td>
<td>91%</td>
<td>92%</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></td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all revalidation recommendations within 5 working days</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>90%</td>
<td>92%</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></td>
<td></td>
</tr>
<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>100%</td>
<td>No cases due</td>
</tr>
<tr>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>93%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Business support area

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18 Income and expenditure [% variance]</td>
<td>1.52%</td>
<td>0.84%</td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>8.05%</td>
<td>8.03%</td>
</tr>
<tr>
<td><strong>Information systems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS system availability (%)</td>
<td>99.97%</td>
<td>99.98%</td>
</tr>
<tr>
<td><strong>Media monitoring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly media score</td>
<td>399</td>
<td>279</td>
</tr>
</tbody>
</table>

NB We are currently reviewing our operational KPIs with a view to introducing a revised suite of indicators during 2019.
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 4-7.
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)

Medical Licensing Assessment

Lead indicators

Establish policy, and put in place operational infrastructure, resources and processes are place to deliver a live run of the MLA in 2022.

Lag indicators

a. Perception Question (Drs) - %

Exception commentary

We have now completed engagement with staff and students at all wide range of individual medical schools across the UK. Listening to their views, concerns and queries has been highly very constructive and informed our thinking on MLA development. Separately, the Medical Schools Council (MSC) had raised its own concerns about the proposed design and delivery of the applied knowledge test (AKT). This project is reported as red while we hold discussions with the MLA Expert Reference Group about the MSC’s preferences for an alternative proposal for the AKT. In the meantime, the GMC’s Chair, Chief Executive Officer (CEO) and Director of Education and Standards continue to engage with the Medical Schools Council (MSC) Chair and CEO. We anticipate seeking Council’s views again in June, following April’s very helpful seminar session.

Credentialing

Develop and introduce a regulatory framework to provide assurance for areas with no/limited regulatory oversight and high patient risk.

a. Perception Question (Drs) - %

There are key decisions required by Council before we can progress with next steps. Paper M8 asks Council to consider the changes to the framework and provides an interim report detailing how we undertook stakeholder engagement and the key findings.
Strategic delivery (by exception)

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

<table>
<thead>
<tr>
<th>Key benefit</th>
<th>Activities to deliver (by exception)</th>
<th>Lead indicators</th>
<th>Lag indicators</th>
<th>Exception commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors are supported to deliver high quality care</strong></td>
<td>Fairness (Supporting a Profession Under Pressure)</td>
<td>Determine how the GMC can use insight, understanding and regulatory levers and other methods of influence to provide supportive interventions for different groups of doctors</td>
<td>1. Perception Question (Drs) - % Drs feel supported 2. NTS Supportive Environment 3. NTS Workload Indicator</td>
<td>This project is reported as amber due to slight delay to the timing of communications collection of protected characteristics data. We needed to consider the potential for this to drive higher volumes of enquiries to the Contact Centre, at a time when they are likely to be under increased pressure due to Brexit.</td>
</tr>
<tr>
<td><strong>Doctors have a fulfilling / sustained career</strong></td>
<td>Induction and Returners (Supporting a Profession Under Pressure)</td>
<td>TBC</td>
<td>a. Perception Question (Drs) - % Drs found career fulfilling</td>
<td>This project is reported as amber whilst we consider how we can best work with others to enhance induction support, which links to our engagement on the NHS Longer Term Plan.</td>
</tr>
</tbody>
</table>
Strategic delivery (by exception)

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

Key benefit | Activities to deliver (by exception) | Lead indicators | Lag indicators | Exception commentary
--- | --- | --- | --- | ---
Enhanced Trust in our role | The Reflective Practitioner | Updating resources and supplementary guidance to support doctors. | 1. Perception Question (Drs) - % Drs feel supported 2. NTS Supportive Environment 3. NTS Workload Indicator | This project is reported as amber due to delays in sign off from partners to approve the joint statement on the benefits of being a reflective practitioner. A partner organisation has also reported resourcing issues. We have been working with the other regulators and providing support to resolve this where possible. We still expect to publish in Spring 2019 and are working with partners to agree a publication date.

Council meeting, 30 April 2019

A6
Strategic delivery (by exception)

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 Brexit

Lead indicators

More certainty on likelihood of scenarios

Lag indicators

Perceptions question - % stakeholders felt that they knew at least a fair amount about 'why the GMC is calling for legislative reform and the effects that such reform could have on the medical workforce on how well prepared for an can influence legislative change'

Exception commentary

At the time of writing a high level of uncertainty remains around the Withdrawal Agreement following rejections in Parliament in January and March 2019. Following close working with the Department of Health and Social Care (DHSC), ‘no deal’ Medical Act amendments have been passed, which provide significant mitigations against the legal risks we would otherwise be exposed to in this scenario. We anticipate that the majority of our operations would be able to continue with minimal disruption, whatever scenario is agreed.

Reg. model and interventions are relevant, effective and appropriate and better meet needs of 4 countries

A full review of operational systems, procedures and staff training may be required in a number of areas depending on the outcome of Brexit negotiations and the nature of any transitional arrangements agreed.

TBC

Continuing uncertainty around Brexit. We are making good progress in preparing for the event of no deal on 29 March. While some issues are outstanding, we anticipate that the majority of our operations will continue with minimal disruption. The Digital Transformation team have created a copy of the website, so that a ‘no deal’ version of the website can be prepared in advance (hidden from external access) and made live if the UK leaves without a deal. Significant work has been done to develop the new processes, policies and procedures to support the new route to registration.
## Financial summary

### Financial summary as at February 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget to February £000</th>
<th>Actual to February £000</th>
<th>Variance £000</th>
<th>Variance %</th>
<th>Budget Jan - Dec £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational expenditure</td>
<td>16,263</td>
<td>16,295</td>
<td>-32</td>
<td>0%</td>
<td>105,641</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0%</td>
<td>3,500</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>722</td>
<td>723</td>
<td>-1</td>
<td>0%</td>
<td>6,480</td>
</tr>
<tr>
<td>Clinical Assessment Centre expansion</td>
<td>143</td>
<td>137</td>
<td>6</td>
<td>4%</td>
<td>4,570</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>1,900</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>17,134</strong></td>
<td><strong>17,161</strong></td>
<td><strong>-27</strong></td>
<td><strong>0%</strong></td>
<td><strong>122,091</strong></td>
</tr>
<tr>
<td>Operational income</td>
<td>16,453</td>
<td>16,624</td>
<td>171</td>
<td>1%</td>
<td>107,237</td>
</tr>
<tr>
<td>Investment income</td>
<td>225</td>
<td>469</td>
<td>244</td>
<td>108%</td>
<td>1,919</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>16,678</strong></td>
<td><strong>17,093</strong></td>
<td><strong>415</strong></td>
<td><strong>2%</strong></td>
<td><strong>109,156</strong></td>
</tr>
<tr>
<td><strong>Surplus/(deficit)</strong></td>
<td><strong>-456</strong></td>
<td><strong>-68</strong></td>
<td><strong>388</strong></td>
<td><strong>-12,935</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Key drivers of expenditure - To date

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>-156</td>
<td>Headcount is 17 over budget at the end of February and has been 16 over budget on average since January after adjusting for churn at the rate of 75 roles.</td>
</tr>
<tr>
<td>Volume variance</td>
<td>30</td>
<td>Additional hearing volumes in MPTS, 477 compared to a budget of 451, create a £25k overspend. This is offset by lower volumes of travel across a number of directorates, fewer investigation committees to date and fewer UKMLA meetings than anticipated.</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>-36</td>
<td>Most directorates have not made efficiency savings against their target at the end of February.</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>-36</td>
<td>-</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>130</td>
<td>There are a number of cost types across all directorates where spend is not as high as expected however we still expect the funds to be spent in 2019. This covers staff expenses, recruitment expenditure, purchase of IT equipment and property maintenance.</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-32</td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
## Financial - detail

### Finance - Detail

<table>
<thead>
<tr>
<th>Expenditure as at February 2019</th>
<th>Budget to February £000</th>
<th>Actual to February £000</th>
<th>Variance £000 %</th>
<th>Budget Jan - Dec £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>10,124</td>
<td>10,283</td>
<td>-159 2%</td>
<td>63,282</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>591</td>
<td>554</td>
<td>37 6%</td>
<td>4,189</td>
</tr>
<tr>
<td>Office supplies</td>
<td>274</td>
<td>262</td>
<td>12 4%</td>
<td>1,918</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>605</td>
<td>566</td>
<td>39 6%</td>
<td>3,650</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>1,098</td>
<td>1,059</td>
<td>39 4%</td>
<td>7,610</td>
</tr>
<tr>
<td>Legal costs</td>
<td>632</td>
<td>635</td>
<td>-3 0%</td>
<td>4,254</td>
</tr>
<tr>
<td>Professional fees</td>
<td>352</td>
<td>324</td>
<td>28 8%</td>
<td>3,142</td>
</tr>
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<td>274</td>
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<td>Professional fees</td>
<td>352</td>
<td>324</td>
<td>28 8%</td>
<td>3,142</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>2,442</td>
<td>2,423</td>
<td>19 1%</td>
<td>18,014</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>120</td>
<td>120</td>
<td>0 0%</td>
<td>758</td>
</tr>
<tr>
<td>Under-achievement of efficiency savings</td>
<td>(41)</td>
<td>0</td>
<td>-41 100%</td>
<td>(1,598)</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>16,263</strong></td>
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</tbody>
</table>

### Income as at February 2019

<table>
<thead>
<tr>
<th>Income as at February 2019</th>
<th>Budget to February £000</th>
<th>Actual to February £000</th>
<th>Variance £000 %</th>
<th>Budget Jan - Dec £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual retention fees</td>
<td>14,371</td>
<td>14,453</td>
<td>82 1%</td>
<td>87,831</td>
</tr>
<tr>
<td>Registration fees</td>
<td>439</td>
<td>485</td>
<td>46 10%</td>
<td>4,418</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>981</td>
<td>996</td>
<td>15 2%</td>
<td>10,305</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>325</td>
<td>327</td>
<td>2 1%</td>
<td>2,660</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>135</td>
<td>157</td>
<td>22 16%</td>
<td>915</td>
</tr>
<tr>
<td>Interest income</td>
<td>97</td>
<td>111</td>
<td>14 14%</td>
<td>475</td>
</tr>
<tr>
<td>Other income</td>
<td>105</td>
<td>95</td>
<td>(10) (10)%</td>
<td>633</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td><strong>16,453</strong></td>
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<td><strong>109,156</strong></td>
</tr>
</tbody>
</table>

| Surplus / (deficit)         | -16,909                  | -16,692                 | 217             | -120,172               |
## GMCSI summary and investments summary

### Finance - GMCSI summary

<table>
<thead>
<tr>
<th>GMCSI summary as at February 2019</th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>%</th>
<th>Budget Jan - Dec £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>35</td>
<td>38</td>
<td>3</td>
<td>9%</td>
<td>707</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>79</td>
<td>78</td>
<td>1</td>
<td>1%</td>
<td>602</td>
</tr>
<tr>
<td>Profit/(loss)</td>
<td>-44</td>
<td>-40</td>
<td>4</td>
<td></td>
<td>105</td>
</tr>
</tbody>
</table>

### Investment summary 2019 to date

<table>
<thead>
<tr>
<th>Investment summary 2019 to date</th>
<th>Value as at Dec 2018 £000</th>
<th>Current value £000</th>
<th>Increase in investment £000</th>
<th>2019 returns £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCLA managed funds</td>
<td>£20,578</td>
<td>£31,047</td>
<td>£10,000</td>
<td>£469</td>
</tr>
</tbody>
</table>

## Investments summary as at 31st December 2018 (figures are updated quarterly)

### Asset Allocation

<table>
<thead>
<tr>
<th>Asset Allocation</th>
<th>GMC thresholds</th>
<th>Current allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>20% - 45%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Fixed interest</td>
<td>0% - 100%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Cash and near-cash</td>
<td>0% - 15%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Infrastructure and operating assets</td>
<td>0% - 10%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Property</td>
<td>0% - 10%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0% - 20%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

### Investment returns

<table>
<thead>
<tr>
<th>Investment returns</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (CPI + 2%)</td>
<td>4.14%</td>
</tr>
<tr>
<td>CCLLA performance</td>
<td>1.09%</td>
</tr>
</tbody>
</table>
## Legal summary (as at 15 March 2019)

The table below provides a summary of appeals and judicial reviews as at 15 March 2019:

<table>
<thead>
<tr>
<th></th>
<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><strong>s.40 (Practitioner) Appeals</strong></td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td><strong>s.40A (GMC) Appeals</strong></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>PSA Appeals</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Judicial Reviews</strong></td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>IOT Challenges</strong></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Explanation of concluded cases**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>s.40 (Practitioner) Appeals</strong></td>
<td>2 dismissed</td>
<td>2 withdrawn</td>
<td></td>
</tr>
<tr>
<td><strong>s.40A (GMC) Appeals</strong></td>
<td>1 successful</td>
<td>1 unsuccessful - dismissed</td>
<td></td>
</tr>
<tr>
<td><strong>Judicial Reviews</strong></td>
<td>3 successful – permission refused</td>
<td>1 unsuccessful</td>
<td></td>
</tr>
</tbody>
</table>

**New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PSA Appeals</strong></td>
<td>There has been 1 new referral by PSA to the High Court under Section 29 since the last report; and therefore a total of 2 outstanding.</td>
</tr>
</tbody>
</table>

**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**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IOT challenges</strong></td>
<td>There has been no new application in the High Court challenging the imposition of interim orders since the last report; and therefore a total of 1 application outstanding.</td>
</tr>
</tbody>
</table>

**Any other litigation of particular note**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
Trends in registration applications

**Graph 1:** Registration applications received by month
- International Medical Graduates

**Graph 2:** Registration applications received by month
- European Economic Area Medical Graduates
Trends in registration applications

**Graph 3:** PLAB 1 & 2 assessments taken 2012-2019
(Showing volume each year, 1 March – 28 Feb, percentage figures show year on year change)

**Graph 4:** Number of Doctors on the register with a Licence to Practise

**Number of doctors on the register with a Licence Practice**
(End of year 2012 - 2018 to Feb 2019)
**Corporate Risk Register (CORR) Overview**

### Strategic Risks - Active threats above risk appetite

**T4.1** Because we do not know the outcome of the UK Government’s Brexit negotiations, we may not position ourselves to respond effectively, which may have a significant impact on our effective use of resources.

### Business Risks - Active threat above risk appetite

**T4.3** - Medical Licensing Assessment (MLA) - because of challenges to the proposed MLA Applied Knowledge Test (AKT) model from specific key stakeholders, and the submission of an alternative proposal for its design and delivery, there may be a lack of support from some stakeholders for delivering the MLA.

**AT4** - The residual rating for risk AT4, relating to credentialing, has been raised to critical due to a new range of variable perspectives provided by stakeholders.

### Business Risks - Active threats

- **AT1** - 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.
- **AT2** - Stretched external resources in the system, potentially create environment for increased patient safety incidents, which then impacts on our role as regulator – creating pressure on fitness to practise operations.
- **IT9** - 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.

### Opportunities

- **OP3.1** - 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.
- **OP3.2** - 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.

### Key updates

- **OST1** - Meeting held with DHSC & other regulators to discuss legislative reform (Section 60 orders on FTp and governance) held on 15 Feb 2019. The following were discussed: workforce, unitary boards, duty to co-operate, regulators’ power to make and amend rules/regulations without DHSC or Privy Council involvement. FTP changes were not discussed in a substantial way. We submitted our written responses to two sets of policy instructions on 1 March 2019. The proposed changes to our governance structure could fundamentally change the structure of our council and how it is run.
- **IT2** - We have completed the review of over 2,200 doctors primary medical qualifications, the completion of the remaining c.900 doctors is reliant on us being able to successfully contact a small number of those doctors directly and on Educational Commission. We are progressing work to review and expansion of primary source verification and exploring possible triggers to prompt review of registration documentation.
- **IT11** - Adverse economic events create a significant deficit in the Defined Benefit Scheme which the employer needs to cover. The risk has been updated in regards to the full volume of GMC investments. Further mitigations have been added including a periodic review of the pension scheme positions.
Key to risks coding

The CORR is divided into two sections with the following numbering convention

1. Strategic opportunities and risks and how we manage them in delivering our corporate strategy:
   • Aim 1 - OP1.1, OP1.2 etc. for opportunities and T1.1, T1.2 etc. for threats
   • Aim 2 - OP2.1, OP2.2 etc. for opportunities, and T2.1, T2.2 etc. for threats
   • Aim 3 - OP3.1, OP3.2 etc. for opportunities, and T3.1, T3.2 etc. for threats
   • Aim 4 - OP4.1, OP4.2 etc. for opportunities, and T4.1, T4.2 etc. for threats
   For overarching strategic risks and opportunities:
   • OSOP1 etc. for opportunities, and OST1, etc. for threats

2. Business risks and how we manage them:
   • Operational risks we are actively managing AOP1, etc. for opportunities and AT1, etc. for. threats
   • Inherent risks in our business of being a regulator IOP1 etc. for opportunities and IT1, etc. for threats
Strategic risks and how we manage them

OSOP3 Opportunity

- Ambition to be collaborative
- That we achieve the full impact of our GMC decisions/interventions, so stakeholders, and develop mutually beneficial relationships with members of staff to build strong and lasting relationships in UK/England
- 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 deepening our understanding of the impact of GMC decisions/interventions, so that we achieve the full impact of our ambition to be collaborative

OSOP3 Opportunity

- New Strategic Communication and Engagement Directorate
- Regional Liaison Service (RLS) and Employer Liaison Service (ELS) – 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
- Staff and Monitoring teams in regular contact with students, trainees and educators during QA visits.
- Opportunity to share messages
- Pre-registration PGV – 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
- 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
  - R/EL/LS colleagues – provide regular advice in relation to our core functional areas (PfP, 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
- UPRIMELA 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 and Social Care consultation around regulatory reform - new Strategic Communication and Engagement Directorate, with our outreach teams and stakeholders
- External 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
- UPRIMELA 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
- Council consideration of 2016/17 Performance Review (April 2018)
- Important feedback from the audit of early stages fitness to practise cases
- Findings from the audit of early stages fitness to practise cases
- 2019, and for the final report to be published in June 2019. On 22 March we met with the PSA to discuss their findings from the audit of early stages fitness to practise cases
- PSA annual Performance Review - 2017/18 performance review report expected May/June 2019
- Annual reporting to the Charity Commission and Office of the Scottish Charities Regulator (OSCR) on how we have met our core statutory objectives
- Annual Internal Audit Programme
- PSA annual Performance Review - 2017/18 performance review report expected May/June 2019
- Annual reporting to the Charity Commission and Office of the Scottish Charities Regulator (OSCR) on how we have met our core statutory objectives
- Annual Internal Audit Programme

Further action detail

- Work to expand our outreach teams (initial options considered by the SMT on 22 Oct 2018)
- Understanding of strategic direction with key partners tested in 2018 training survey
- Focus on ‘local’ engagement
- Patient and Public Engagement Plan, including a live engagement strategy, with our outreach teams and Directors, linking up to ensure the work we are doing within the business is promoted to external partners and stakeholders
- Transformation Programme Engagement workstreams (for example, Sector Management Team (SMT) engagement on the front line)
- Executive Board in December 2018 approved funding to establish a new Strategic Relationships Unit in 2019, enabling us to begin strengthening our strategic relationships in UK/England
- Medical Licensing Assessment (MLA) - will assess new practitioners against a common threshold of safe practice

Further action detail

- Executive Board in December 2018 approved funding to establish a new Strategic Relationships Unit in 2019, enabling us to begin strengthening our strategic relationships in UK/England
- Engagement and provision of further evidence as requested by the PSA as part of the 2017/18 Performance Review, which began in September 2018. We expect to receive an initial assessment of our performance in April 2019, and for the final report to be published in June 2019. On 22 March we met with the PSA to discuss their findings from the audit of early stages fitness to practise cases
- Follow through on SMT One Voice:
  - Options and costs for developing new IT system to enhance our management and co-ordination of external relationships by staff at national and local levels to be prepared and considered further by SMT in May 2019. In the meantime, recruitment for the new Strategic Relationships Unit is underway

Further action detail

- Follow through on SMT One Voice:
  - Options and costs for developing new IT system to enhance our management and co-ordination of external relationships by staff at national and local levels to be prepared and considered further by SMT in May 2019. In the meantime, recruitment for the new Strategic Relationships Unit is underway

Risk appetite

Yes

Further action detail

- Work to expand our outreach teams (initial options considered by the SMT on 22 Oct 2018)
- Understanding of strategic direction with key partners tested in 2018 training survey
- Focus on ‘local’ engagement
- Patient and Public Engagement Plan, including a live engagement strategy, with our outreach teams and Directors, linking up to ensure the work we are doing within the business is promoted to external partners and stakeholders
- Transformation Programme Engagement workstreams (for example, Sector Management Team (SMT) engagement on the front line)
- Executive Board in December 2018 approved funding to establish a new Strategic Relationships Unit in 2019, enabling us to begin strengthening our strategic relationships in UK/England
- Medical Licensing Assessment (MLA) - will assess new practitioners against a common threshold of safe practice

Risk appetite

No
### DST1 Threat
**Threat / Opportunity/risk detail**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Internal / External</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Buckley</td>
<td>Executive Board</td>
<td>Next phase of Data Strategy</td>
</tr>
</tbody>
</table>

#### Risk pre-controls

- **The GMC’s regulatory effectiveness, credibility and reputation may erode over time if we do not keep abreast of wider political agendas, UK and European legislative changes as well as changes in the UK health environment in both the devolved 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**

#### Resident risk

<table>
<thead>
<tr>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Low</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Mitigation (for threats)

<table>
<thead>
<tr>
<th>Identification</th>
<th>Assessment</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Care, and system regulators across the four countries</td>
<td>• Strategy and Policy Directorate – Regulatory Policy Teams &amp; Policy Leadership Group – more evidence and policy</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Strategy (and Policy) – Learning and Development</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Development of data profession</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Implementation of strategic relationships operating model from 2019 onwards and deployment of new Stakeholder Relationship Management (SRM) system (subject to resource requirements being agreed) will deliver new stream of intelligence into the organisation about changes in external environment</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Improvement of Standards &amp; Ethics advisory service</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• MLA – assessment blueprint to be framed in context of changes to the wider environment</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• TIP Programme – refreshing business and improving the appraisal experience for doctors (Workstream 2)</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

#### Assessment (for threats)

<table>
<thead>
<tr>
<th>Identification</th>
<th>Assessment</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>The volume and complexity of the environment of work we seek to undertake may exceed our capacity to successfully deliver</td>
<td>• Strategy and Policy Directorate – Regulatory Policy Teams &amp; Policy Leadership Group – more evidence and policy</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Strategy (and Policy) – Learning and Development</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Development of data profession</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Implementation of strategic relationships operating model from 2019 onwards and deployment of new Stakeholder Relationship Management (SRM) system (subject to resource requirements being agreed) will deliver new stream of intelligence into the organisation about changes in external environment</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• Improvement of Standards &amp; Ethics advisory service</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• MLA – assessment blueprint to be framed in context of changes to the wider environment</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>• TIP Programme – refreshing business and improving the appraisal experience for doctors (Workstream 2)</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

#### Further action detail

- **We responded to the consultation on the scope of healthcare regulation in January 2018 and are awaiting the government’s response to the consultation**
- **In the absence of primary legislation, we will work closely with officials to identify priorities for opportunities presented by new or more the proposed Section 60 Orders in the areas of TTP and governance.**
- **Meeting held with DHSC & other regulators to discuss legislative reform on 15 Feb 2019. The following were discussed: workstreams, unitary boards, duty to co-operate, regulator power to make and amend rules/regulations without DHSC or PHG Council involvement. We submitted our written response to two sets of policy instructions on 3 March 2019. The proposed changes to our governance structure could fundamentally change the structure of our council and how it is run.**
- **We are currently exploring the following: Potential new Health Bill, Making the case for a section for inclusion legislative reform, Queen’s Speech 2019.**
- **Department of Health and Social Care (DHSC) response to consultation on the regulation of Health Associate Professions published February 2019 announcing the introduction of statutory regulation for Physiotherapists (also external). We are awaiting a decision on which organisation will regulate them.**

#### Risk appetite

- **Low**

---

### DST2 Threat
**Threat / Opportunity/risk detail**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Internal / External</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Buckley</td>
<td>Executive Board</td>
<td>Next review point for SMT to consider any bids to the New Initiative Fund, and re-assess prioritisation of business plan, in May 2019</td>
</tr>
</tbody>
</table>

#### Risk pre-controls

- **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**

#### Resident risk

<table>
<thead>
<tr>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Mitigation (for threats)

<table>
<thead>
<tr>
<th>Identification</th>
<th>Assessment</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work to align our communications activity to avoid overburdening our stakeholders or creating engagement fatigue</td>
<td>• Formal engagement with external organisations</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• Joint working frameworks (e.g. COC/IFEC/GOC)</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• Launch of our 2018-2020 Corporate Strategy and communications around this</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• MLA – building links with external partners through joint work on design and delivery</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• Education to work with Health Education England (HEE) and disciplines to ensure our Quality Assurance (QA) is proportionate. We also need to be assured their quality management is effective. Part of review of QA</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• Taking Feedback Forward (TFF) Programme implemented</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• ELS engagement activities - building relationships with external partners and explaining what we are aiming to achieve</td>
<td>• Localisation</td>
</tr>
<tr>
<td></td>
<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>
<td>Low</td>
</tr>
</tbody>
</table>

#### Further action detail

- **Next review point for SMT to consider any bids to the New Initiative Fund, and re-assess prioritisation of business plan, in May 2019**
- **Development of principles to support policy resourcing model (May)**

#### Risk appetite

- **Low**

---

### DST3 Threat
**Threat / Opportunity/risk detail**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Internal / External</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ryder</td>
<td>Executive Board</td>
<td>Risk Management in Projects (June 2017, amber)</td>
</tr>
</tbody>
</table>

#### Risk pre-controls

- **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**

#### Resident risk

<table>
<thead>
<tr>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Mitigation (for threats)

<table>
<thead>
<tr>
<th>Identification</th>
<th>Assessment</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MLA – building links with external partners through joint work on design and delivery</td>
<td>• Localisation</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>• Executive Board in December 2018 approved funding to establish new Strategic Relationships Unit in GMC, through the allocation of a new project manager and business development lead</td>
<td>Low</td>
</tr>
</tbody>
</table>

#### Further action detail

- **Executive Board in December 2018 approved funding to establish new Strategic Relationships Unit in GMC, through the allocation of a new project manager and business development lead. This will enable us to begin implementation of our new approach to relationship management with organisations which we class as ‘regulatory partners’.**
- **Strategic approach to support to help us understand strategic alignment with partner organisations, and identify opportunities for future partnership working**
- **Engagement on the NHS Longer Term Plan to continue**

#### Risk appetite

- **Low**
|----|----------------------|-------------------------|-------|------------|--------|------------|--------------------------|-----------------------------|-------------------------------|----------|----------------------|-----------------------|---------------|
| GSTD | Threat               | P. Reynolds             | Medium | Quite Likely | SIGNIFICANT | SIGNIFICANT | - Daily media and social media and political monitoring  
- Analysis of weekly media issues log  
- Monthly high profile case reviews by media team and FIP  
- Proactive stakeholder management handling on a case by case basis  
- Monthly report to CEO on Rule 12, complaints, correspondence from high profile figures or organisations and other high profile issues  
- Field force to provide intelligence reports and help us respond on emerging or live issues  
- SMT standing agenda item on complex and contentious decisions being made  
- Council to receive a 4 monthly complaints analysis and trend briefing note  
- Review and refresh our rapid response process, April 2018  
- Learning review being undertaken of GMC handling of outcomes of Bawa-Garba case, which will lead to recommendations aimed at improving our handling of similar cases in the future | |

Audit and Risk Committee  
- Dr Bawa-Garba/Jack Adcock – Learning review phase 1 considered (September 2018)  
- Chief Executive gave evidence at the UK Parliament’s Health and Social Care Committee as part of the committee’s inquiry into Patient safety and gross negligence manslaughter in healthcare, on 16 October 2018. The one-off session arose following the case of Dr Bawa-Garba, the purpose being for the committee to consider lessons learnt and how similar cases should be dealt with in future.  
- Audit of decision making presented to ARC in November 2018  
- Learning review Phase 2 completed and presented to November 2018 ARC and December 2018 Council  
- A formal crisis plan is currently being developed to mitigate against media coverage that could be potentially damaging to our reputation with doctors, patients and the wider public  
- As part of our annual performance review carried out by the Professional standards authority (PSA) we were asked additional questions on how we intend to implement the recommendations of the Williams Review, which we have responded to and continue to work with the PSA to provide clear information as to how we are moving forward as an organisation. On 20 December we wrote to the Health and Social Care Committee with an update on our right of appeal and fitness to practise decision making processes, following the Committee’s inquiry into patient safety and gross negligence manslaughter in healthcare. Our position, informed by our review and independent legal advice from Sir Robert Francis QC, is that it would not be lawful to impose a moratorium on our right of appeal. We also set out a number of improvements to our decision making processes

Audit and Risk Committee
- Dr Bawa-Garba/Jack Adcock – Learning review phase 1 considered (September 2018)
- Chief Executive gave evidence at the UK Parliament’s Health and Social Care Committee as part of the committee’s inquiry into Patient safety and gross negligence manslaughter in healthcare, on 16 October 2018. The one-off session arose following the case of Dr Bawa-Garba, the purpose being for the committee to consider lessons learnt and how similar cases should be dealt with in future.
- Audit of decision making presented to ARC in November 2018
- Learning review Phase 2 completed and presented to November 2018 ARC and December 2018 Council

A formal crisis plan is currently being developed to mitigate against media coverage that could be potentially damaging to our reputation with doctors, patients and the wider public.

As part of our annual performance review carried out by the Professional standards authority (PSA) we were asked additional questions on how we intend to implement the recommendations of the Williams Review, which we have responded to and continue to work with the PSA to provide clear information as to how we are moving forward as an organisation. On 20 December we wrote to the Health and Social Care Committee with an update on our right of appeal and fitness to practise decision making processes, following the Committee’s inquiry into patient safety and gross negligence manslaughter in healthcare. Our position, informed by our review and independent legal advice from Sir Robert Francis QC, is that it would not be lawful to impose a moratorium on our right of appeal. We also set out a number of improvements to our decision making processes.
### STRATEGIC AIM 1 - Supporting doctors in maintaining good practice

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</thead>
<tbody>
<tr>
<td>OPI.1</td>
<td>Opportunity</td>
<td>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</td>
<td>P. Reynolds</td>
<td>Likelihood: Moderate</td>
<td>SIGNIFICANT</td>
<td>• Strategy and Policy Directorate – Regulatory Policy Teams &amp; 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</td>
<td>Quite Likely</td>
<td>SIGNIFICANT</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>• Participation in Welcome to UK Practice programme increased by 60% in 2018 compared to 2017 levels. Options in development for achieving participation target promised by Corporate Strategy</td>
<td>Medium</td>
</tr>
<tr>
<td>OPI.2</td>
<td>Opportunity</td>
<td>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</td>
<td>S. Goldsmith</td>
<td>Likelihood: Moderate</td>
<td>SIGNIFICANT</td>
<td>• Intelligence Module available for use</td>
<td>Quite Likely</td>
<td>LOW</td>
<td>No</td>
<td></td>
<td></td>
<td>No</td>
<td>• 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: (eg, first application, passing AKT, passing CPSA)</td>
<td>Medium</td>
</tr>
<tr>
<td>T1.2</td>
<td>Threat</td>
<td>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</td>
<td>S. Goldsmith</td>
<td>Likelihood: Moderate</td>
<td>SIGNIFICANT</td>
<td>• Increased collaboration with other regulators through various forums e.g. Inter-regulator groups and Special Measures and Challenge Provider Oversight Group</td>
<td>Quite Likely</td>
<td>LOW</td>
<td>No</td>
<td></td>
<td></td>
<td>No</td>
<td>• The MLA assessment blueprint will be based on revised Outcomes for Graduates, CQS and other sources with strong emphasis on HROT. In the development process we are talking with clinical practitioners and assessors so could share any insight from these conversations. Views of the Medical Schools Council (MSC) being taken into account in development of the Applied Knowledge Test</td>
<td>Medium</td>
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</tbody>
</table>
| T2.1 | Threat | 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 | Susan Goldsmith | Urgent | CRITICAL | • Information sharing agreement in place with Care Quality Commission (CQC)  
• Work closely with the Health and Social Care Regulators Forum to improve collaboration  
• Education enhanced monitoring process in place  
• Internal processes to manage communications  
• We help ensure available and appropriately trained staff through our mandatory training on Information Security/Data Protection and training courses such as Influencing & Stakeholder engagement training  
• Escalating concerns protocol has been developed | | Possibly Likely ✓ | Major | CRITICAL | • Working towards information sharing agreements in other regulators including devolved nations  
• We are currently undertaking a lessons learned exercise including whether there are ways to improve our joint working with other regulators  
• Health and Social Care Regulators Forum have agreed actions and work streams to improve collaboration across the system  
• Influence existing structures and fora to support information sharing  
• Agree a process for defining and communicating roles and responsibilities  
• Improve the use of data and insight - CQC to set up working group and feedback on analysis of current practice  
• Develop a culture of proactively sharing information and briefings | Council and/or Board Review | Yes | | |

STRATEGIC AIM 2 - Strengthening collaboration with our regulatory partners across the health services
### 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 will have 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 (September/October)
- Better signposting workstream led by Fitness to Practise - we are looking at how to engage with members of the public who want to complain

**Mitigation (for threats)**
- Council and/or Board Review

**Enhancement (for opportunities)**
- Assurance
- Further Action required?
- Further action detail

- Council
  - Discussion at Council Away day (July 2018) about Patient and Public engagement and plans for meeting objectives set out in the Corporate Strategy
  - Council considered Corporate Strategy success measures baseline report results at its meeting in November 2018
  - Full range of strategic lead and lag indicators, updated for 2019, included as part of COO Report to Council February 2019

- Yes

**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 to 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 pressure
- Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of NTS results (July)

**Mitigation (for threats)**
- Council

**Enhancement (for opportunities)**
- Assurance
- Further Action required?
- Further action detail

- Council
  - Roundtable with patient organisations held in October 2018. We have committed to holding two roundtables in 2019, with the first in late June focusing on Fitness To Practise's 'signposting' review
  - Creation of Strategic Relationships Unit in Q2 2019 onwards will begin to support increase in our strategic engagement with patient organisations in UK/England
  - Research carried out in the summer of 2018 to baseline perceptions for our Corporate Strategy 2018-2020 shows confidence in the profession and in regulation among patients and the public remains high. Majority of patient organisations surveyed for the exercise agreed that we listen to them and use their views to shape our work
  - Regional Talent Service to maintain relationships with local patient organisations in England during 2019
  - GMC conference (Mar 2019)
  - Plans underway for an event with focus on FTP signposting (June 2019)
  - COO meeting patient representatives at GMC Conference (March) and speaking at Patient Safety Conference (May)

- Yes

- Several opportunities available in 2019 linked to completion of projects in Supporting a Profession under Pressure (SAPUP) programme, as well as regular publications such as NTS and SOMEP
- Communications and co-ordination plan for responding to SAPUP recommendations in development (April)
- GMC Conference - themed around supporting a profession under pressure (Mar)
STRATEGIC AIM 4 - Meeting the changing needs of the health services across the four countries of the UK

T4.1 Threat

Because we do not know the outcomes of the UK Government's Brexit negotiations, we may not position ourselves to respond effectively, may have a significant impact on our effectiveness as a regulator, in particular our capacity to facilitate the PLA test and maintain continuity of service if EEA doctors are not licensed as GMC doctors

Paul Buckley

High

Risk pre-controls

• Establishment of cross-Directorate Brexit working group led by the UK, European and International teams 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)
• Active engagement with key influenced 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
• Annual publication of analyses of licensed doctors with an EEA PRK and of doctors with EEA nationality
• Design and implementation of engagement campaign to try to ensure that post-Brexit legal framework does not prohibit application of MLA to EEA doctors or impede reforms under flexibility review
• Regular meetings with similar organisations / regulators impacted by Brexit to share intelligence and updates on respective preparations
• Regular meetings with Department of Health and Social Care (DHSC), BEIS and DfE&OU officials
• Regular SMT engagement with UK Government officials
• Programme of engagement with external stakeholders and governments throughout 2017 and 2018 to push for reform of health professions provisions in RPQ Directive
• UK, European & International Team – engagement work with other UK healthcare and non-healthcare regulators, and horizon scanning
• Preparing for Brexit corporate project
• Establishment of EMA EU exit steering group
• Creation of policy register to track policy change needed ahead of Brexit
• Operational planning work undertaken by RQA including financial implications of scenario planning
• Policy decisions taken on impact of Brexit on education policy
• The MLA is being developed as an accommodable EEA doctors as PRQs or as under RPQ. We have also developed outline plans for assuring ourselves about new registrants’ professional practice in the UK. 
• Tight positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety.
• Reviewing our approach to Specialist/GP registration
• TS s-completing and build work underway
• Exploring future clinical assessment centre capacity
• On 15 October 2018 we published an insight report on our data about doctors with a European Primary Medical Qualification, and warned that doctors from the EEA are becoming increasingly worried about the post-Brexit landscape
• November 2018 liaison with the Department of Medical Education and Practice in the UK (SDMRF) messaging on need for post-Brexit clarity
• Laid out endgame with DHSC officials and officials in the devolved nations to ensure that “no deal” Medical Act amendments cause minimal disruption to workforce and safeguard us from legal action
• Finalised RPQ and PRQ ahead of parliamentary debates on Medical Act amendments and succeeded in getting our concerns noted in public record

Residual risk

Low

Further action required

Yes

Further action detail

• In June 2017, the UK Government published its policy paper on the status of EEA nationals after the UK’s withdrawal from the EU.
• We continue to make the case for reform in the RPQ framework to enable us to check the competency of EEA doctors and to ensure a simple route to the medical register for all doctors, regardless of where they qualified, in the future
• The UK Department of Health is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department both to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting
• In Northern Ireland we are working on a project to identify the range of regulatory issues that need to be considered further as the Executive’s policy to increase the cross border delivery of healthcare is implemented
• Charlie Massey wrote to Jeremy Hunt on 26 March. We sent a joint letter with JCCPC and SMC to Gavin Larner, Director of Workforce at Department of Health on 19 March, both in relation to planning for Brexit. Our most recent letter to Gavin Larner provides estimated timings and costs involved with changing over systems from the current EEA system to an international system of registration.
• Meetings and engagement with DHCS to discuss their ‘no deal’ policy proposal of August 2018
• Submitted detailed legal comments on DHCS ‘no deal’ legal drafting
• On 23 December 2018, Medical Act amendments were laid before parliament, in preparation for a potential no-deal scenario.
• On 5 January 2019, the Professional Standards Authority (PSA) wrote to us to ask our views on particular concerns about impact of a no-deal Brexit on effectiveness of our registries, or our ability to protect the public. Our reply, signed by Paul Buckley, was sent on 15 January 2019
• Oral update was given to Council in February 2019

T4.2 Threat

There is an increased in non-training posts and training pathways which include training that is not GMC approved. There is a reputational risk that the profession believe the GMC are responsible for the unregulated training.

Colm McFadden

High

Risk pre-controls

• We have been working on the Flexibility project, some of the outcomes of this review will help mitigate the issues arising from training pathways
• We are reviewing the CERS (RPQ) route that will enable doctors joining an approved training programme pathway through to a CCT which is important for world wide recognition

Residual risk

Medium

Further action required

Yes

Further action detail

• Undertake - and demonstrate we have undertaken - full consultation of proposals
• Explore revising AKT model or timeline to accommodate proposals
• Continue regular liaison and engagement between GMC and WSA, in particular with senior staff and stakeholders across the undergraduate and postgraduate medical education community to gain a comprehensive understanding of views.

T4.3 Threat

Because of challenges to the proposed MLA Applied Knowledge Test (AKT) model by specific key stakeholders and the submission of an alternative proposal for the design and delivery of the applied knowledge test (AKT) there may be a lack of support from some stakeholders for delivering the AKT in the way agreed by Council. This may lead to a less robust assessment, damage to the credibility of the MLA, increasing costs and delays to the proposed timetable; or strained credibility of the MLA, increasing costs and less robust assessment, damage to the stakeholders for delivering the AKT in the UK.

Colm McFadden

High

Risk pre-controls

• The programme team is exploring with expert advisers the key changes to the AKT model that would be required by the recent stakeholder proposals and the potential impact to the project.
• Communications and exploration with a wide range of medical school and other stakeholders

Residual risk

Medium

Further action required

Yes

Further action detail

• Director to provide regular updates to Council on AKT of Risk and Assurance to provide risk updates
## ACTIVE OPERATIONAL RISKS

### AT1 Threat
#### Recruitment and transfer activity
- **Owner**: Neil Roberts
- **Likelihood**: Low
- **Impact**: Moderate
- **Pre-control**: Recruitment plan/tracking system and monthly update to SHT
- **Enhancement for opportunies**: Arrangements in place to quickly source temporary workers when needed
- **Prevention**: Monitoring and forecasting of Fitness to Practise case loads
- **Risk detail**: Continued stretched resources and finances in the health environment create the potential for increased patient safety incidents which could strategically impact the GPCs role as the regulator upholding professional standards for doctors and trainees and create operational pressure on fitness to practise referrals and education monitoring services
- **CoR**: No
- **Risk Appetite**: Low

### AT2 Threat
#### Continued stretched resources and finances in the health environment
- **Owner**: Susan Goldsmith
- **Likelihood**: Medium
- **Impact**: Low
- **Pre-control**: Initial basic online package under development and further content on plan
- **Enhancement for opportunities**: Inclusion leadership reflected in management and leadership development programmes
- **Risk detail**: 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.
- **Prevention**: Equality, Diversity and Inclusion (EDI) team linked into key strategic forums and key transformation boards, i.e. new Policy Leadership Group and Research Forum
- **CoR**: No
- **Risk Appetite**: Low

### AT3 Threat
#### As we are developing the credentialing framework for implementation in 2019, stakeholders may not react positively to it potentially causing challenges with its introduction
- **Owner**: Colin Melodie
- **Likelihood**: High
- **Impact**: High
- **Pre-control**: Exception based reporting to Executive Board and Council through corporate update
- **Enhancement for opportunities**: Engagement mainly took the form of presentations to groups, circulating the draft to key stakeholders to explore the range and type of credentials needed to deliver the requirements of the new Strategy ongoing following design and launch with internal and external sources of quantitative and qualitative data, through horizon scanning (Data, Research and Intelligence Team)
- **Risk detail**: As we are developing the credentialing framework for implementation in 2019, stakeholders may not react positively to it potentially causing challenges with its introduction
- **CoR**: Yes
- **Risk Appetite**: Medium

### AT4 Threat
#### Recruitment and transfer activity
- **Owner**: Annie Bally
- **Likelihood**: High
- **Impact**: Moderate
- **Pre-control**: Enhanced monitoring process in place
- **Enhancement for opportunities**: Active engagement with doctors about potential situations which may put patients at risk
- **Risk detail**: Recruitment and transfer activity remains high and could challenge teams ability to deliver its functions effectively and impact on other key initiatives such as development of the policy framework
- **CoR**: Yes
- **Risk Appetite**: Low

### Business risks and how we manage them

<table>
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<tr>
<th>Risk ID</th>
<th>Risk Source</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Pre-control</th>
<th>Enhancement</th>
<th>CoR</th>
<th>Risk Appetite</th>
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<tbody>
<tr>
<td>AT1</td>
<td>Recruitment and transfer activity</td>
<td>Low</td>
<td>Moderate</td>
<td>Recruitment plan/tracking system and monthly update to SHT</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>Continued stretched resources and finances in the health environment</td>
<td>Medium</td>
<td>Low</td>
<td>Initial basic online package under development and further content on plan</td>
<td>Inclusion leadership reflected in management and leadership development programmes</td>
<td>No</td>
<td>Low</td>
</tr>
<tr>
<td>AT3</td>
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<td>High</td>
<td>High</td>
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<td>Yes</td>
<td>Medium</td>
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<tr>
<td>AT4</td>
<td>Recruitment and transfer activity</td>
<td>High</td>
<td>Moderate</td>
<td>Enhanced monitoring process in place</td>
<td>Active engagement with doctors about potential situations which may put patients at risk</td>
<td>Yes</td>
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<td>AT6</td>
<td>Risk</td>
<td>Following the announcement that Health Education England (HEE) &amp; NHS Improvement (NHSI) will work jointly with NPS, there is a risk that the change in leadership and the reporting structure, could result in the Education agenda not being pushed and potentially training opportunities reduced as a result of shared budgets</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>CRITICAL</td>
<td>• Engage with Health Education England (HEE) &amp; NHS Improvement (NHSI) through various forums to promote the training and education agenda and influence at an early stage&lt;br&gt;• Be proactive in developing and sharing actions</td>
</tr>
<tr>
<td>AOP1</td>
<td>Opportunity</td>
<td>Credentialing would provide opportunities for doctors to move more quickly to areas of practice where there is greatest need to better meet patient and service need. This flexibility will allow doctors to have a clearer way to develop, plan or refocus their careers to ensure they use their skills and experience to the greatest effect. Credentialing will also give employers a mechanism to track/develop their medical workforce relatively quickly in areas where there are local service gaps that won’t be met by training alone</td>
<td>Colin Melville</td>
<td>Working closely with the UK Medical Education Reference Group (UKMERG) in developing the framework and an agreed four-country consensus on the direction of travel&lt;br&gt;• Formal engagement with external stakeholders on the framework ran from September 2018 until end of January 2019 and will provided an opportunity to promote the benefits of credentialing&lt;br&gt;• A phased implementation is planned that will initially address key safety concerns, whilst enabling us the opportunity to develop further over time (for example bringing in other groups such as SAS doctors)</td>
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<tr>
<td>AOP2</td>
<td>Opportunity</td>
<td>Following the announcement that Health Education England (HEE) will work jointly with NHS Improvement (NHSI), there could be an opportunity to develop longer term planning and promote training to be more central to workforce planning</td>
<td>Colin Melville</td>
<td></td>
<td></td>
<td></td>
<td>• Engage with HEE &amp; NHSI through various forums to promote the training and education agenda&lt;br&gt;• Partner with external stakeholders to develop shared agenda to influence HEE &amp; NHS medium-term planning</td>
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### Inherent Operational Risks

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<tr>
<td>271</td>
<td>Threat</td>
<td>Application of key controls and processes likely to reach the wrong conclusion in investigating a doctor’s fitness to practise with an impact on patient safety, registrants, witnesses and/or the reputation of the GMC</td>
<td>Anthony</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Council</td>
<td>No</td>
<td>No</td>
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<tr>
<td>272</td>
<td>Threat</td>
<td>We register an individual who is not fit to practise with an impact on patient safety and our reputation</td>
<td>Une Lane</td>
<td>Unlikely</td>
<td>Major</td>
<td>Council</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>273</td>
<td>Threat</td>
<td>We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation</td>
<td>Une Lane</td>
<td>Unlikely</td>
<td>Major</td>
<td>Council</td>
<td>No</td>
<td>No</td>
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</table>

### Risk pre-controls

- Documented process and procedures
- Trained and available staff
- Information exchange with competent authorities informs our processes
- Daily downloads of the register are sent to primary and secondary healthcare organisations
- System of enhanced pre-registration primary source verification checks in place (launched June 2018)

### Risk detail

- Revalidation of a doctor’s fitness to practise (December 2017)
- Changes to our guidance for decision makers at the end of the investigation stage (June 2017)
- Changes to our guidance for decision makers at the end of the investigation stage (September 2017)

### Mitigation (for threats)

- Council
- Operational KPIs reported each meeting
- Executive Board
- Activity volumes and service target performance reviewed each meeting
- Field Fisher external audit of 100 closed cases completed June 2017

### Risk report

- Integration of Human Factors training into investigation processes (throughout 2019)
- PSA audit began 2018. Will use a sample of procedural enquiries, and cases closed at Stage. Has now concluded and we expect to receive our initial assessment of performance in April 2019
- Review of outreach teams in 2019: The mitigation for this risk (in regards to ELA / ROs and the GMC/RO relationship) will be monitored in regards to the outcome of this review; changes to ELS could reduce or enhance our mitigations against this threat

- We have begun a review to verify the PMQs of 5,117 doctors currently registered and licensed with us who gained entry to the register via the same route as Zholia Alemi to provide reassurance around the authenticity of their qualifications
- Data, Research and Intelligence Hub have begun analysis of the wider cohort of DPs who gained registration via routes bypassing the PLAB exam (c.27,000 doctors) to support the decision on whether we widen the review of DPs who came through the Commonwealth route (September 2017, green-amber)
- Changes to our guidance for decision makers at the end of the investigation stage (June 2017)

- Council
- Operational KPIs reported each meeting
- Executive Board
- Activity volumes and service target performance reviewed each meeting
- Review of UK Registration Applications (February 2018, green-amber)
- Review of Registration Appeals (November 2017, green)

### Assurance

- Review of the use of independent expert witnesses in PTP activity (June 2017, green-amber)
- Field Fisher external audit of 100 closed cases completed June 2017
- Changes to ELS could reduce or enhance our mitigations against this threat

- Council
- Operational KPIs reported each meeting
- Executive Board
- Activity volumes and service target performance reviewed each meeting
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### Further action detail

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- Review of outreach teams in 2019: The mitigation for this risk (in regards to ELA / ROs and the GMC/RO relationship) will be monitored in regards to the outcome of this review; changes to ELS could reduce or enhance our mitigations against this threat

- We have begun a review to verify the PMQs of 5,117 doctors currently registered and licensed with us who gained entry to the register via the same route as Zholia Alemi to provide reassurance around the authenticity of their qualifications
- Data, Research and Intelligence Hub have begun analysis of the wider cohort of DPs who gained registration via routes bypassing the PLAB exam (c.27,000 doctors) to support the decision on whether we widen the review of DPs who came through the Commonwealth route (September 2017, green-amber)
- Changes to our guidance for decision makers at the end of the investigation stage (June 2017)

- Council
- Operational KPIs reported each meeting
- Executive Board
- Activity volumes and service target performance reviewed each meeting
- Field Fisher external audit of 100 closed cases completed June 2017

### Assurance

- Review of the use of independent expert witnesses in PTP activity (June 2017, green-amber)
- Field Fisher external audit of 100 closed cases completed June 2017
- Changes to ELS could reduce or enhance our mitigations against this threat

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|----|----------------------|-------------|-------|------------|------------|--------|------------|------------|--------|------------|-------------------------|--------------------------------|---------------------------|-----------|------------------------|----------------------------|
| IT4 Threat | Our quality assurance processes fail to identify a lack of compliance with standards for education, training and curricula with a potential impact on patients and below expectation educational outcomes for doctors | Colin Melville | Quite Likely | Moderate | SIGNIFICANT | Documented process and procedures to investigate and monitor concerns  
  • Trench and thematic quality assurance enable short focused visits to explore specific issues  
  • Trained and available staff and Associates  
  • Enhanced Monitoring Information Published on our website quarterly  
  • Relationships with other delivery partners  
  • Sharing of information across the organisation PAS and SILS, Employee Liaison Service (ELS) via Joint Working Intelligence Group | Council | November 2018 audit on enhanced monitoring indicated general assurance, with an amber/green rating  
  • QA review offers a more continuous and risk based assurance process, with emphasis on available data, this is due for audit in late 2019 | |
| IT5 Threat | Low awareness and use of our ethical guidance by doctors limits the impact on raising standards of medical practice with a consequent impact on patient care | Colin Melville | Quite Likely | Moderate | SIGNIFICANT | Internal oversight group  
  • Established, documented procedures  
  • Public consultation used to develop and validate guidance  
  • Trained and available staff  
  • Extensive outreach and engagement activities to promote ethical guidance  
  • Proactive communications strategy and website improvements  
  • Transformation of our online digital offer - through Digital Transformation 2020 | Council | Seminar on the implementation of our guidance and supporting materials scheduled for April 2019 | Executive Board | No | |
| IT6 Threat | Patient safety is impacted and/or reputational damage is caused by not providing an effective and timely adjudication process | Gavin Brown | Quite Likely | Major | CRITICAL | Documented process and procedures (Adjudication Manual)  
  • Regular performance monitoring and reporting  
  • Trained and available staff (including MPTS Inductees)  
  • Tribunal members training and assessment (including Induction programmes)  
  • S60 changes implemented to bring further assurance to MPTS process including limiting case management decisions | Council | MPTS formal report to Council (6 monthly)  
  • Interim Order Panel service targets reported to each meeting | MPTS Advisory Committee | No | |
| IT7 Threat | Doctors under conditions or undertakings do not comply with their sanctions and patients are harmed as a consequence | Anthony Omo | Unlikely | Major | SIGNIFICANT | Case Review Team - documented processes and skilled resources  
  • Sanctions are listed on the List of Registered Medical Practitioners  
  • Notification of overseas regulators (if required)  
  • Publication of public hearing minutes  
  • Daily downloads of the register are sent to primary and secondary healthcare organisations  
  • Continuing development of GMC/RO relationships | Executive Board | Publication and disclosure of immediate/interim orders and warnings (June 2017)  
  • Warnings - publication and disclosure (September 2017)  
  • Publication and disclosure - revised written policy (January 2018) | No | |
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat Opportunity</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Impact</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>IT8</td>
<td>Threat</td>
<td>Our anti-fraud procedures and processes may not prevent internal or external parties from committing fraud against the GMC resulting in monetary loss</td>
<td>Neil Roberts</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Council</td>
<td>Internal Audit</td>
<td>No</td>
<td>• Transformation Portfolio set up June 2017 to oversee delivery of enhancing our organizational 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</td>
<td>Low</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>Quite Likely</td>
<td>Low</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Council</td>
<td>Internal Audit</td>
<td>No</td>
<td>• Business continuity processes in place with periodic testing and reviewed with focus on core business as usual</td>
<td>Low</td>
</tr>
<tr>
<td>IT10</td>
<td>Threat</td>
<td>An external incident, including a cyber attack, which affects our infrastructure, security systems and/or GMC Services International Ltd staffing levels may prevent us from delivering our key functions</td>
<td>Neil Roberts</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Council</td>
<td>Internal Audit</td>
<td>No</td>
<td>• Business continuity processes in place with periodic testing and reviewed with focus on core business as usual</td>
<td>Low</td>
</tr>
<tr>
<td>IT11</td>
<td>Threat</td>
<td>Adverse economic events create a significant deficit in the Defined Benefit (DB) Scheme which the employer needs to cover, and/or a fall in the value of the GMC’s investments</td>
<td>Neil Roberts</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Council</td>
<td>Internal Audit</td>
<td>No</td>
<td>• Transformation Portfolio set up June 2017 to oversee delivery of enhancing our organizational 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</td>
<td>Low</td>
</tr>
<tr>
<td>IT12</td>
<td>Threat</td>
<td>Due to operating a global trading subsidiary, there is a risk of US 10Q/10K activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of core regulatory services</td>
<td>Charlie Hanson</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Council</td>
<td>Internal Audit</td>
<td>No</td>
<td>• Business continuity processes in place with periodic testing and reviewed with focus on core business as usual</td>
<td>Low</td>
</tr>
</tbody>
</table>
Executive summary
This report provides an overview of the main HR monitoring data for 2018 including more detailed information on diversity and pay. The 2018 report also includes the data required by the Gender Pay reporting requirements.

Recommendation
Council is asked to note the 2018 Human Resources and Gender Pay Reports.
Human Resources Report 2018

1. Our Human Resources (HR) policies, procedures and infrastructure exist to ensure that we recruit, retain and develop a diverse, talented and committed workforce while meeting our statutory obligations as an employer.

2. Our monitoring data is at Annex A. Our annual report also includes our profile as an employer in terms of diversity at Annex B and pay data by gender and ethnicity at Annex C.

3. This pay data also includes the information required by the gender pay reporting regulations. We have published pay data by gender and ethnicity for a number of years and have included comparisons with prior years.

HR Data Monitoring

4. Our 2018 data, along with the 2018 staff survey, continues to suggest a good employee relations environment. We have not seen any major changes in our workforce and we continue to perform well in terms of recruiting and retaining staff.

5. From our 2018 data there are two trends to highlight.

6. We have seen a further fall in voluntary staff turnover to 8% for 2018 (down from 8.4% in 2017). This is despite a significant change in pension provision being implemented from 1 April 2018.

7. This level of turnover is at the bottom end of the band we expect turnover to be in (8 to 15%) and is a continuation of a downward trend reflecting, perhaps, our position as a stable employer in a more uncertain working environment. A further factor in recent years has been the increase in headcount and the relocation of roles to Manchester. This has had a positive impact on career development opportunities (helping retain staff) and means we have a higher number of relatively recent joiners.

8. We have historically enjoyed low sickness absence levels but in 2017 we saw a slight rise taking us closer to the national average. In 2018 we saw overall absence at around 3%. This equates to 7.4 days per year and is above the Chartered Institute of Personnel and Development (CIPD) 2018 benchmark of 6.1 days. In 2016 (the previous CIPD survey date) our absence was at their survey benchmark of 6.3 days per year.

9. Mental health related issues, specifically depression, are the main reason for employee absence. In 2018 it accounted for 28.9% of absences (24% in 2017). We would class 42% of our absence as being long term (>20 days/year). During 2018 we had ten employees whose absence went beyond six months.
10 Mental health being the main cause of absence is not uncommon. The CIPD survey suggests that around 10% of short term and 44% of long term absence is related to mental health. Our figures are broadly in line with this survey.

11 Mental health is an area where we have an extensive programme of work to support staff and line managers. This has included extensive training events, a Mental Health champions network and in 2018 an employee-led Mental Health network was established.

**Diversity, Equality and Inclusion**

12 Our new Equality, Diversity and Inclusion Strategy aims include: having a workforce that reflects our local labour markets; increasing the number of job offers made to applicants from under-represented groups and; improving the percentage of under-represented groups at senior levels.

13 To support this work we monitor and analyse our data for equality and diversity (E&D) for our major HR processes and monitor the composition of our workforce. An overview of this is set out at Annex B.

14 Our workforce profile over recent years has remained relatively stable. We did anticipate some changes to our workforce profile as a result of the re-location process but the overall impact on the Black and Minority Ethnic (BME)/Non-BME work force profile has been limited.

15 Coincident with the significant shift of recruitment activity to Manchester, the percentage of job offers to BME candidates has risen. This is welcome progress. In 2016 BME candidates accounted for 30% of our applications and 14% of our job offers. In 2017 BME candidates accounted of 28% of applications and 17.4% of our offers for both internal and external campaigns, with external campaigns producing a higher level of offers to BME candidates. In 2018 we saw a further improvement with 30.3% of our job applicants coming from a BME background and 19.8% of our offers being made to BME candidates.

16 This led to nearly 20% of our new joiners being from a BME background. While we still do not have an appointment rate that is in line with applicant numbers the position is improving, and the rate of improvement is increasing.

17 Our processes have been developed and changed over the last year in response to the work we undertook with Ernst and Young. We have broadened our range of advertising and reduced the testing element in our selection process. We have invested in an e-learning module and face to face recruitment training for all recruiting managers, which includes a section on unconscious bias.
For female applicants, we have had an established pattern, with women becoming increasingly well represented as our recruitment process moves forward. In 2016 51% of our applicants were female and they secured 58% of our job offers but in 2017 this trend was reversed slightly with women making up 42.4% of our applicants and securing 37.6% of our job offers. In 2018 we saw women make up 49.2% of the applicant pool and secure 51.8% of job offers.

Overall our appointment decisions in 2018 showed a good level of balance and the figures for BME candidates show a significant improvement.

In line with our historical trends we continue to see a steady increase in representation of women in management roles with a further increase in women at Level 2. While we have also seen an increase in BME staff at level 2 our senior staffing is not in line with the make-up of our workforce or the local labour markets we recruit in.

In 2018 we undertook further work on our recruitment process, reviewing our use of testing and piloting a simpler application form. We have also continued to use a shortlisting process where candidate’s personal details remain confidential at the shortlisting stage.

HR support appointing managers at each stage of the process and we also have an extensive training programme. Our recruitment training for managers is run every two months to ensure we train newly appointed and promoted managers who will make recruitment decisions.

This workshop has a focus on diversity at the moment, and includes a session on bias and stereotyping, reinforced by an equality case study session. All managers are required to attend training before they lead a recruitment campaign. As indicated in paragraph 17, in 2018 we also introduced an online recruitment training module which includes an objective on unconscious bias and also have a stand-alone online course covering unconscious bias.

Later in 2019 we will be updating our training when changes to our process are fully implemented.

**Gender Pay Reporting**

We have publicly reported pay by gender and ethnicity on an annual basis since 2012. To allow comparisons we have included updated data for each grade by gender and ethnicity as of 31 December 2017 and 2018.

Annex C includes our equal pay data calculated in line with the Gender Pay Gap Reporting requirements.
27 In 2018 we implemented a number of changes to our pay system aimed at reducing the gender pay gap.

- Increased the base of our pay bands (effective from 1 January 2019) specifically to reduce the gender pay gap
- Moved to non-consolidated awards for staff at or above the ceiling of their pay band (this will have an impact from April 2019)
- Developed a pay model with a further focus on lower paid staff within pay bands and considered the gender pay impact prior to implementation
- Removed restrictions on appointment salaries for internal promotions (which have tended to be lower than external hires).

28 On gender we reported an overall pay gap of 15.8% for March 2017. For March 2018 the gender pay gap had fallen to 15%.

29 We would expect a further fall for the March 2019 figures based on the work that we have undertaken. Gender pay reporting is based entirely on the payroll for the month of March so can be affected by a number of factors within the month itself such as unpaid leave but we do expect to report a figure of around 13.2% for March 2019.

30 Our next steps will be to review the impact of the 2019 pay award in April which will give us an indication of our likely 2020 gender pay figure. This will inform our work on the next pay award and any additional measures we need to take. We will also continue to review individual cases where we need to make an adjustment to address an anomaly.

31 Overall around 20% of our gender pay gap is down to differentials within bands. The other driver for the gender pay differential is the higher proportion of men in more senior roles. While 62% of our workforce is female, women fill half our management roles and less than half of our most senior roles. We will also explore how we might attract more male applicants for our non-management roles.

32 BME and non BME pay by grade been closely aligned in recent years. Our data at the end of 2018 shows BME staff were paid, on average, more than non BME staff in almost every pay band. Our challenge in this area is making progress on appointments to management level roles.
Learning and Development

In 2018 we implemented a number of major changes to our learning and development work with our staff. As part of the Transformation Programme, we have an Empowering and Developing our People programme (EDP) supporting a significant expansion in the personal and career development support for our staff. This has included the implementation of:

- a new 360 feedback system for all staff with a supporting network of in-house coaches
- a new performance management system, more closely aligned with our corporate strategy, with a greater focus on personal development
- An expansion on our internal secondments programme
- a new GMC wide leadership programme for all people managers (commenced January 2019)

Our central team coordinated the delivery of a wide range of corporate programmes; we have increased our internal capacity to support individual development through an internal network of accredited coaches. We have also further expanded our online learning resources.

Underpinning these programmes are a range of programmes covering all staff including corporate induction and mandatory training covering equality and diversity; information security and anti-fraud).

Having achieved Silver Investors in People accreditation at the end of 2018 we now have a three year programme of work to work towards gold accreditation. We have completed an analysis on the next phases of work to ensure we maintain progress.
M5 – 2018 Human Resources Report and Gender Pay Reporting

HR Monitoring Overview

Recruitment and Retention

1. Recruitment activity continued to be a significant part of our work in 2018 with 318 offers being made throughout the year. The diversity monitoring aspects of the recruitment process are set out in Annex B.

2. Our voluntary turnover levels remain very low and at the lower end of a range we would expect and well below external benchmarks.

- Turnover comparison with other sectors

* Labour turnover rates: 2018 XpertHR Survey

** Voluntary turnover includes Resignation, Voluntary Redundancy, and Normal Retirement. Total Turnover includes voluntary turnover plus Compulsory Redundancy, Fixed Term Contracts and Dismissal.
3 Turnover levels and the majority of our recruitment experience contribute to a high level of stability in terms of staffing.

4 Our processes saw the average advert to offer timescale decreased to 5.38 weeks in 2018 (5.58 weeks in 2017), the average advert to offer timescale still remains under 6 weeks.

5 The average advert to start timescale decreased to 9.0 weeks in 2018 (10.39 weeks in 2017).

6 Internal staff moves increased in 2018 a product of both our staff development activities and the impact of headcount growth

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Transfers*</td>
<td>74</td>
<td>47</td>
</tr>
<tr>
<td>Promotions</td>
<td>66</td>
<td>87</td>
</tr>
<tr>
<td>Transfers</td>
<td>35</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>175</td>
<td>186</td>
</tr>
</tbody>
</table>

Notes:

The numbers reported above for Temporary Transfers, Promotions, and Transfers are based on when the staff member started the post (not when they were appointed).

Temporary Transfers includes temporary transfers at the same grade, secondments and temporary promotions.

**Probation**

7 Our 2018 probation statistics showed that all employees who remained in post until the end of their probation period had their employment with us confirmed. In 2018 we had 18 probation periods extended (8.6% of all probations completed in 2018).
Employee Absence

8 Our 2018 absence showed a very small increase on 2017. Over the last two years we have seen an increase in our absence (6.3 to 7.54 days) while the CIPD average has fallen slightly (6.3 to 6.1 days/year).

9 Mental health related causes remain the main reason for absence.

10 Sickness absence - average days lost per employee

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC average days lost</td>
<td>6.3</td>
<td>7.4</td>
</tr>
<tr>
<td>CIPD Average days lost (All)</td>
<td>6.3</td>
<td>6.1</td>
</tr>
<tr>
<td>CIPD Average days lost (Public Sector)</td>
<td>8.5</td>
<td>8.5</td>
</tr>
</tbody>
</table>
We do not classify absence as short or long term in Agresso; this is handled manually by HR when required. However, after examining the 2018 absence data in detail approximately 47.4% of all absence would be classified as long term i.e. the absence totals 20 days or more.
Equality and Diversity

1. Our aim as an employer, set out in our Equality and Diversity Strategy, is to achieve a diverse workforce at all levels. Our strategy sets out three commitments as a fair employer:

   - We will treat everyone who works for us fairly and with dignity and respect. We will ensure that our employment arrangements support our aspirations.

   - We will work towards being a more diverse workforce at all levels of our organisation. We will consider what this means for developing our staff and their progression, and for how we promote ourselves as an employer in the locations in which we operate.

   - We will continue to collect equality and diversity data on our recruitment processes and on our workforce to inform our work and ensure transparency.

Treating everyone fairly

2. As an employer we want to see balanced trends on pay, promotions and training within our workforce and ensuring that no group is over-represented in any category of employment disputes or issues.

3. In addition to recruitment and promotions we monitor the main aspects of our employment arrangements by diversity strand. In some areas, such as grievances, the numbers of staff are small and it is difficult to draw detailed conclusions.

4. Our monitoring of promotions, pay trends over time, valued awards and access to training shows patterns that are balanced and reflect our overall workforce.

A more diverse workforce

5. Our recruitment and promotion practices are central to building and sustaining a diverse and balanced workforce. This annex sets out detailed information on our 2018
recruitment and promotion patterns. Overall the GMC has seen very little change to its overall workforce profile but some welcome change in our recruitment patterns.

6 Our Manchester staffing profile (88% non-Black Minority Ethnic (BME)) is reasonably close to that of our recruitment catchment area. While Manchester’s population is 66% non-BME, the figures for Greater Manchester are 84% and for the North West, 90%. In London we are not as closely aligned with the local labour market.

7 At the end of December 31 in 20% of our London staff were from BME backgrounds, compared with the London BME population of around 40%.

8 Recruitment plays a significant role in the make-up of our workforce.

9 Within these processes two are worth noting:

10 Over the last two year job offers to women are much closer to the percentage of female applicants. We have also seen an increase in the number of women in senior (Assistant Director level and above) posts.

11 While the gender balance at the end of 2018 for this group does not reflect our total workforce (which is 62% female) the percentage of women in senior roles (AD and above) has increased from 18% in 2011 to 39% in 2018. Including roles at level 2 the senior management cohort is 50.3% female.

12 Disclosure rates for disability tend to be lower at the recruitment stage so our data is not as complete as it is for ethnicity or gender. Disabled candidates are represented equally at each stage of the process, but the overall declared percentage of appointments (7%) is below estimates for the percentage of the working age population with a disability (19%) but proportionate to the number of applicants.

13 On ethnicity we have seen an increase in the percentage of our applicants who come from a BME background to 30.3% (28.1% in 2017). The overall percentage of offers is 19.8%, which is also an increase on previous years (2017 17.1%).

14 However our overall workforce profile in terms of ethnicity remains broadly unchanged, as does the pattern by pay band.
Workforce profile comparison - 2016 to 2018

GMC Workforce profile - Ethnicity 2016-2018

- Non-BME: 87%, 86%, 85%
- BME: 12%, 12%, 13%
- Not Responded: 1%, 2%, 2%

GMC Workforce profile - Age 2016-2018

- 16-24: 41%, 33%, 34%
- 25-34: 40%, 40%, 38%
- 35-44: 4%, 4%, 6%
- 45-54: 6%, 4%, 6%
- 55-64: 4%, 6%

GMC Workforce profile - Gender 2016-2018

- Female: 62%, 62%, 62%
- Male: 38%, 38%, 38%

GMC Workforce Profile - Disability 2016-2019

- No: 89%, 92%, 87%
- Yes: 5%, 6%, 6%
- No Response: 5%, 2%, 8%
## Workforce profile by location

<table>
<thead>
<tr>
<th></th>
<th>GMC London</th>
<th>GMC Manchester</th>
<th>All GMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>8.00%</td>
<td>7.10%</td>
<td>7.10%</td>
</tr>
<tr>
<td>Black</td>
<td>5.33%</td>
<td>1.87%</td>
<td>2.29%</td>
</tr>
<tr>
<td>Mixed</td>
<td>7.33%</td>
<td>2.33%</td>
<td>2.98%</td>
</tr>
<tr>
<td>Not responded/Other</td>
<td>4.00%</td>
<td>2.24%</td>
<td>2.29%</td>
</tr>
<tr>
<td>White</td>
<td>75.33%</td>
<td>86.46%</td>
<td>85.33%</td>
</tr>
</tbody>
</table>
GMC compared to UK population

GMC compared to the UK population

- Female: GMC 62%, UK* 51%
- Male: GMC 38%, UK* 49%
- BME: GMC 12%, UK* 14%
- Disabled: GMC 6%, UK* 18%
Promotion and Progression

Diversity in management roles at 31 December 2018

Promotions by diversity strand (Number of promotions compared to GMC population)

Grievances by Diversity Strand

Disciplinaries by Diversity Strand
Workforce Profile

**GMC workforce profile - Gender by Level**

<table>
<thead>
<tr>
<th>Level</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All GMC</td>
<td>62%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>Level 1</td>
<td>53.7%</td>
<td>46.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Level 1AD</td>
<td>61.3%</td>
<td>38.7%</td>
<td>100%</td>
</tr>
<tr>
<td>LEVEL2</td>
<td>63.8%</td>
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</tr>
<tr>
<td>LEVEL3</td>
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<td>38.0%</td>
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<td>71.5%</td>
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</tr>
<tr>
<td>LEVEL5</td>
<td>72.7%</td>
<td>27.2%</td>
<td>100%</td>
</tr>
<tr>
<td>LEVEL6</td>
<td>75.0%</td>
<td>25.0%</td>
<td>100%</td>
</tr>
<tr>
<td>Apprentice</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**GMC workforce profile - Ethnicity by Level**

<table>
<thead>
<tr>
<th>Level</th>
<th>BME</th>
<th>Non-BME</th>
<th>Not Disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All GMC</td>
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<td>88.0%</td>
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</tr>
<tr>
<td>Level 1</td>
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</tr>
<tr>
<td>Level 1AD</td>
<td>4.2%</td>
<td>95.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Level 2</td>
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<tr>
<td>Level 2A</td>
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</tr>
<tr>
<td>Level 3</td>
<td>9.6%</td>
<td>89.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Level 4</td>
<td>11.3%</td>
<td>87.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Level 5</td>
<td>13.9%</td>
<td>84.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Level 6</td>
<td>24.3%</td>
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</tr>
<tr>
<td>Apprentice</td>
<td>50.0%</td>
<td>50.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Management Roles 2012-2016

Number of female staff at Management Grades 2014-2018
(GMC female population at December 2018 is 62.0%)

Number of BME staff at Management Grades 2014-2018
(GMC BME population at December 2018 is 13.0%)

Working with doctors Working for patients
Attraction, Recruitment and Retention

<table>
<thead>
<tr>
<th></th>
<th>Applications (3852)</th>
<th>Offers (318)</th>
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<tbody>
<tr>
<td>Female</td>
<td>53.7%</td>
<td>63.2%</td>
</tr>
<tr>
<td>BME</td>
<td>30.3%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Disabled</td>
<td>7.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>16-24</td>
<td>16.6%</td>
<td>11.9%</td>
</tr>
<tr>
<td>25-34</td>
<td>36.2%</td>
<td>49.7%</td>
</tr>
<tr>
<td>35-44</td>
<td>21.1%</td>
<td>19.8%</td>
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<tr>
<td>45-54</td>
<td>12.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>55-64</td>
<td>4.26%</td>
<td>3.5%</td>
</tr>
<tr>
<td>65+</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>8.8%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Joiners (243)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>59.3%</td>
</tr>
<tr>
<td>BME</td>
<td>19.8%</td>
</tr>
<tr>
<td>Disabled</td>
<td>6.6%</td>
</tr>
<tr>
<td>16-24</td>
<td>13.2%</td>
</tr>
<tr>
<td>25-34</td>
<td>52.7%</td>
</tr>
<tr>
<td>35-44</td>
<td>18.5%</td>
</tr>
<tr>
<td>45-54</td>
<td>11.9%</td>
</tr>
<tr>
<td>55-64</td>
<td>2.9%</td>
</tr>
<tr>
<td>65+</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Leavers (97)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>57.7%</td>
</tr>
<tr>
<td>BME</td>
<td>19.6%</td>
</tr>
<tr>
<td>Disabled</td>
<td>5.2%</td>
</tr>
<tr>
<td>16-24</td>
<td>7.2%</td>
</tr>
<tr>
<td>25-34</td>
<td>44.3%</td>
</tr>
<tr>
<td>35-44</td>
<td>34.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>7.2%</td>
</tr>
<tr>
<td>55-64</td>
<td>5.2%</td>
</tr>
<tr>
<td>65+</td>
<td>1.0%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

- Offers include internal transfers/promotions where a full recruitment campaign was run.
- Joiners figures report any staff member who joined the GMC between January and December 2018. Some of these staff may have been recruited during Q4 2017.
- Joiners only contains employees new to the organisation and does not include internal transfers/promotions.
**Comparison to other organisations – Ethnicity**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Non-BME</th>
<th>BME</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>All GMC</td>
<td>86.4%</td>
<td></td>
<td>12.0%</td>
</tr>
<tr>
<td>GMC Devolved Offices &amp; Homeworkers</td>
<td>88.6%</td>
<td></td>
<td>8.9%</td>
</tr>
<tr>
<td>GMC Manchester</td>
<td>87.4%</td>
<td></td>
<td>11.2%</td>
</tr>
<tr>
<td>GMC London</td>
<td>78.0%</td>
<td></td>
<td>20.5%</td>
</tr>
<tr>
<td>Equality and Human Rights Commission</td>
<td>81.0%</td>
<td></td>
<td>16.0%</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>60.0%</td>
<td>37.0%</td>
<td></td>
</tr>
<tr>
<td>CIPD</td>
<td>82.0%</td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>Information Commission</td>
<td>81.0%</td>
<td></td>
<td>9.0%</td>
</tr>
<tr>
<td>Manchester Council</td>
<td>74.9%</td>
<td></td>
<td>18.7%</td>
</tr>
<tr>
<td>FCA</td>
<td>72.0%</td>
<td></td>
<td>21.0%</td>
</tr>
<tr>
<td>Metropolitan Police</td>
<td>94.0%</td>
<td></td>
<td>6.0%</td>
</tr>
<tr>
<td>Greater Manchester Police</td>
<td>93.47%</td>
<td></td>
<td>6.5%</td>
</tr>
</tbody>
</table>

* Benchmark 2016/17 data taken from organisations websites.
Comparison to other organisations – Gender

GMC Gender compared to other organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>All GMC</td>
<td>62.1%</td>
<td>37.9%</td>
</tr>
<tr>
<td>GMC Devolved Offices &amp; Homeworkers</td>
<td>54.4%</td>
<td>45.6%</td>
</tr>
<tr>
<td>GMC Manchester</td>
<td>62.0%</td>
<td>38.0%</td>
</tr>
<tr>
<td>GMC London</td>
<td>67.7%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Equality and Human Rights Commission</td>
<td>61.0%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>64.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>CIPD</td>
<td>69.0%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Information Comission</td>
<td>60.4%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Manchester Council</td>
<td>66.2%</td>
<td>33.8%</td>
</tr>
<tr>
<td>FCA</td>
<td>52.0%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Metropolitan Police</td>
<td>40.3%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Greater Manchester Police</td>
<td>40.8%</td>
<td>59.2%</td>
</tr>
</tbody>
</table>

Benchmark 2016/17 data taken from organisations websites.
Pay data by gender and ethnicity

Pay

1. This annex sets out our own equal pay reporting by grade and ethnic origin and our statutory gender pay gap figures for 2018.

2. We have reported on average pay by pay band since 2012 for both gender and ethnicity. This report includes:

   2.1 Our 2018 gender pay reporting requirements (March 2018)

   2.2 Our own end of year analysis for each pay band by ethnicity and gender (by location)

   2.3 A projection of our analysis for each pay band by ethnicity and gender as to where we expect to be as of March 2019.

3. Our figures on ethnicity, which is not subject to any statutory reporting requirements, show BME staff earning on average more than non BME colleagues in almost all pay bands.

Gender Pay Gap Reporting

4. The position on gender is not as balanced as ethnicity but is improving overall. The statutory reporting requirements are set out below and show a decrease from 15.8% in March 2017 to 15% in March 2018.

5. Subsequent to this reporting we have had a further pay round and implemented changes to pay bands from 1 January 2019.

6. Gender reporting requirements are based on March figures and can be affected by the factors such as unpaid leave taken in that month. We therefore do not a yet have a
final figure for March 2019, but an initial estimate suggest the figure will be around 13.2%.

7 We would expect a further improvement in April when the 2019 pay award is applied.
Council meeting, 30 April 2019

Promotion, Pay & Progression – Ethnicity London

Equal Pay - London Average Hourly Rate (£) by ethnicity by grade 2018

Equal Pay - London Average Hourly Rate (£) by ethnicity by grade 2017

Working with doctors Working for patients
Promotion, Pay & Progression – Ethnicity Manchester

Equal Pay - Manchester Average Hourly Rate (£) by ethnicity by grade 2018

Equal Pay - Manchester Average Hourly Rate (£) by ethnicity by grade 2017

www.gmc-uk.org
**Promotion, Pay & Progression – Gender London**

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**Equal Pay - London Average Hourly Rate (£) by gender by grade 2018**

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**Equal Pay - London Average Hourly Rate (£) by gender by grade 2017**

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Visit our website for more information: [www.gmc-uk.org](http://www.gmc-uk.org)
Promotion, Pay & Progression – Gender Manchester

Equal Pay - Manchester Average Hourly Rate (£) by gender by grade 2018

Equal Pay - Manchester Average Hourly Rate (£) by gender by grade 2017
Promotion, Pay & Progression – expected March 2019

Equal Pay - London Average Hourly Rate (£) by ethnicity by grade March 2019

Equal Pay - Manchester Average Hourly Rate (£) by ethnicity by grade March 2019
Promotion, Pay & Progression – expected March 2019

Equal Pay - London Average Hourly Rate (£) by gender by grade March 2019

Equal Pay - Manchester Average Hourly Rate (£) by gender by grade March 2019
Gender Pay Gap Reporting

8 Our final 2018 figures are as follows:

8.1 the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

8.1.1 15.0% - This means that based on the average hourly rate female employees are paid 15.0% less than male employees.

8.2 the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

8.2.1 6.5% - This means that based on the median hourly rate female employees are paid 6.5% less than male employees.

8.3 the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees

8.3.1 68.6% - This means that based on the average bonus pay female employees are paid 68.6% less than male employees.

8.4 the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees

8.4.1 0% - This means that based on the median bonus payments female employees are paid 0% more than male employees. The majority of the bonus payments are part of the valued recognition scheme and are vouchers with the most typical amounts being £50 and £100.

8.5 the proportions of male and female relevant employees who were paid bonus pay

8.5.1 Proportion of Males receiving bonus – 31.2%

8.5.2 Proportion of Females receiving bonus – 26.4%
8.6 the proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.

8.6.1 The results are in the table below

<table>
<thead>
<tr>
<th>Quartile</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower pay band</td>
<td>61.6%</td>
<td>38.4%</td>
</tr>
<tr>
<td>Middle pay band</td>
<td>64.9%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Upper pay band</td>
<td>65.6%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Upper Quartile pay band</td>
<td>52.3%</td>
<td>47.7%</td>
</tr>
</tbody>
</table>

8.6.2 Currently the GMC staff gender profile is 62.0% Female and 38.0% Male.
Executive summary
The review of flexibility in postgraduate training was commissioned in 2016 by the then Secretary of State for Health following negotiations with the BMA Junior Doctors Committee and prior to industrial action by doctors. We published our report, Adapting for the future, in March 2017, setting out actions and commitments.

The purpose of this submission is to update Council on progress made since our report and to highlight current work which has identified how, subject to appropriate safeguards:

- Doctors could move more easily between specialties without the snakes-and-ladders effect of having to go back to the beginning of training;
- More training could count towards the requirements for award of a certificate of completion of training (CCT);
- Given new legal advice on how we could recognise training, including overseas training, the combined route to the specialist register could be scaled down.

In this context, legal advice suggests there is scope to go further than we had previously thought in recognising different kinds of training and altering the structure of specialty training requirements without legislative reform.

Recommendations
Council is invited to note:
- Our progress with the flexibility review.
- The further work we are developing following agreement from the Executive Board.
- Our engagement and the concerns highlighted by devolved nations.
Background

Origins of the flexibility review

1 In spring 2016 the then Secretary of State for Health in England asked us to review the flexibility of postgraduate training. The review came about during the industrial dispute between trainees and the Government in England, and was a part of the ACAS agreement between the BMA and the Department of Health.

2 We carried out a four-nation review which identified that training is rigid, slow to adapt, with too much emphasis on numbers of procedures rather than capability. We published our findings and the actions and commitments in *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training*. The main conclusions of the review were that training should:

   a  have a greater focus on generic capabilities that are common and hence transferable

   b  share outcomes across the curricula of related specialties

   c  be organised around outcomes and capability, with less emphasis on numbers of procedures

Progress so far

3 The main areas of progress to date are:

   a  In May 2017 we launched a package of reforms to promote flexibility including the *Generic professional capabilities framework* which requires all specialties to embed common learning across related areas of practice. This will mean that the professional knowledge and skill components of training will be identifiable between different specialities and trainees, therefore, will not have to repeat learning when moving between specialties.

   b  In September 2017 we established the *Curriculum Oversight Group* which is a forum to oversee the curricula across the UK.

   c  In November 2017 we issued a position statement clarifying the flexibilities on ‘less than full time training’, and the role of deans in exercising discretion within the training duration limits we have set. In addition to trainees who may need to work different patterns to deal with caring responsibilities or because they have a health condition or disability, there is a recognition that others want greater choice in the hours they work as a lifestyle choice.
Further opportunities to improve flexibility

4 On 25 March, the Executive Board considered the more fundamental questions about how much further we can go in promoting greater flexibility within the current legal framework, following updated advice from our Legal Counsel.

5 The Executive Board noted the scenarios identified by The Academy of Medical Royal Colleges (AoMRC) where doctors could potentially benefit from greater flexibility:

   a Trainees in a training programme who realise it is not the right one for them and wish to transfer to/train in another specialty.

   b Trainees wishing to ‘step off’ programme for other experience and return after a period of time (‘Out of Programme’ - OOP).

   c Other doctors: Staff and associate specialist (SAS) doctors working in specialties who wish to enter a UK training programme, and trust doctors who have not decided on career path.

6 This submission asks Council to note the decisions made by Executive Board around flexibility. Details on each of these are in annex A:

    That we support the Academy’s draft principles to create a clearer process for transferability between specialties (annex paragraphs 1 – 9)

    That we aim to simplify the process for those currently using the CESR-Combined Programme route to access the specialist register by awarding a CCT (and not a CESR-CP) (annex paragraphs 10 – 14)

    That we retain the prospective approval safeguards (including for OOP) where trainees wish to spend time out of programme, with the commitment to review the position as new evidence emerges (including from the HEE pilots which are being run soon) (annex paragraphs 15 – 20)

    That we continue to consider options for SAS doctors and flexibility, including access to specialty training (annex paragraphs 21 – 24)

Engagement – including concerns raised by the devolved nations

7 To test these ideas and to coincide with development of the AoMRC’s principles, over the last four months we have started to socialise the themes emerging from Counsel’s advice. Initially engagement was with the Joint Academy Training Forum (includes colleges, deans and four-nation education bodies) and the AoMRC group on transferability.

8 More recently we have discussed flexibility with the Education advisory forum, with NHS Education Scotland (NES) and Northern Ireland Medical and Dental Training
Council meeting, 30 April 2019
Agenda item M6 – Review of flexibility in postgraduate training

Agency (NIMDTA), and we attended the Conference of Postgraduate Medical Deans Residential meeting in February where there was a dedicated session on flexibility. The session focused specifically on the AoMRC’s transferability principles and HEE’s proposals for step-off, step-back-in training.

9 There seems to be a general acceptance that with the combination of a profession under pressure, the desire for greater work-life balance and the risk that we will lose doctors from the system, creative solutions are required that make training and service more attractive and balance the needs of the service. The actions and commitments set out in Adapting for the future undoubtedly had broad support. However, stakeholder concerns centre on the impact that more fundamental change could bring.

10 Some - particularly the Royal College of Physicians and NIMDTA - have expressed concern that without appropriate safeguards, the flexibilities around counting time that has not been approved, could lead to unintended consequences for doctors, workforce and service e.g. doctors wishing to move around randomly. NES has expressed similar concerns.

11 Between developing this paper and the end of April, we propose to undertake further engagement with governments and the education bodies in the four nations, with college presidents and other relevant stakeholders. In tandem, the AoMRC is proposing to consult stakeholders on its transferability principles.

12 Directorates will continue to work together to scope the further work identified in this submission and develop an implementation strategy for 2019/20.

13 Importantly, everyone agrees that, whatever the conclusion, the quality of training must be maintained.
M6 – Review of flexibility in postgraduate training

Flexibilities possible, and potential advantages and risks

Academy’s draft principles for transferability

1 The Executive Board agreed that, based on legal advice, we could support the Academy’s draft principles designed to provide a clearer process for transferability of trainees between specialties. The background to this was the ACAS contract negotiations which had highlighted the ‘snakes-and-ladders’ effect in training. This is where trainees, who transfer between specialties, have had to start again in the new specialty even though their previous training was at a more senior level.

2 Our previous legal advice had been that there were limits on the time which can be exempted if a trainee wishes to move from one specialty to another. Our advice also suggested that a trainee must obtain a specialist qualification in the first specialty before they can transfer.

3 More recent advice from Counsel indicated that we can recognise trainees who enter an approved training programme at a higher level and then ‘satisfactorily complete’ the course with a CCT. This is because:
   
   - we have moved to fewer, higher level outcomes in curricula,
   
   - UK training is longer than European minimums, we can recognise those who enter the UK courses part way through as long as they meet the outcomes.

4 In effect, trainees could transfer between specialties and enter UK training at a level which reflects their capabilities gained though previous training. The AoMRC principles document is helpful in this context. It aligns with the the Generic professional capabilities framework and describes how capabilities gained outside a formal training programme can be evaluated and recognised.

5 In addition, the curriculum approval process requires colleges to demonstrate that key common areas of training between the curriculum and other training programmes have been identified and recognised. For example the specialties of Clinical Oncology and
Medical Oncology will in future have a number of shared specialty outcomes. Both the Curriculum Oversight Group and Curriculum Advisory Group assess and advise us on the appropriateness of college submissions and opportunities for further recognition.

6 The advantages of this more flexible interpretation of the legal position and the greater onus on colleges to recognise shared outcomes are that:

- more trainees who are better suited to other specialties can be supported by the AoMRC’s clearer process for transfer, onto a different CCT pathway;
- trainees could apply to a specialty, subject to the usual recruitment and selection processes, and enter training at a level that reflects their previous training and qualifications (gained within or outside approved training), therefore avoiding the snakes-and-ladders effect;
- we have responded positively to a key concern of trainees expressed in the original ACAS agreement;
- similar principles would apply to someone who wished to enter UK training at a higher level based on previous training and experience.

7 The risks could be that increased transfers might exacerbate retention problems in less attractive specialties.

8 The Executive Board was satisfied that we have identified a way forward, which appears to be supported by the legal advice and can be reflected in the AoMRC’s principles document. It would be for the education bodies to ensure appropriate safeguards to ensure entry to specialties was competitive and avoided unlimited numbers of transfers.

9 The AoMRC will consult stakeholders on the principles document including the education bodies in the four nations to ensure there is support and alignment.

i. Council is asked to note the current direction of travel with work to support a clearer process for transferability between specialties.

Recognising more training through CCT and impact on the Combined Programme - available through either the CESR or CEGPR routes

10 The Executive Board agreed that we should update our policy on the Combined Programme to enable more training to be recognised through the CCT route.

11 The combined route to the GP and specialist registers provides a route to the specialist register for those, with a combination of training and qualifications, including those gained overseas, who wish to apply for and successfully enter UK training. The route enables applicants to enter UK training at a level that reflects their previous training
and qualifications. Upon successful completion of UK training, doctors who followed this pathway are eligible to apply for entry to the specialist register. However, this is not recorded as being a CCT, but instead as CESR-CP for specialists or CESGPR-CP for GPs.

12 Counsel has now advised that on the basis of our move to an outcomes-based system of training, we could in fact award a CCT. This would not require legislative change and existing processes could be used to get more doctors into UK specialty training programmes. However, we may need to retain the CEGPR-CP route for the time being given that EU and UK minimum training durations are both set at three years.

13 The approach could also benefit a range of doctors including those in staff and associate specialist roles who wish to step on to UK training.

14 The Executive Board agreed that the proposal to update our policy should be developed as part of the wider work on the future of CESR and support to SAS doctors. Consideration will also be given to the future of the Combined Programme route, with the potential to significantly reduce or even retire this route, simplifying the postgraduate landscape.

ii. Council is asked to note the legal advice and the proposed direction of travel with the CESR and CEGPR combined route.

Relaxing prospective approval requirements – counting more out of programme training

15 The Executive Board also considered how flexibility could better support trainees who wish to step-out-of-programme, gain training elsewhere and have training counted towards a CCT when they return to a UK programme. Greater flexibility could have implications for the way we prospectively approve training undertaken out of programme (OOP), because our legal advice suggests we would need to approve the place in which OOP training takes place. In this context, the Executive Board was minded to await the outcomes of pilots which HEE will run to test feasibility, before making any changes to existing processes for prospective approval.

16 The key questions centre on the sorts of checks and balances that would be needed to protect trainees, the integrity of workforce planning and service delivery. These issues are being considered by the AoMRC and also Health Education England (HEE) as part of its plans to develop another tier in the OOP suite of options: OOP (Pause). For example, they suggest that requests for OOP would require prior approval from the relevant training programme director. Opportunities would be subject to balancing the needs of the individual trainee against the educational and service sufficiency of the programme they are enrolled in. They would normally be time-limited (with a maximum of 2 years) with continuing oversight by their postgraduate dean as the responsible officer and evidence documented in ePortfolio.
17 HEE is also developing a gap analysis tool which aims to identify trainees’ capabilities as they return to training so that a personalised training programme can be put into place to support them. To some extent this would build on the current arrangements in place to support doctors who have been out of programme and wish to return, but the aim would be to define a clearer process that could be applied across the board.

18 Advantages of greater flexibility may be that:

- if the checks and balances outlined above are established, these would seem to offer the prospect of reasonable protection for trainees, workforce and the service and would reduce the need for formal prospective approval arrangements that apply to other training;
- relaxation would send a positive signal to trainees who wish to exercise greater career choice;
- enable trainees to have out-of-programme training counted towards their CCT;
- be consistent with HEE’s proposed process designed to support doctors who wish to step-off and step-back-in to training.

19 Some risks of removing prospective approval for OOP might be that we are seen as:

- abandoning a safeguard that protects trainees and workforce – a key concern expressed by NIMDTA;
- creating a free-for-all climate where trainees could randomly step-off training, gain training elsewhere and step-back-in to CCT training;
- potentially undermining the integrity of UK training, workforce planning and ultimately service delivery;
- increasing the assessment burden if more doctors move in and out of training.

20 The Executive Board agreed that it would be preferable to await the results of the step-off, step-back-in pilot, before we take a decision on the long-term role of prospective approval for OOP. We will also need to ensure that any position we take is consistent and applicable across the four nations and consider any impact on our QA processes.

iii. Council is asked to note current plans - that we retain the prospective approval safeguards (including for OOP) with the commitment to review the position as new evidence emerges (including from the HEE pilots).
Implications for other doctors

21 The Executive Board agreed that promotion of more flexibility could benefit other groups of doctors who may wish to join UK training programmes—specifically:

- SAS doctors working in particular specialties who wish to enter a UK training programme.

- Trust grade doctors (sometimes called ‘locally employed doctors’), who are working in service posts often in parallel with trainees of similar experience—who are early in their working lives but who have not decided on a career path.

22 The advantages could be that the approach helped doctors to get into approved training leading to a CCT. The process already in place to support the Combined Programme (referred to earlier with the changes proposed) would also apply to SAS doctors.

23 The risks are that other doctors see this scenario as an opportunity to gain credit for a range of experience gained outside training. This could create expectations that were difficult to manage. It is also worth noting that there were significant concerns around this proposal amongst the training bodies in Scotland and Northern Ireland.

24 On balance, and in the context of the current focus on how we can better support SAS doctors, the Executive Board agreed that it would be helpful to explore this further.

iv - Council is asked to note that the Executive Board requested we explore the SAS scenario further and bring options back for consideration.
**Council meeting, 30 April 2019**

**Agenda item:** M7

**Report title:** Amending the list of bodies entitled to award a UK Primary Medical Qualification - University of Buckingham Medical School

**Report by:** Jessica Ormshaw, Education Quality Analyst, Education & Standards, jessica.ormshaw@gmc-uk.org, 020 7189 5429

**Action:** To consider

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### Executive summary

University of Buckingham Medical School (UBMS) is the UK's first private medical school that the GMC has been quality assuring in line with our new schools application process. Over the course of this rolling quality assurance process, the visiting team overseeing the process have set several requirements and recommendations to improve the way in which UBMS deliver medical education to their students. The school has responded positively to these, and the GMC visiting team has evidence that UBMS has met our standards for education and training. Subject to final due diligence checks, it recommends that the university should be added to the GMC's list of awarding bodies. Council will be asked to approve this on circulation, if and when the due diligence process is finalised.

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### Recommendation

Subject to final due diligence checks, Council is asked to agree that the University of Buckingham be added to the GMC's list of bodies that can award UK Primary Medical Qualifications. Assurance will be provided to Council on circulation and approval will be sought via this route if and when the due diligence process is finalised.
Introduction

1 Maintaining the list of bodies entitled to award primary medical qualifications (PMQs) is a key component of our regulation of undergraduate medical education. The current list of bodies and combinations of bodies entitled to award UK PMQs is published on our website.

2 Standards of proficiency are set out in Promoting excellence: standards for medical education and training (2016) and compliance with the standard is demonstrated through the Quality Assurance Framework, which includes annual returns from medical schools and a rolling programme of visits.

3 As per the Schedule of Authority of the Governance Handbook, Council is required to maintain and amend, as required, a list of bodies and combinations of bodies entitled to hold examinations for the purpose of granting one or more primary UK qualifications.

About UBMS

4 UBMS is not publicly funded by the Service Increment for Training (SIFT), which is funding specifically for education and training of medical students from NHS budgets. UBMS is a privately funded medical school which offers a 4.5 year course. The number of years is accelerated by reducing the number and duration of holidays for students. The start date for the first cohort of students was January 2015 and they are due to graduate in summer 2019. The fees are £35,000 per annum, including the cost of clinical placements which will not be met by SIFT. Recruitment is open to anyone as there is no cap on non-EU student numbers as for state-funded universities. They currently have five intakes in residence, which is approximately 385 students. The split of students studying at UBMS is 40% UK and 60% international.

5 Between January 2015 and March 2019, the education quality team has undertaken visits to UBMS each academic year, speaking to students and various groups of staff at the school. We have also visited a mixture of the school’s primary and acute education providers, observed assessments, observed the student selection process and observed examination boards. This visit activity, alongside paper based reviews of policies and processes, is a core part of the quality assurance process for all new schools or programmes.

6 The GMC’s standards for medical education and training require us to check on the recruitment, selection and appointment of learners. Entry requirements for UBMS are AAB at A-level: https://medvie.buckingham.ac.uk/course/view.php?id=3#section-1. As part of our quality assurance activity, we observed their selection processes for undergraduate admission onto the course. We explored marking schemes, calibration of scoring, training for examiners, performance of examiners and reliability of student selection events. We found no evidence to suggest that the calibre of students recruited by UBMS is lower than other medical schools.
The few concerns highlighted throughout this review are outlined below. UBMS have been engaged with and very responsive to our quality assurance visits and all of these concerns have since been resolved. Several areas of good practice have also been raised over the course of our quality assurance activity. These relate to: educational governance systems, academic and pastoral support and the school’s responsiveness to feedback.

Addressing concerns

UBMS initially intended that the first cohort of students begin year one in January 2014. However, due to significant risks that the programme would not meet the requirements outlined in *Promoting Excellence: Standards for Medical Education and Training*, we recommended that UBMS delay the intake of first cohort of students by a year. Concerns in the preliminary stages related to capacity/ physical space at the medical school, staffing and contingency plans with an established medical school. UBMS addressed concerns we had and students commenced in January 2015.

We have had concerns over the physical space in the medical school building and also at one of the school’s main education providers, Milton Keynes Hospital NHS Foundation Trust (MKUH). The school addressed these concerns through carefully managing the scheduling of the medical school building so physical space in this building is no longer an issue. The school also worked with MKUH to build a new education centre at MKUH for undergraduate use. The visit team no longer have concerns over physical space at the medical school or MKUH.

As part of the GMC’s new school process we require new medical schools to have a contingency plan which would be enacted should they not successfully complete the process or progression is delayed. Buckingham’s contingency school is Leicester Medical School, who in 2014 were rewriting their curriculum. An open requirement that we were monitoring was around ensuring contingency plans with the University of Leicester continue to be feasible, and the UBMS curriculum aligns with the new Leicester curriculum. UBMS made changes to their curriculum so that it aligned more closely and this concern was resolved.

We also had concerns around the rules for students to progress from one year to the next. Students who do not meet the criteria for progression must take and pass a qualifying exam to allow them to continue their studies. The GMC visit team asked UBMS to review their rules for taking the qualifying exam, in particular for those students taking the exam when the cause of their lack of satisfactory pass in the first attempt was the result of extenuating circumstances. UBMS revised their Code of Practice for Assessment and made changes to the Mitigating Circumstances policy to take into account the concerns of the visit team. The visit team is happy that the school made relevant changes to their processes and therefore the issue is closed.

Currently there are no open requirements and recommendations and we have set no areas for improvement over the last two cycles.
**Recommendation**

13 UBMS has responded well to our requirements and recommendations. They are responsive, engaged and committed to providing a high quality experience to their students. Therefore, as mentioned in the executive summary the visiting team has evidence to recommend to Council that the University of Buckingham should be added to the GMC’s list of awarding bodies, subject to final due diligence checks.

14 Council will be asked to confirm its approval on circulation if and when the due diligence process is finalised.
Agenda item: M8

Report title: Introducing a Framework for GMC-regulated Credentials

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Action: To consider

Executive summary
As discussed in detail in the confidential session, we engaged widely with stakeholders from September 2018 to February 2019 on a draft framework for introducing GMC-regulated credentials, hearing from over 200 organisations and individuals. There was broad support for the principles, across most stakeholder categories. The four UK governments have increasingly pushed for GMC-regulated credentials to help develop the medical workforce to meet patient and service needs. In contrast, most doctors in training representative groups and some doctor representative groups were strongly opposed to the introduction of credentials.

In response to feedback, we have revised the framework, including clarification around entry requirements. We also recommend a phased introduction with a small number of early adopters, a review point, and evaluation of early adopter proposals by a task and finish group with consultant, SAS doctor, and doctor in training representation. We remain of the view that credentials will improve patient safety. They would help to address service demands in discrete areas of practice that are not being addressed by current training programmes.

Recommendations
Council is recommended, subject to review of the final engagement report in June, to:

a Agree to a phased introduction of GMC-regulated credentials, starting with a small number of early adopters, with a review point once they are developed.

b Consider the changes to the framework, particularly the clarification on entry requirements, based on patient safety.

c Note we will publish the engagement report, framework and supplementary documents in early summer.
Background

1. A detailed discussion was held in Council closed session on 30 April 2019 and the full papers reviewed. This paper sets out a summary of the full papers ahead of publication in early summer.

2. On 6 November 2018, Council discussed the emerging proposal for a framework to approve and assure GMC-regulated credentials in discrete practice areas. Members acknowledged that the approach would help to address concerns where:
   - Unregulated areas of practice may have significant patient safety risks.
   - The capacity to train doctors is insufficient to meet patient or service needs.

3. Members also recognised that the approach should be proportionate in addressing these concerns, limiting numbers of credentials to where our regulatory processes add value and help assure patients and employers about doctors’ capabilities in discrete practice areas.

4. To further clarify and refine the approach, we completed an extensive period of engagement from 10 September 2018 to 1 February 2019.

Wider expectations

5. In the last twelve months, expectations on us to facilitate a process to approve and assure credentials have increased. The four UK governments, along with their statutory education bodies, support a process to identify, prioritise and develop credentials where they will help support the medical workforce to meet service needs.* The four country representatives on the UK Medical Education Reference Group (UKMERG) have indicated that credentials should be recognised and assured at the UK-level.

6. These bodies recognise that credentials are not the only solution to challenges in meeting service pressures, but they see credentials as one of the mechanisms that will help them develop a more flexible medical workforce. We have made it clear, and will continue to do so, that we can only be responsible for approving GMC-regulated credentials.

* NHS Long term plan – [https://www.england.nhs.uk/long-term-plan/](https://www.england.nhs.uk/long-term-plan/); HEE workforce strategy – [https://www.hee.nhs.uk/our-work/workforce-strategy](https://www.hee.nhs.uk/our-work/workforce-strategy); Scottish Government Integrated Workforce plan is nearing completion and will refer to the need for reform in postgraduate medicine, with specific reference to the significant role of credentialing. The emphasis will be to work with the GMC and others to ensure credentialing is implemented timeously. While credentials are not explicitly referenced in statements from the governments in Northern Ireland or Wales, they have clear objectives to provide training, development and career opportunities for SAS doctors.

[www.gmc-uk.org](http://www.gmc-uk.org)
credentials for doctors – we do not have the legal or regulatory capacity to approve and assure credentials for the wider healthcare team. We acknowledge that organisations are formalising, developing and delivering many areas of practice, which do not need to be approved by the GMC as regulated credentials.

Engagement

7 An interim report was presented to Council during closed session, with a final report to return to Council in June to confirm that the final analysis supports the interim decision agreed by Council at the April meeting. We also intend to commission an independent audit of the engagement exercise to assure ourselves and our stakeholders that we have fully considered the responses.

Key findings

8 Over a five month period, we organised over 40 events, workshops and meetings in the four UK countries and we received written feedback from 175 responses through an online form.

9 Most bodies representing doctors and specialties, colleges and faculties, organisations involved in medical education and training, as well as individual SAS doctors and consultants, broadly welcomed the introduction of a process to approve GMC-regulated credentials. These groups tended to support the principle of credentials and were particularly supportive of the use of credentials to facilitate career flexibility and lifelong learning for doctors. However, many respondents in these groups, especially the bodies representing doctors and the colleges and faculties, caveated that credentials should not undermine or negatively impact on the quality or standards of postgraduate training necessary to be recognised on the Specialist or GP registers.

10 We also heard a lot of concerns across all stakeholder groups that the proposed framework was high level and lacked clarity on the details, especially how credentials would work in practice, with many concerned about funding. However there was general support, even when credentials were not supported in principle, that credentials should be recognised on the List of Registered Medical Practitioners (LRMP).

11 A strong voice of opposition came from some bodies representing doctors, and was echoed by most of the other groups representing doctors in training. While they recognised concerns about patient safety and service needs in some areas, they were not convinced a credential was necessarily the solution. These respondents argued that current training arrangements already ensured patient safety and addressed service needs appropriately. They expressed fears that credentialing could diminish the quality of postgraduate training and the CCT. Respondents in this group were the most concerned about funding, especially that individual doctors might have to pay
for their training. They were concerned that the creation of credentials should not permit a doctor to bypass recognised postgraduate training, risking patient safety.

12 We heard from a small number of people representing patients. They supported the introduction of credentials, especially in areas where there are significant risks to patients, as well as areas where there are not enough doctors trained to meet service demands. They welcomed a transparent way for the public to confirm that doctors have credentials on the LRMP. Many of the respondents, across all categories, recognised that credentials can be used to develop doctors to respond to the changing expectations and needs of patients and the service that cares for them.

13 We asked for feedback on what we might call credentials. Some stakeholders, especially the UKMERG were opposed to changing the name. Others such as the Academy of Medical Royal Colleges were keen on a new term. We recognise the name is problematic to some and will continue to explore meaningful alternatives. However, to address the immediate issues, we are intending to refer to them as GMC-regulated credentials (or GMC credentials externally).

Our response to engagement

14 As a result of the feedback and comments about the framework, we have identified a number of actions to improve the framework, ensure credentials are introduced smoothly, and reassure our stakeholders.

15 By introducing GMC-regulated credentials, our aim is to reduce risks to patients and support the service to provide better patient care. They will be limited to discrete areas of practice where gaps in training or service have raised concerns about patient safety. GMC-regulated credentials will provide an approved way to develop doctors in an assured and educationally supervised environment. To be approved, proposals for a credential will have to meet strict criteria, including providing evidence or information that describes issues related to patient safety and/or gaps in service delivery in the discrete area of practice.

16 We are committed to ensuring that credentials will not be used to undermine or devalue the quality of postgraduate training. Our approval process, focusing on patient safety as the primary indicator for a credential, will limit GMC-regulated credentials to where they are a proportionate response. We will ensure the quality of the training or approach to delivering the credential through our quality assurance processes. We will evaluate the impact of the credential, including its impact on relevant postgraduate training, through our data collection and monitoring mechanisms.
A revised framework

17 Throughout 2018 and 2019, we worked collaboratively with the UKMERG and they have had substantial input into the revised framework. We are working towards securing UKMERG agreement by publication.

18 We have refined the framework to clearly state the principles that will apply to the development of credentials. To ensure credentials complement current training, the framework clarifies that entry requirements will be needed for each credential. These will be based on the level of expertise needed to ensure the risk to patients is minimised as doctors develop and practise in discrete areas. The organisation proposing the credential will have to determine the appropriate entry level to ensure patient safety. We anticipate that this will mean:

a In many cases, credentials may be limited to doctors who are on the Specialist and GP register in a relevant area, and we believe that most of the early proposed credentials would be likely to fit in this group.

b In some areas of practice, it may be appropriate to allow wider accessible to doctors who are not on the Specialist and GP registers. In order to better understand how this can be done in a way that safeguards patients, we will consider one early adopter proposal that has wider eligibility, allowing us to explore how SAS doctors may access credentials. We will use this experience to engage again if we think that further GMC-regulated credentials could have more widely accessible entry requirements.

19 We have revised the definition to make it clearer and we have identified some of the types of credentials that might be developed. These areas were identified and tested through our five pilots.

20 We have also described with more clarity the role of the UKMERG in prioritising areas for potential credentials and our curriculum oversight group (COG) in advising whether proposals have met the patient safety and service need factors. We have made it clear that the GMC decides what proposals have met the criteria for credentials and should be approved. We have also set out more details about the expected standards and processes for approval and quality assurance of credentials.

Clarifying the details

21 We have also produced a FAQ document aimed at doctors, with significant input from our clinical fellows and other doctors in training. The UKMERG has agreed to co-brand the FAQs in recognition that many of the issues relate to their responsibilities. We are working with UKMERG to co-produce the document and will circulate it to Council for your information before publication.
We are discussing with the four UK countries, through their statutory education bodies, the need for a clear statement about funding. Feedback was clear that this commitment is vital for the development and delivery of credentials. We expect the four UK nations to reassure us, before we introduce GMC-regulated credentials, that they are firmly committed to ensuring there are equitable and proportionate funding arrangements underpinning credentials where they have been commissioned or funded to develop and secure the NHS medical workforce. When we have secured this statement, we will circulate it to Council.

**Implementation**

We will publish the framework, FAQs and other documents in early summer. This will give us time to thoroughly review and refine the engagement report, obtain an independent audit and secure the co-branded documents with UKMERG. We do not anticipate substantive changes but will share the final drafts with Council in June for their final approval.

Subject to Council approval, we are planning a phased implementation for credentials, working with a small number of early adopters in 2019. We will continue to learn and refine our processes. Once these initial credentials have been approved, we will have a review period to identify any issues or changes required.

We are setting up task and finish groups for the early adopter credentials – giving a greater degree of assurance of these initial credentials. This group will provide a forum for stakeholders to have input into the process for approving the first few credentials. We will seek expressions of interest from a number of groups, including consultants, doctors in training, SAS doctors, patient representatives, employers and specialty experts in the relevant area. The groups will have representatives from the four UK countries.

The UKMERG has identified a small number of potential credentials in priority areas which have patient safety implications. These are either designed for doctors who had limited or no exposure during postgraduate training, or are developing approaches to train doctors in relevant specialties to meet an increasing patient or service demand. These early adopters include the five areas that we have been working with to test the feasibility of the framework:

- Cosmetic surgery – Royal College of Surgeons
- Liaison psychiatry – Royal College of Psychiatry
- Mechanical thrombectomy – Royal College of Radiologists
- Rural and remote health – NHS Education for Scotland
Pain medicine – Faculty of Pain Medicine.

27 The UKMERG has suggested further potential areas for prioritising as early adopters. These recommendations are in a less developed stage than the pilots and would need further discussions before a proposal is ready for GMC consideration. They broadly point to developments in mental health and improved care in areas of practice within community care settings. We will discuss with UKMERG the need for credentials in these areas and the anticipated speed at which they may be developed. We will have to consider the resource implications on our policy, approval and other operational teams. We will, as part of the COG, be very clear that all GMC-regulated credentials need to meet our threshold for approval.

28 We have completed an equality analysis for this project. We regularly review the equality issues with our Equality, Diversity and Inclusion team and have spoken with our health and disability working group. We are aware that credentials could have the same barriers and issues of differential attainment as postgraduate training. We are in the process of setting up a specific expert group to help us better understand, identify and manage data related to credentials.

29 GMC-regulated credentials may offer opportunities for doctors who are not on the Specialist or GP registers, but this potential will not be realised at scale in the next five years. We are considering actively how to support SAS doctors further and have launched a survey for SAS doctors to better understand their needs and ambitions.

Communication plan

30 We continue to work with our communications teams to develop a comprehensive communications and engagement strategy, tailored to the different views and needs of stakeholders in each of the four countries of the UK.

31 We will publish our update in summer and determine the exact launch date in light of any other relevant external events and developments.
Agenda item: M9

Report title: Welcome to UK Practice expansion

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Action: To note

Executive summary
The 2018-2020 corporate strategy targets increasing attendance at Welcome to UK Practice (WtUKP) to 80% of new international medical graduates (IMGs)/EEA doctors by 2020.

We have made significant progress on increasing attendance and on our plans to introduce more flexible ways of catering to our target audience. During 2018 we saw a 52% increase in attendance at our workshops, with an extra 930 doctors attending.

The independent evaluation of WtUKP provides unequivocal evidence of its value as a product that improves awareness and understanding of the ethical issues doctors new to the UK face, validating that WtUKP is a worthwhile upstream investment.

In 2019 we expect to provide training to ~5,148 doctors. Whilst this exceeds the 80% figures projected at the time of the corporate strategy (4,874), it now only represents 58% given the very significant and unforeseeable increase in IMGs coming into the UK in the last year.

The continuing increase in IMG numbers forecasted means the target is becoming more challenging to meet as it moves, requiring flexibility and creative thinking by the project team and Regional Liaison Service (RLS).

Until we have seen evidence of the impact of our initiatives this year we are not asking for an adjustment to the target, or proposing alternative options for delivery/resourcing. We will return to Council in November 2019 with this detail including options for decision.

Recommendation
Council is asked to note our progress including an overview of: the evaluation, target forecasting, capacity modelling, risks and opportunities.
Purpose

1 To note progress and forecasting for the *Welcome to UK Practice* (WtUKP) expansion target, including an overview of evaluation findings, demand and capacity considerations.

Evaluating the impact of the programme

2 Following the corporate commitment to increase attendance in WtUKP, in 2018 we engaged Newcastle University (see Annex B) to undertake a full evaluation of the course’s impact on attendees. The positive results provide unequivocal evidence of both the short and long-term benefits to delegates of attending the workshop. This work can now be utilised to support further stakeholder engagement and marketing activity.

3 *Short-term impact:* WtUKP is highly valued by overseas-qualified doctors and their supervisors. Attendees demonstrated statistically significant improved awareness and understanding of the ethical issues covered by WtUKP. Face-to-face delivery of the workshop was favoured by doctors; it being essential for interaction and providing the opportunity to ask questions and clarify understanding with their regulator.

4 *Long-term impact:* Many of the short-term improvements were sustained at the follow up stage after three months. However, some decay was evident in a limited number of areas of the doctors’ reported understanding of UK practice, as well their perceived ability to apply GMC guidance. Yet despite this learning decay, overall improvement in scores compared to baseline was evident, particularly around how to apply GMC guidance.

5 Influence on practice: At the three-month stage almost two-thirds (62%) of doctors reported that they had made changes to their practice as a result of what they learned in WtUKP.

6 Improved perception of GMC: Although there were mixed views on the GMC from the doctors who took part, overall they reported that WtUKP had improved their perceptions, particularly valuing the positive engagement with the GMC staff delivering WtUKP.

Target definition

7 The 2018-2020 corporate strategy targets increasing attendance at WtUKP to 80% of new IMG/EEA doctors by 2020.

8 The definition we are working to is 80% of EEA / IMG doctors who gained their first Licence to Practise (LtP) in 2020 will attend WtUKP within a year of gaining that LtP. We will only accurately know in 2021 if we have achieved this target.
The target environment is changing

9 When the target was set in 2017, we projected a steady growth of EEA/IMG registrations (5% per year), based on previous trend data, with a forecasted target figure of 5,118 doctor in 2020.

10 Had growth continued at the projected rate when the target was set, we would have been on track to exceed the target in 2019 as shown in graph A.

11 We are now operating within a changing environment. Due to unprecedented growth in IMG registrations, forecasting provided recently by the GMC’s chief statistician shows that the potential 2020 80% target has increased from 5,118 to 8,315 doctors.

12 The statistical advice is to treat this figure with considerable caution; accurate forecasting requires an assumption of constant drivers in terms of incoming registrants, but there are many uncertainties/variables likely to affect these in the coming years, e.g. Brexit and increasing numbers of bookings for PLAB 1 and 2 (Professional and Linguistic Assessments Board test) bookings. Additionally, we do not fully understand what is driving IMG registrations; therefore the target figure could go up or down.
13 With the considerable uncertainty in the operating environment, it is currently impossible to reliably forecast if and when the target for 2020 will be fully achieved.

**Capacity building and impact on the target**

14 In 2018, 2,696 doctors attended WtUKP, 930 more than in 2017 (a 52% uplift). This was achieved through: adding more workshops, introducing evening and Saturday workshops, increasing RLS capacity allocated to WtUKP, improving marketing materials and social media presence.

15 In response to the significant growth in IMGs, we have increased RLS capacity allocated to WtUKP twofold to respond to the January 2019 forecast of exponential growth in new IMG registrations. We will track take up rates closely to better understand any diminishing returns and the consequent financial impact. Until then, we can only estimate this through continuous monitoring and further modelling.

16 This provides the capacity to cater to a target of ~5,148 doctors in 2019; the equivalent of 58% of the 8,952 projected new EEA/IMG doctors numbers in 2019 (based on current average session attendance rates and attrition). This must be caveated with the risks described below.

17 The RLS have successfully recruited 26 Associate RLA posts. This represents a flexible and cost-effective enhancement to capacity. These individuals will be trained to deliver Welcome to UK Practice initially with a Regional Liaison Adviser (RLA). As their experience grows, they will be approved to deliver these sessions independently.

**Steps to address the challenge**

*Increasing demand - attendance & take up*

18 We are undertaking the following activities to increase attendance / take up. Our aim is that we maintain or improve levels of attendance whilst increasing the volume of sessions we run to ensure we are working efficiently in order to reach the ~5,148 target for 2019.

a Further attendance options: In 2018 we introduced Saturday and evening sessions and piloted combining WtUKP with ID checks. In 2019 we are planning to introduce Sunday sessions and ‘catchment area / regional workshops’ across the UK to try and address inefficiencies of running local workshops at individual health providers.

b Using data more intelligently: To plan the catchment area workshops and engage with more employers, for example using registration hotspot analysis. We are piloting proactive calling, and are planning Siebel developments that will enable
the Contact Centre to ‘cross-sell’ WtUKP to callers who are IMG/EEA doctors and have not yet booked or attended a WtUKP workshop.

c Marketing: New branding and materials aimed specifically at doctors within our target, deployed through events and in online advertising and promotion, including Facebook Ads & live Facebook sessions.

d Engagement: We have gained buy in from key stakeholders who can influence doctors to attend such as the Academy of Medical Royal Colleges, Royal Colleges, medical workforce forums, Health Education England (HEE), NHS Employers, National Association of Medical Personnel Specialists, British Association of Physicians of Indian Origin Scotland and the British Medical Association. In 2019 we plan to attend at least 11 key national conferences to promote WtUKP through stands and taster sessions, and explore options for appropriate collaboration with the Medical Defence Organisations (MDOs).

e Aligning with routes to registration: For example, embedding WtUKP within the sponsorship (MTI) route to registration, which has the potential to contribute between 1,000 to 3,000 extra doctors per year.

19 We need to measure the impact our planned initiatives have on the target. Once we understand this, there may be other tactics we could explore, such as online training and train the trainer approaches with Trusts. However, our evaluation suggests that we should be very cautious about going down these routes given the value of the face to face training and the branding and quality issues associated with non-GMC staff delivering the sessions. We will return to Council with our review of the initiatives and any implications for the target and delivery options.

Risks and opportunities

Risks

20 Some doctors within our diverse target audience will be harder to reach than others; a common challenge for training courses. The closer we get to the 80% target, we may experience greater cost per doctor as the effort required to attract them escalates. Employed doctors are harder to reach; currently the majority of attendees (~65%) who attend WtUKP booked whilst they weren’t working as a doctor in the UK.

21 Planning for a moving target is more challenging than a static one, and we are unable to rely on forecasting due to the number and complexity of the variables involved.

22 There is a potential risk that the more dates we make available, session fill rates may decrease. We have not seen this yet. We know that some sessions are more popular
than others are, and will continue to monitor take up rates and apply learning to our scheduling process.

23 Our ‘no-show’ rates currently average 26% per session. From open source intelligence this appears to be at the lower end of the range of 15-50% for free training provision e.g. The King’s Fund experience 50% no shows. We have implemented behavioural economics to our booking communications to try and improve this, with positive results. We will continue to monitor this closely and look at ways of improving further.

24 Our 2019 capacity plan presents a shift in working patterns for Regional Liaison Advisers to more evening and weekend work. Currently this is an entirely voluntary arrangement. We may need to formalise this and will engage with HR as appropriate. This also has an impact on the facilities team who staff reception/catering during weekend sessions. We hope to allocate RLS associates to weekend sessions once they are fully inducted and budget has been secured. The drivers for increasing out of hours working include:

a Lack of room availability for more weekday sessions (we are working with facilities in Manchester to gain more access to space vacated by the current Clinical assessment centre, but London sessions are more popular)

b Higher average attendance at weekend and evening sessions compared to weekday sessions

25 We are limited by the number of meeting rooms available and have reached the maximum bookings we are currently able to run in house. Alongside running more weekend sessions, we will inevitably need to hire external venues. We will mitigate this by engaging/collaborating with organisations who are willing to offer preferential rates/ free room hire.

26 We also need to be prepared for expenditure to increase on staffing (including associates and out of hours work) and marketing and engagement to drive up demand for sessions.

Opportunities

27 To work with NHS England/HEE and the Devolved Governments to explore opportunities to mandate attendance of WtUKP through local contractual arrangements. This has been successful in Northern Ireland where agreement has been achieved with the Medical Leaders Forum. Engagement planning is underway in Wales and Scotland.
To create more online options for attendance. We are working with Standards, IS and the Digital Transformation team in Marketing Communications to scope the development of an e-learning gateway, and we will pilot webinar sessions in 2019.

Conclusions and next steps

We have made significant progress on increasing attendance, and on our plans to introduce more flexible ways of catering to our target audience. We have also adjusted our resourcing in 2019 to spend more time delivering WtUKP, but until we can see evidence of the impact this has on attendance, we cannot reliably forecast attendance beyond 2019.

Using learnings identified by the evaluation of WtUKP and our piloting activity, we will continue to identify opportunities to improve WtUKP in the short, medium and long term.

Given the nature of the forecasted growth in IMG numbers and the potential impact on the corporate target, we will bring a further progress update to Council in November. This will outline the impact of the steps we have taken to increase the numbers attending WtUKP and, if appropriate, additional proposals to increase take up to help achieve our target.
M9 Annex A – WtUKP forecasting

Council meeting
April 2019

Working with doctors Working for patients
WtUKP attendance growth

52% uplift


Target set
At the time we set the target

WtUKP attendees and forecast 2017

- Attendees
- Projected attendance growth in 2017
- 80% EEA/IMG registrants known in 2017
- 80% of new EEA/IMG (2017 assumed growth)
Attendance growth

Current forecasted attendance against 2017 projected registrations

- 80% actual EEA/IMG registrants
- Attendees
- 80% of new EEA/IMG (2017 assumed growth)
- Current projected attendance
The changing landscape

Current forecasted attendance against 2019 projected registrations

- Attendees
- EEA/IMG 80% actuals
- Current projected attendance
- EEA/IMG 80% forecast
M9 – Welcome to UK Practice Expansion

M9 – Annex B

Newcastle University evaluation of Welcome to UK Practice – executive summary
Evaluation of GMC Welcome to UK Practice

Final report
January 2019

Amelia Kehoe
Charlotte Rothwell
Hannah Hesselgreaves
Madeline Carter
Jan Illing
Welcome to UK Practice (WtUKP) is a free half-day workshop offered to doctors who gained their primary medical qualification overseas and are either working or considering working in the UK. The aim of WtUKP is to help newly registered doctors to better understand the ethical and professional standards expected of them when working in the UK. Newcastle University were commissioned as independent researchers to evaluate WtUKP.

### 1.2 Aims

The broad aim was to identify the impact of WtUKP on supporting a successful transition to working in the UK for European Economic Area (EEA) and International Medical Graduates (IMGs). This included views on the content and delivery of WtUKP (both offline and online).

**Research Aims:**

1. To develop an evidence base on the short and long-term impact of WtUKP on participants and their practice.
2. To identify ways of improving the content and delivery of WtUKP offline and online.

### 1.3 Methods

The evaluation involved the collection of ten separate data sets using a mixed methods (qualitative and quantitative) prospective design, following up doctors over a three month period (see figure below). The study design enabled the triangulation of both methods and sources. The qualitative sampling approach used maximum variation purposively selecting participants for difference to gain a wide selection of views. Sampling continued until there was strong evidence of saturation of themes for both focus group and interview data. Attendee knowledge and understanding was assessed pre, post and follow up (three months) using questionnaires.

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**SAMPLES**

<table>
<thead>
<tr>
<th>Attendees</th>
<th>Non attendees</th>
<th>Supervisors of attendees</th>
<th>Regional Liaison Advisors (including Devolved Offices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre WtUKP questionnaires (n=437)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Researcher observations of WtUKP (n=16)</td>
<td></td>
<td></td>
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<tr>
<td>Post WtUKP questionnaires (n=437)</td>
<td></td>
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<tr>
<td>12 Focus groups (n=90)</td>
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<tr>
<td>Interviews (n=20)</td>
<td>Interviews (n=17)</td>
<td>Interviews (n=19)</td>
<td>Interviews (n=13)</td>
</tr>
<tr>
<td>Follow up questionnaires (n=284)</td>
<td>Questionnaire (n=139)</td>
<td></td>
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</tbody>
</table>
1.4 Findings

- **Short-term impact:** WtUKP is highly valued by overseas-qualified doctors and their supervisors. Attendees reported significantly improved awareness and understanding of the ethical issues covered in WtUKP, GMC guidance and UK practice in general. Scores on validated scales measuring doctors’ patient centeredness and communication self-efficacy also improved. The evaluation demonstrated that WtUKP provides these doctors with the opportunity to meet other doctors in the same position, share learning from each other and gain additional support. Face-to-face delivery of the workshop was favoured by doctors, it being essential for interaction and providing the opportunity to ask questions.

- **Long-term impact:** Many of the short term improvements were sustained at the follow up stage after three months. However, decay was evident in some areas of the doctors reported understanding of UK practice as well their perceived ability to apply GMC guidance. This decay was just as evident for those in practice, suggesting that learning from WtUKP may not be being reinforced here. Yet despite some decay, improvement in scores compared to baseline was evident, particularly around applying GMC guidance. Almost two-thirds (62%) of doctors reported that they had made changes to their practice as a result of what they learned in WtUKP.

- **Improved perception of GMC:** Although there were mixed views on the GMC, overall doctors reported that WtUKP had improved their perceptions of the GMC, particularly valuing the positive engagement with the GMC staff delivering WtUKP.

- **Is WtUKP more/less effective for different groups of doctors?** Doctors who had EEA or IMG status both benefitted from WtUKP and illustrated the same improvements in knowledge about the GMC and understanding about UK practice. Alongside having similar awareness and understanding prior to WtUKP, those in practice did not demonstrate any greater improvement post WtUKP in the areas tested compared to those not yet in practice. This highlights that the content of WtUKP is not necessarily acquired during practice, and reinforcing the need for all overseas-qualified doctors to attend WtUKP.

- **The need for a positive learning environment in practice:** The evidence from this evaluation has highlighted a general lack of support for overseas doctors when they are in practice. The majority of supervisors were unaware of WtUKP and none of them knew that their supervisees had attended. Negative experiences interacting with colleagues and undermining behaviours (including bullying) were also reported. These doctors also highlighted a lack of confidence to ask questions, raise concerns, and challenge senior colleagues when required, which reflected a negative learning environment.

- **Increasing attendance to WtUKP:** The findings in this report suggest WtUKP should continue to be delivered locally, nationally and flexibly (including at weekends). It may also be appropriate to explore offering WtUKP to doctors when they attend the GMC offices for ID checks. Many study participants underlined the importance of ensuring all overseas doctors attend and stated that they would even support the workshops being made mandatory.

- **Need for a longer session and follow up:** There was unanimous support for expanding WtUKP both in content and length. All data sets highlighted that ideally WtUKP should be targeted at doctors before starting work and followed up once in practice; so that real issues encountered in practice can be shared, discussed and clarified. Further opportunity should be in place to reinforce what they have learnt e.g. use of log book following WtUKP and online tools.

  Recommendations to the GMC have been made following these findings.
Acknowledgements

We would like to thank the GMC for their support and facilitation of this research project. We would also like to thank all participants who have taken part to date. We would particularly like to thank all Regional Liaison Advisors and Devolved Office Liaison Advisors who have generously facilitated and supported data collection; they have been both extremely positive and accommodating of the evaluation activities.

Furthermore, we would also like to thank Dr Gill Morrow who helped with the qualitative data collection and Mrs Rukia Mayanja who supported the researchers with the day-to-day administration and travel throughout the project.
Executive summary
This paper sets out proposals for amendments to the Governance Handbook, including the Schedule of Authority, to provide improved consistency in our procedures and delegation arrangements and to enable minor updates to be made and issued to Council.

The proposed changes include changing the name of the Investment Sub-Committee to 'Investment Committee' to reflect the Committee’s status as a standalone committee of Council.

Recommendations
Council is asked to:

a Approve the proposed amendments to the Governance Handbook, at Annex A.
b Delegate authority to the Chair of Council to approve updates to the statements of purpose of committees during 2019 to bring greater consistency to the content and formatting (noting that any substantive changes would still require Council approval).
Background

1. This Governance Handbook is the Governing Document for the GMC, as required by the Charity Commission. It sets out the role of the GMC and each component of the governance framework, and how meetings will be conducted. It includes our financial regulations and a Schedule of Authority, setting out how the principal functions and powers of the GMC have been assigned. The Governance Handbook is available to Council Members and the Senior Management Team via the Board Intelligence app and staff have access to it via the intranet. When approved, the Governance Handbook will also be made available on the GMC website.

2. Council is periodically asked to approve updates to the Governance Handbook, including minor updates to web links, job titles and correction of typographical errors. The changes proposed include a provision for authority to be delegated to the Head of Corporate Governance and Council Secretary to make minor updates to web links, job titles and correction of typographical errors within the Governance Handbook.

3. Other changes to the Handbook proposed at this time are intended to provide improved consistency and clarity in our procedures and delegation arrangements. The Assistant Director – Finance and Procurement has been consulted on the content of Chapter 10 (GMC Financial regulations).

4. It is proposed that amendments are made to the Governance Handbook (shown in tracked changes at Annex A).

Substantive proposed amendments

5. In addition to minor drafting amendments and updates to job titles and web links, the proposed amendments set out in Annex A include:

   a. A new introduction to make clear that the Governance Handbook is the GMC’s governing document and setting out how it can be updated and the (unchanged) procedure for suspending the working arrangements.

   b. Chapter 1 (Role of GMC and relevant legislation): including a clearer statement of the charitable status of the GMC across the 4 countries [and an update re complying with European law].


   d. Chapter 4 (Role of each component of the governance framework): a clearer explanation of the roles of the Investment (Sub-)Committee, governance of the GMC’s pension arrangements and our updated approach to equality, diversity and inclusion issues.
e Chapter 7 (Members’ Code of Conduct): additions to the list of legal duties and updated wording to reflect the charitable status of the GMC across the 4 countries.

f Chapter 9 (Schedule of Authority): Each delegation now has a reference number to make them easier to refer to. Proposed substantive changes to delegations within the Schedule of authority include:

i GOV18A (appointing auditors for the Pension Scheme) – deletion of delegation which would always have been a function of the Board of Trustees of the Staff Pension Scheme.

ii GOV20 (Notification to Privy Council of members’ non-attendance and issue of possible removal from office) – this proposes no longer delegating a matter that any Council member or member of staff can do under statute, as it does not preclude the preferred process of the Chair of Council (or Chair of Audit and Risk Committee in the event of an issue relating to the Chair of Council) doing so, as set out in Annex A1 (Working arrangements).

iii GOV22 (Urgent decisions required between Council meetings) – additional provision that Council will be notified of any urgent decisions at the earliest opportunity and not just the next Council meeting.

iv GOV27 (Appointment, suspension and dismissal of staff) – reordered to follow on from the similar provision relating to the Chief Executive.

v MPTS1 (Register of MPTS Committee members’ interests)/MPTS3 (MPTS annual report): Clarity that the delegation is to the Executive Manager, MPTS, who has a separate set of Assistant Registrar responsibilities from general MPTS Assistant Registrars.

g Chapter 10 (Financial regulations) – an additional paragraph setting out the role of the People and Development Board.

h Annex A1 (Council working arrangements):

i Paragraph 4(d) – private meetings of Council no longer theoretically limited to once a year.

ii Paragraphs 4(f) and 5 updated to refer to confidential sessions, not closed sessions.

iii Paragraph 33 – additional provision that members should identify corrections or additions to the minutes to the Council Secretary before the next meeting in order that final approval can be granted at the subsequent meeting.
iv  Paragraph 36 – additional provision that Council will be notified of urgent decisions between Council meetings at the earliest opportunity and not just the next Council meeting.

i  Annex A2 (Corporate seal) – updated provision that the use of the seal will be reported at least annually in the Chief Executive’s report to Council.

j  Annex B1 (Arrangements for the appointment of Council and external members to Committees) – updated wording to allow for committee appointments to be approved by Council on circulation.

k  Annex B2 (Working arrangements for Committees) – additional provisions for:

i  Action points from meetings to be circulated to the Committee as an annex to the minutes.

ii  For any member who, exceptionally, dissents from a decision to require such dissent to be formally recorded in the minutes of the meeting.

iii  Additional clarity about which members of a Committee count towards the quorum and can vote.

l  Annex B4f (Statement of purpose of the Investment Sub-Committee) – proposal to change the name to ‘Investment Committee’ to reflect the Committee’s status as a standalone committee of Council.

m  Annex C2 (Member induction, appraisal, education and training) – update to the timing of the appraisal discussion to feed into the appointment/re-appointment process, as the fourth annual appraisal discussion would not take place early enough to fit in with appointment processes.

n  Annex C3 (Guidance on the register of interests and conflicts of interest) – updated wording to not refer to specific trading subsidiaries, as elsewhere.

6  Subject to approval by Council, the revised Governance Handbook will come into effect on 1 May 2019 and will be made available via the Board Intelligence app, intranet and GMC website shortly thereafter.
M10 – Proposed amendments to Governance Handbook

M10 – Annex A

Governance Handbook

As of: 6 June 2018

I. This Governance Handbook is the Governing Document for the General Medical Council, as required by the Charity Commission. It sets out the role of the GMC and each component of the governance framework, and how meetings will be conducted. It includes our financial regulations and a Schedule of Authority, setting out how the principal functions and powers of the GMC have been assigned.

II. Any part of this Governance Handbook may be amended or revoked by Council at any time. Amendments to Statements of Purpose agreed by Council for elements of the governance framework are automatically incorporated into the Governance Handbook.

III. Council has delegated to the Head of Corporate Governance and Council Secretary the authority to make minor updates to web links, job titles and correction of typographical errors within the Governance Handbook.

IV. The working arrangements for Council may be suspended if required for the effective conduct of business. Such suspension should be proposed and seconded, and approved by a majority of those present at a meeting.
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www.gmc-uk.org
Chapter 1: Role of GMC and relevant legislation

1 The GMC is the regulatory body for the medical profession in the UK, and was first established under the Medical Act 1858. Our current powers and duties are contained in the Medical Act 1983 (as amended) and in statutory rules and regulations. The GMC is a body corporate, and is registered as a charity with the Charity Commission in England and Wales and the Office of the Scottish Charity Regulator. The GMC’s activities in Northern Ireland do not currently fall under the auspices of the Charity Commission for Northern Ireland.

2 We are responsible for registering doctors to practise in the UK. Our purpose is to protect the public. We do this by promoting and maintaining:

   a the health, safety and well-being of the public
   b public confidence in the profession; and
   c proper standards and conduct for doctors.

3 We have four main statutory functions:

   a keeping up-to-date registers of qualified doctors
   b fostering good medical practice
   c promoting high standards of medical education
   d dealing firmly and fairly with doctors whose fitness to practise is in doubt.

4 Council is the governing body of the GMC. It comprises 12 members, 6 of whom are medical members and 6 of whom are lay members. Members of Council, including the Chair, are appointed by the Privy Council through a process which follows the Professional Standards Authority’s guidance for making appointments to healthcare regulatory bodies. This guidance incorporates principles based on those identified by the Commissioner for Public Appointments.

5 We work with the Professional Standards Authority, the independent body accountable to Parliament which scrutinises and oversees the work of the nine health and care professional regulatory bodies in the UK.
We collaborate closely with other health and social care regulators throughout the UK and internationally, and have a range of memoranda of understanding in place with relevant organisations. ([https://www.gmc-uk.org/about/how-we-work/who-we-work-with](https://www.gmc-uk.org/about/how-we-work/who-we-work-with) [http://www.gmc-uk.org/about/partners_index.asp](http://www.gmc-uk.org/about/partners_index.asp))

**UK primary legislation**

7 The Medical Act 1983 (as amended) covers our statutory purpose, our governance, and our responsibilities in relation to the medical education and registration of doctors and to guidance to doctors on professional conduct, performance and ethics. The Act sets out our powers and responsibilities for dealing with doctors whose fitness to practise is or may be impaired.

8 Some detail is set out in statutory rules and regulations. This includes rules governing the fitness to practise procedures, how medical practitioners tribunals are constituted, how the registration fees regime operates, and how appeals against registration decisions are handled.

9 We have a Chief Executive who is accountable to Council for the operation of the GMC. The Chief Executive is also the Registrar, in which role s/he has various functions specifically assigned in legislation.

**European legislation**

10 We also have to comply with relevant European law while the UK is in the European Union or until the end of any transition period. The principal European legislation is Directive 2005/36/EC on the recognition of professional qualifications. This sets out our obligations for recognising the medical qualifications held by doctors from within the European Economic Area (EEA).

**Governance**

11 The 1983 Act sets out our basic governance framework. Although the 1983 Act provides the basic framework, much of the detail is described in separate statutory instruments in the form of rules and regulations. Like the 1983 Act, they have the force of law. This framework includes:

- the way in which we are accountable to Parliament and our duty to report on the work that we undertake and are planning to undertake
- the composition of Council
- the arrangements for the appointment of members
- the registration of members’ interests
e information about and the powers, duties and proceedings of Council and the different committees through which Council carries out much of its work

f information about the powers and duties of the Medical Practitioners Tribunal Service as a statutory committee of the GMC.

12 Although the 1983 Act provides the basic framework, much of the detail is described in separate statutory instruments in the form of rules and regulations. Like the 1983 Act, they have the force of law.

13 Our Constitution Order - The General Medical Council (Constitution) Order 2008 and General Medical Council (Constitution) (Amendment) Order 2012 deals with the size and composition of Council and the terms of office of Council members. The General Medical Council (Constitution) (Amendment) Order 2012 sets out the current arrangements.

**Standing Orders and Schedule of authority**

14 The 1983 Act provides that Council may make provision by standing orders for meetings and proceedings and the discharge of functions by Council and any committees, and for the functions of officers of Council. In respect of the MPTS Committee, Council may only make provision by standing orders regarding the requirements relating to the financial affairs of the MPTS and education and training of members of the MPTS Committee.
Chapter 2: Principles of regulation, governance and delegation

Regulation
1. The Better Regulation Executive has defined five principles of good regulation, which state that any regulation should be:
   a. transparent
   b. accountable
   c. proportionate
   d. consistent
   e. targeted.
2. We apply these principles in making regulatory policy and in discharging our regulatory functions.

Governance
3. The Good Governance Code for the Voluntary and Community Sector was first jointly published in 2005 by a group of voluntary sector support organisations: Charity Trustee Networks, the Association of Chief Executives of Voluntary Organisations, the Institute of Chartered Secretaries and Administrators, and the National Council for Voluntary Organisations, along with the Charity Commission. The Good Governance Code was updated in 2010 and 2017, when it was renamed the Charity Governance Code.
4. The Good Charity Governance Code is intended for use by charities registered in England and Wales. The Code does not attempt to set out all the legal requirements that apply to charities and charity trustees, but it is based on a foundation of trustees’ basic legal and regulatory responsibilities focused on organisations which, like the GMC, act in the public interest and have charitable status. It is closely modelled, with appropriate modifications, on the principles which underpin corporate governance in the private sector, as importantly stated in the UK by Cadbury’s 1992 report Financial
Aspects of Corporate Governance and most recently formulated by the Financial Reporting Council’s Combined Code on Corporate Governance (June 2008).

The GoodCharity Governance Code’s principles are:

- **principle 1:** The board is clear about the charity’s aims and ensures that these are being delivered effectively and sustainably. An effective board will provide good governance and leadership by understanding their role.

- **principle 2:** Every charity is headed by an effective board that provides strategic leadership in line with the charity’s aims and values. An effective board will provide good governance and leadership by ensuring delivery of organisational purpose.

- **principle 3:** The board acts with integrity, adopting values and creating a culture which helps achieve the organisation’s charitable purposes. The board is aware of the importance of the public’s confidence and trust in charities, and trustees undertake their duties accordingly. An effective board will provide good governance and leadership by working effectively both as individuals and as a team.

- **principle 4:** The board makes sure that its decision-making processes are informed, rigorous and timely, and that effective delegation, control and risk-assessment, and management systems are set up and monitored. An effective board will provide good governance and leadership by exercising effective control.

- **principle 5:** The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions. An effective board will provide good governance and leadership by behaving with integrity.

- **principle 6:** The board’s approach to diversity supports its effectiveness, leadership and decision making. An effective board will provide good governance and leadership by being open and accountable.

- **principle 7:** The board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

We also take account of the principles articulated in the Good Governance Standard for Public Services produced by the Independent Commission on Good Governance in Public Services (Office of Public Management and the Chartered Institute of Public Finance and Accountancy, 2004), which include clarity of purpose and a focus on outcomes; effective performance in clearly defined functions and roles; promoting values across the whole organisation; taking informed, transparent decisions and

* References to ‘Board’ in this Code relate to our Council.
managing risk; developing the capability and capacity of the governing body to be effective; and engaging stakeholders and making accountability real.

**Delegation**

7 Council should set out the functions of each component of the governance structure, the Chief Executive and Registrar, and other staff in clear delegated authorities, and should monitor their performance.

8 The supporting principles are:

   a clarity of roles: The roles and responsibilities of the Chair, Chief Executive, and of each component of the governance structure should be defined

   b effective delegation: Council should ensure that delegations are clear and appropriate, with explicit limits relating to budgetary and other matters, and should satisfy itself that appropriate training and quality assurance mechanisms are in place

   c purpose statements: Council should clearly state the purpose, and the expected duties and activities, for Committees

   d monitoring: The Audit and Risk Committee should review all delegated authorities no less frequently than once in every four years - term of Council.
Chapter 3: The role of Council

Purpose

1. The Council is the governing body of the GMC. Members are the Trustees of the charity and have the duties and responsibilities that accompany that role. Council is responsible for the overall control of the organisation. It ensures that the GMC is properly managed by the Chief Executive and his or her team and that the organisation fulfils its statutory and charitable purposes. The Council:

   a. exercises strategic leadership and strategic decision-making, including setting the GMC’s overall goals and high-level policies, defining its mission and values, and shaping a positive organisational culture

   b. holds the Chief Executive and his/her team to account, ensuring that the GMC fulfils its statutory duties and charitable purpose. This includes making sure that it has effective governance systems in place, setting appropriate schemes of delegation, and ensuring probity in all its activities

   c. ensures that the GMC maintains effective relations with key interests and that processes are in place for meeting its obligations to other organisations

   d. sustains and monitors its own performance, overseeing the recruitment of members, and develops the capacity to work effectively.

2. Council fulfils its role by:

   a. setting a strategy that fulfils the statutory and charitable purposes of the GMC, including ensuring that our aims are for the public benefit

   b. setting the GMC’s strategic aims on issues of equality, diversity and inclusion and ensuring that fairness is promoted in all the organisation’s work

   c. ensuring that the organisation has effective engagement with all interest groups which promotes confidence in its activities, and that its policies are suited to the context in all four parts of the UK

   d. approving the annual business plans and budget and ensuring that appropriate systems are in place to monitor and account for progress against the business plan, expenditure against the budget, and the management of risk within the organisation

   e. setting and maintaining a framework of delegation and internal control
f ensuring that appropriate audit and monitoring systems are in place, and holding the Chief Executive and his/her team to account for the organisation’s operation and performance, including compliance with all relevant laws and regulations

g ensuring that we report openly and fully on our performance, accounting to Parliament, the Charity Commission and the Office of the Scottish Charity Regulator, in accordance with the reporting requirements of relevant legislation, as amended, including the Medical Act 1983, Charities Act 2011, and the Charities and Trustee Investment (Scotland) Act 2005; and co-operating with the Professional Standards Authority in accordance with section 27(1) NHS Reform and Health Care Professions Act 2002.

h appointing (and, if necessary, dismissing) the Chief Executive and Registrar

i ensuring that the GMC as a body corporate is a responsible employer, with employment policies in place that reflect best practice.

3 Council determines the GMC’s strategy and priorities. It may do this through a Corporate Strategy for such period as it may decide and through a business plan and budget which is submitted to Council for approval by the executive team.

4 Council is responsible for approving the Annual Report and Accounts, and, members as Trustees of the charity must ensure that these comply with the Charities (Accounts and Reports) Regulations 2008 and the Statement of Recommended Practice for Accounting and Reporting by Charities, and the Charities Accounts (Scotland) Regulations 2006 (as amended). This includes reporting in the Trustees Annual Report on how our charitable aims are being carried out for the public benefit. Council has overall responsibility for financial management. Arrangements for detailed financial management are set out in our Financial Regulations.
Chapter 4: Role of each component of the governance framework

Council

1 The role of Council is as described in Chapter 3 of this Governance handbook.

2 The Council has agreed that there will be other components of our governance framework and these are set out below.

Governance Committees

3 The Governance Committees are the:

   a Audit and Risk Committee
   
   b Remuneration Committee.

4 In addition to the Governance Committees, the Council is advised by an Investment Committee.

Trustees of the GMC Staff Superannuation Scheme

45 The GMC’s Staff Superannuation Scheme is managed and administered by a Board of Trustees, in accordance with the Scheme’s Trust Deed and Rules.

Medical Practitioners Tribunal Service

56 The Medical Practitioners Tribunal Service (MPTS) is a statutory committee of Council. The MPTS has responsibility for the delivery of the adjudication function including the Operations Section and Tribunal Development Section. The MPTS is led by the Chair of the MPTS who is a member of the MPTS Committee, together with four other appointed Committee members, two medical and two lay.

67 The MPTS has been established to provide an efficient and effective hearings service to all parties to hearings which is clearly separate from the investigatory and case presentation roles of the Fitness to Practise Directorate within the GMC.
The MPTS is also responsible for managing tribunal decision-makers which includes the recruitment, training, and performance management of tribunal members, case managers and legal assessors.

The MPTS will be required to submit an annual report to Parliament which meets the requirements of Section 52B of the Medical Act 1983 as amended.

The GMC/MPTS Liaison Group is chaired by the Chair of Council and is made up of the Chair and Executive Manager Assistant Director – MPTS, the Chief Executive and Chief Operating Officer and other Directors of the GMC as required. A member or members of the MPTS Committee may be invited to attend a meeting of the Liaison Group at the discretion of the MPTS Chair, as required. It acts to oversee the working relationship between the MPTS and the functions of the GMC with which it interacts. The Group supports the delivery of the hearings service provided by the MPTS, ensuring that working arrangements are established and operate effectively.

The GMC’s Staff Superannuation Scheme, which is now closed to future accrual, is managed and administered by a Board of Trustees, in accordance with the Scheme’s Trust Deed and Rules. Council appoints the employer-nominated trustees to the Board of Pension Trustees.

There is a management board which oversees the GMC Group Personal Pension Plan, the GMC’s defined contribution (DC) pension scheme, the membership of which is nominated by the Executive or by Plan members. Council receives annual reports on the governance of the DC pension scheme.

The Executive Board, chaired by the Chief Executive, is a decision-making forum which also provides support, advice and recommendations on areas including:

a. supporting Council in strategy development

b. policy development priorities and significant changes to existing policy

c. external engagement in the organisation’s strategy and policy development

d. information and research to support strategy and policy development

e. linkage between policy development and legislation

f. business and operational planning

g. performance management and reporting, including financial due diligence

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h resource management (including budget, staff, infrastructure)

i risk management and related controls

j quality assurance, efficiency and continuous improvement.

The work of the Board is reported to Council through the reports of the Chief Executive and Chief Operating Officer and an annual report of its activities.

External engagement channels

UK Advisory Forums

An advisory forum will be convened in each of the three parts of the UK with devolved administrations to provide a structured forum for us to engage in long-range discussions on priorities with key interest groups.

Education Advisory Forum

An Education Advisory Forum will be convened to provide advice on matters related to medical education and training, on the assessments we run or oversee and on broader policy considerations for the design of curricula and assessment systems, in light of Council’s statutory purpose to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

Liaison groups

The Executive Board makes decisions in relation to establishing liaison groups and other forms of engagement with other organisations or interests on matters of policy and related operational issues. These may formalise a day-to-day relationships with a particular organisation or may bring together different perspectives as a sounding board on a particular issue or subject.

Task and Finish groups

The Executive Board makes decisions on the commissioning of Task and Finish Groups to provide time limited, focused input on a particular topic or issue. Typically, these will enable specific expertise or experience to be applied to achieve an agreed outcome, or for a range of relevant perspectives to be brought together quickly.

Any MPTS task and finish/working groups should be agreed by the Chair of the MPTS and authorised by the Registrar. In the event of any disagreement, the issue will be considered by the GMC/MPTS Liaison Group, which will provide advice to the Registrar.
**1820** MPTS task and finish/working groups will report to the Chair of the MPTS who will include an update on work undertaken in the MPTS Report to Council. It should be noted that where the work raises policy issues for the GMC requiring consideration by the Executive Board, a report will be made to the Board in line with current practice.

*External input to programme or project boards*

**1921** The Executive Board may commission time limited programme or project boards to be accountable for specific outcomes or outputs that require the participation of external interests for delivery.

*Approach to Equality, and Diversity and Inclusion*

**2022** Council agrees our strategic aims on issues of equality, and diversity and inclusion (ED&I) and then holds the executive accountable for their delivery.

**2123** The Chief Operating Officer as senior sponsor will lead on articulating our commitment on equality, and diversity and inclusion issues and raising their profile with staff and interest groups, as well as providing assurance to Council on behalf of the Chief Executive.

**2224** The Executive Board will develop and approve the E&DE&D&I strategy, and monitor progress at a high-level, and The ED&I Steering Group will ensure that E&DE&D&I is integrated into the GMC’s core activities and is responsible for considering the equality duties and monitoring and delivering appropriate actions.

**2325** An E&D Liaison Group with external members will be established to act as a sounding board to inform the development of the E&DE&D&I strategy and GMC activities.

*Governance model*

**2426** The diagram on the following page shows the Governance model.
Chapter 5: Role of the Chair of Council

1 The General Medical Council (Constitution) (Amendment) Order 2012 provides that the Privy Council must, as one of its functions relating to the appointment of members of the General Medical Council, appoint the Chair of Council.

2 The Chair’s term of office is determined by the Privy Council on appointment, and can be for no longer than the date on which the person’s term of office as a member is due to expire (irrespective of whether or not he/she is thereafter reappointed as a member).

3 The main components of the role are listed below. The Chair may, as appropriate, delegate responsibility for some elements of the role to be undertaken by other Council members.

Leadership

4 The Chair’s role is to:

   a provide strong non-executive leadership

   b ensure that Council’s strategic direction is set

   c encourage openness, transparency and accountability in all that Council does

   d ensure that Council works collectively, and that each member puts the interests of the GMC above their own

   e Chair Council meetings effectively, ensuring that required decisions are taken, and ensuring an annual programme of Council meetings with agendas appropriate to the business of Council

   f make proposals to Council for chairs and members of Boards and Committees

   g participate in the appointments process for membership of Council by sitting on the selection panel that makes recommendations on suitable candidates to the Privy Council, except where the appointment is for a new chair of Council

   h make recommendations to the Privy Council for the re-appointment of Council members, except in relation to the re-appointment of the Chair of Council
i participate in the appointments process for membership of the MPTS Committee by sitting on the selection panel that makes recommendations on suitable candidates to Council

j communicate effectively with Council members between meetings to ensure that business is taken forward, and effective contributions made by members

k provide feedback and guidance to Council members and the Chair of the MPTS as part of the process for signing off their appraisals

l play the part required of him/her in handling any complaints or concerns about Council members and members of the MPTS Committee in line with agreed procedures

m establish and maintains a close working relationship with the Chief Executive, to provide overall leadership for the GMC

n hold the Chief Executive responsible for all aspects of the GMC’s performance

o establish good working relationships with the Chief Operating Officer, directors and other staff, as appropriate

p establish a good working relationship with the Chair of the MPTS, and hold him/her responsible for the leadership of the MPTS.

Governance

5 The Chair’s role is to:

a ensure that Council monitors our performance in line with legal and regulatory compliance requirements

b promote and uphold the public interest in all that we undertake

c ensure that Council focuses on governance rather than management

d ensure that the GMC’s Code of Conduct and other relevant provisions are adhered to by all Council members.

External relationships

6 The Chair’s role is to:

a represent the GMC at meetings with Ministers and with Assembly and Parliament members throughout the UK
b account for the GMC’s performance, when called upon to do so, to Parliamentary Committees or to public inquiries

c represent the GMC in meetings with leaders of patient and consumer organisations, leaders of the medical profession, educational leaders and employers, senior figures in other regulatory and public authorities, and other interest groups

d engage with the media on Council’s behalf

e develop partnership working with the Chair of the Professional Standards Authority and chairs of other healthcare professional regulators

f represent the GMC with regulatory authorities in other countries, including the International Association of Medical Regulatory Authorities.

**Internal relationships**

7 The Chair’s role is to:

a act as an internal ambassador for Council within the GMC

b work closely with the Chief Executive, Chief Operating Officer, and directors; and provide a sounding board for discussion of emerging issues

c manage the performance of the Chief Executive and advise the Remuneration Committee on this

d manage the performance of the Chair of the Medical Practitioners Tribunal Service (MPTS) and advise the Remuneration Committee on this

e handle appropriately any appeals against a decision by Council to remove a member of the MPTS Committee from office. The Chair of Council will review the matter based on the papers. The decision of the Chair of Council will be final.

**Working practices**

8 The role requires extensive day-to-day communication with members, the Chief Executive and staff, particularly by email.

9 Much of the Chair’s work is in London, but there are meetings and other commitments throughout the UK. There are occasional invitations to international conferences.
Term of office and cessation of office of the Chair

10 The 2012 Constitution Order contains provisions for the appointment, term of office and cessation of office of the Chair. The term of office is no longer than the period between the Chair’s date of appointment as Chair and the date on which the Chair’s term of office as a member is due to expire. A member serving as Chair ceases to be Chair on ceasing to be a member, on resigning as Chair, on being suspended as a member, or if the Privy Council decides to terminate the Chair’s appointment as Chair. An appointee may also cease to be chair upon a vote to terminate the appointee’s appointment as chair by a majority of all the other members of the General Council.

Deputising arrangements for the Chair

11 The 2008 Constitution Order also provides that if the Chair is absent from a meeting, then those members present may nominate one of their number to serve as chair for that meeting. If it is known that the Chair will be absent for more than one meeting, or unavailable for more than a month, the Chair may nominate a deputy chair to serve as chair in the interim. If the role becomes vacant, members Council may nominate one of its their number to act as Chair until a new appointment is made.

12 If it is known that the Chair will be absent for a period of less than one month, then the Chair may nominate a deputy chair to serve as Chair in the interim. In delegating his or her responsibilities, the Chair is required to set out the period of the delegation and the nature and extent of the responsibilities to be undertaken. The Chair will report the exercise of these powers to Council in advance of the authority being delegated. If a meeting takes place during the Chair’s absence, then the provisions of the Constitution Order will operate as set out above, so that the members present will nominate one of their number to serve as chair for that meeting.
Chapter 6: Role of Council members

1 Council members must be committed to the public interest and to our statutory purpose.

2 The role of Council members is to:

   a provide strategic direction for the GMC by setting the framework for policy and operational performance, including agreeing the Corporate Strategy and overall ambition of the organisation

   b ensure that in developing policy there is widespread and effective engagement, with a focus on initiating and taking high level policy decisions which support the strategic plan, and ensuring that policy development is aligned with the GMC strategic direction

   c ensure and review the effectiveness of the GMC in fulfilling our statutory purpose by:

      i promoting the work of the GMC externally, promoting public and professional confidence and support for us and our work

      ii evaluating the effectiveness of the Council in fulfilling its statutory purpose

   d exercise oversight of our activities by ensuring that they are aligned with the strategic direction by:

      i holding the executive to account for the management of our day-to-day operations, ensuring that resources are used properly

      ii ensuring that decisions are made in accordance with our charitable purpose and members’ duties as trustees.

3 In order to do this effectively Council members:

   a subscribe to the Nolan principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership; and adhere to the GMC Members’ Code of Conduct at Chapter 7 of this Governance handbook

   b subscribe to and uphold the principles of corporate responsibility and majority decision-making
c understand our functions and its statutory framework

d understand who our key interests are and what their priorities are

e understand the nature and objectives of independent professional regulation

f make themselves available for the required amount of time

g take an active part in Council and other meetings; and work effectively with the executive

h participate as necessary in induction, training and appraisal procedures.
Chapter 7: Members’ code of conduct

1 For us to command the confidence of all of our key interests, it is necessary that Council as the governing body should adopt and comply with appropriate standards of conduct. Upon appointment, all Council members are required to confirm their commitment to the Members’ Code of Conduct.

Principles

2 In performing their duties, members uphold the seven principles first identified by the Nolan Committee in its first report on standards in public life in May 1995 (the Nolan principles), and updated by the Committee on Standards in Public Life in its report of January 2013, Standards Matter:

a selflessness: holders of public office should act solely in terms of the public interest

b integrity: holders of public office must not place themselves under any obligation to people or organisations that might try inappropriately influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family or their friends. They must declare and resolve any interests and relationships

c objectivity: Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

d accountability: holders of public office are accountable for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

e openness: holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

f honesty: holders of public office should be truthful

g leadership: holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
Corporate responsibilities

3 We are the regulator for doctors in the UK, with responsibility for protecting, promoting and maintaining the health and safety of the public by ensuring proper standards in the practice of medicine, as set out in the Medical Act 1983 as amended. Council members have a duty to ensure that our functions are effectively discharged in the interests of public protection.

4 Members, as trustees of a corporate body employing staff, also have a duty to ensure that the GMC complies with relevant legal duties, including employment, equalities, human rights, modern slavery, safeguarding, health and safety, data protection and freedom of information legislation.

5 Members have corporate responsibility for ensuring that Council complies with any statutory or administrative requirements for the use of its funds.

6 As trustees of a charity registered in England and Wales and in Scotland, members have corporate responsibility for ensuring that Council complies with charity law and the requirements of the Charity Commission and the Office of the Scottish Charity Regulator. The GMC’s activities in Northern Ireland do not currently fall under the auspices of the Charity Commission for Northern Ireland.

7 The Council is accountable to the public through Parliament and the Privy Council.

Duties of individuals

8 Members have a duty to make themselves available for service on the Council and those of its Boards and Committees to which they may be appointed. Schedule A1 sets out the minimum levels of attendance.

9 Members have a duty to ensure that they have a clear understanding of their responsibilities as trustees of a registered charity and that they meet the legal requirements for eligibility to serve as a charity trustee as specified in section 178 of the Charities Act 2011.

10 Members have a duty to notify the Privy Council and the Chief Executive if, following appointment, they become or may be about to become liable to be removed from office in any of the circumstances provided in paragraph 6 of the GMC Constitution Order 2008 (as amended).

11 Members have a duty to ensure that all their decisions and actions as trustees are taken in the best interests of the charity and the public interest, putting its interests before any personal or professional interests, and that they:

   a contribute to our objective to protect the public

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Members have a duty to ensure that they have a clear understanding of the scope of the Schedule of authority and, having given that authority, ensure that it is not undermined.

Members accept collective responsibility for enabling Council to achieve its objectives and for decisions taken by Council. Members are expected to contribute to discussion and debate freely to enable a robust decision to be made. Once Council has taken a decision, members must support the communication and implementation of that decision.

Members have a duty to be as open as possible with key interests about the decisions and actions of the GMC, restricting information only when the principles of confidentiality or the law require it.

Members have a duty to distinguish clearly, when speaking or writing, between views held by themselves personally or based on any other organisational affiliations they may have and those of the GMC. Any communication with the media about our work, including publication of views via the internet or by other means, should be discussed with the Strategic Communications and Engagement Directorate before a statement is published. In communicating with the media or making any statement, members do so on the basis of collective responsibility and in support of our purpose and policies.

Members may be approached by individuals or organisations that wish to raise complaints or issues about the GMC, including policy matters and operational decisions on particular cases. Members should be aware of the GMC’s published guidance on how it will handle customer complaints and feedback: https://www.gmc-uk.org/about/get-involved/complaints-and-feedback-about-our-servicehttps://www.gmc-uk.org/about/get-involved/feedback-and-complaints.

In relation to queries or correspondence on policy matters, members may wish to take account of the views of others and raise these with the GMC Executive if appropriate, but should not take any action or make any commitment which might indicate their acceptance of the individual or organisation’s position. Any queries or correspondence about operational decisions involving cases of individual doctors are to be referred to the executive for any response. In some cases members may wish to respond directly to the individual or organisation that has written to them. The Head of Corporate Governance can provide a draft form of words for members to use.
18 Members have a duty to lead by example, always demonstrating respect and dignity for others (https://www.gmc-uk.org/-/media/documents/dignity-at-work-policy---dc6612_pdf-58561807.pdfhttp://www.gmc-uk.org/Dignity_at_work_policy.pdf_37469315.pdf); valuing diversity and conducting themselves in a non-discriminatory manner at all times. Working together effectively means, for Council members and staff, observing the following working principles:

a trust between colleagues - being honest and open; acting with integrity and respect for each other

b good communication - sharing information and listening to others

c ideas and creativity - offering ideas and being open to ideas proposed by others

d individual responsibility - accepting responsibility for achieving goals and for the quality of our work

e problem solving, finding solutions - working to find creative solutions to problems

f openness to learning and feedback - seeking to improve ourselves and how we work

g collaboration with others - working constructively with colleagues to a common purpose.

19 Members have a duty to lead by example in upholding the values of the GMC (https://www.gmc-uk.org/about/how-we-work/our-values http://www.gmc-uk.org/about/11564.asp).

20 Members have a duty to be committed to the continuing demonstration of the competences required for the effective performance of their role on Council and on any of its Boards and Committees. This includes completing any required training as identified through appraisals or other means.

21 Members have a duty to participate in the appraisal and 360 degree review process and actively commit to achieving any personal development objectives identified during the appraisal process.

22 Members have a duty to complete and maintain their entry in the Council Members’ Register of Interests, declaring any professional, business, or personal interests which may, or might be perceived to, conflict with their responsibilities as Council members in accordance with Council’s guidance.

23 Members have a duty to avoid placing themselves under obligation to any individual or organisation which might affect their ability to act impartially and objectively as Council members. This includes observing our guidance on conflicts of interest and on
gifts, hospitality and fees for speaking engagements and making any declarations as required by this guidance.

24 Members have a duty to raise any concerns about possible wrongdoing within the GMC, as set out in our Public Interest Disclosure Policy (whistleblowing), with the Chief Executive if it concerns a member of staff, with the Chair of Council if it concerns the Chief Executive or another member, or with the Chairs of the Audit and Risk, and Remuneration Committees if it concerns the Chair of Council.

25 Members are expected to adopt the highest standards of propriety and accountability and to promote an anti-fraud culture, as set out in our Anti-Fraud Policy. This includes ensuring compliance with the law on bribery and taking steps to avoid any situation where there is an expectation of a gift or payment in return for an advantage of any kind.

26 Members have a duty to raise any concerns about compliance with this code with the Chair of Council and the Chief Executive at the earliest opportunity.

27 Members have a duty to raise any concerns about compliance with charity or other legislation with the Chair of Council and the Chief Executive at the earliest opportunity. In the event that concerns still remain, members should report the matter to the Chair of the Audit and Risk Committee, who will report to the Audit and Risk Committee which may refer the matter to Council if required and, if appropriate, to the Charity Commission and the Office of the Scottish Charity Regulator.
Chapter 8: The role of the executive

1. The executive takes forward the operational work of the organisation in line with our statutory purpose, and according to the strategic aims, business plan, policies and schedule of delegated authority agreed by Council.

2. The executive team is led by the Chief Executive and comprises the Chief Operating Officer/Deputy Chief Executive and the Directors. The Directors and the Executive Manager Assistant Director-Medical Practitioners Tribunal Service are accountable and report to the Chief Operating Officer, who reports to the Chief Executive.

3. The Chief Executive is responsible for the performance of the executive and is accountable to Council for it, making regular reports to Council. The Chief Operating Officer is responsible to the Chief Executive for the operational management of the organisation, including the performance of each Director and their directorates, and the MPTS.

4. On a day-to-day basis the Chief Executive is in regular contact with the Chair of Council, working in partnership with him/her to ensure the effective conduct of business.

5. If it is known that the Chief Executive will be absent for any period, then the Chief Executive may delegate his or her responsibilities to the Chief Operating Officer and Deputy Chief Executive for any period of time specified by them and agreed with the Chair of Council to be necessary. The Chief Executive will report the exercise of these powers to Council in advance of the authority being delegated.

6. The Chief Executive is responsible for our overall operation, organisation and management, for the budgeting and management of our financial resources, and for ensuring that proper systems of staff appointment, training, allocation of work, delegation of duties and accountability, performance, appraisal, remuneration and discipline are in place.

7. The Chief Executive is also responsible for ensuring that policy development and implementation are properly carried out by the executive, with clear, impartial and well-founded advice and recommendations being offered to Council as required.

8. The Chief Executive chairs the Executive Board, The Board which is part of our formal executive governance arrangements. It is a decision making and oversight forum established to provide strategic direction, scrutiny and reporting to Council by the GMC's...
senior management team on significant policy, strategy, finance, performance, operational delivery and resource management issues forum and supports reporting to Council by the Chief Executive and Chief Operating Officer.
Chapter 9: Schedule of authority

Purpose

1 The purpose of this document is to set out in an accessible format the principal functions and powers of the GMC in a Schedule of authority (‘the Schedule’), including:

   a authorities assigned to and retained by Council under the Act, regulations or rules
   b authorities assigned to Council and delegated (and if delegated, to whom)
   c authorities assigned to, and retained by, the Registrar under the Act, regulations or rules
   d authorities assigned to the Registrar and delegated (and if delegated, to whom)
   e authorities assigned to the MPTS and retained by the MPTS under the Act, regulations or rules
   f authorities assigned to the MPTS and delegated (and if delegated, to whom)
   g authorities not referred to in legislation (e.g. relating to the ordinary operation of the organisation), and to whom these are delegated.

2 Because the legislation specifically uses the term ‘Registrar’, it has been used in this Schedule where the corresponding legislation does so, in relation to matters identified under 1(a)-(d) above. In relation to matters identified under 1(b) where delegated to the Chair, the term ‘Chair of Council’ is used and under 1(g), the term ‘Chief Executive’ is used. Powers assigned or delegated to the Chair of Council may be further delegated to a nominated Council member acting as deputy Chair in their absence. Powers assigned or delegated to the Registrar / Chief Executive may be further delegated to staff within the GMC. The Chief Executive may delegate his or her responsibilities to the Chief Operating Officer and Deputy Chief Executive in their absence.

3 Powers assigned to the MPTS, which are referred to in this Schedule as being delegated to the ‘Assistant Registrar (MPTS)’, shall be delegated to such
Deputy/Assistant Registrars as are appointed and authorised by the Registrar to act for the MPTS in relation to those powers.

**Scope**

4 The key provisions of the Act, regulations or rules applicable to each function and power are identified in the Schedule and shown in italics. As the Schedule endeavours to set out the functions and powers in an accessible format, it does not describe the complexities of the Act, regulations and rules in detail. If such detail is required, the Schedule must be read in conjunction with the detailed provisions of the Act, regulations or rules (as applicable).

**Glossary**

5 Unless expressly stated otherwise statutory provisions referred to in the Schedule are those set out in the Act and are denoted as, for example, “s1” for Section 1 and “Sch 1” for Schedule 1;

6 The following defined terms are used throughout the Schedule of authority.

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<th>Term</th>
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<td>National Health Service Reform and Health Care Professions Act 2002</td>
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<td>Act</td>
<td>Medical Act 1983 (as amended)</td>
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<td>Address Inquiry</td>
<td>An inquiry by the Registrar requesting confirmation of a change to the RMP’s registered address</td>
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<td>AGPSR Regs</td>
<td>General Medical Council (Applications for General Practice and Specialist Registration) Regulations 2010 (as amended)</td>
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<td>Term</td>
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<td>GMCC Order&lt;sup&gt;2008&lt;/sup&gt;</td>
<td>General Medical Council (Constitution) Order 2008 (as amended)</td>
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<td>IC</td>
<td>Investigation Committee</td>
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<td>Investigated RMP</td>
<td>A registered medical practitioner whose Fitness to Practise is being investigated</td>
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<td>Interim Order</td>
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<td>RMP</td>
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<td>VE Regs</td>
<td>General Medical Council (Voluntary Erasure and Restoration following Voluntary Erasure) Regulations 2004 (as amended)</td>
</tr>
</tbody>
</table>
## Schedule of authority

<table>
<thead>
<tr>
<th>Function</th>
<th>Description of Function</th>
<th>Function assigned to?</th>
<th>Function delegated to?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOVERNANCE FUNCTIONS</strong></td>
<td></td>
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</tr>
<tr>
<td>Register of members’ interests</td>
<td><strong>GOV1</strong> To maintain a system for the declaration, registration and publication of members’ private interests, including subsidiary companies of the GMC</td>
<td><strong>Council</strong> – <em>Sch 1 Part 1 para 1C</em></td>
<td>Registrar</td>
</tr>
<tr>
<td>Performance of functions</td>
<td><strong>GOV2</strong> To do such things and enter into such transactions as are incidental or conducive to the performance of its functions, including the borrowing of money</td>
<td><strong>Council</strong> – <em>Sch 1 Pt 1 para 9</em></td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Provision and publication of information</td>
<td><strong>GOV3</strong> To publish/provide information to RMPs and the public about Council and the exercise of functions</td>
<td><strong>Council</strong> – <em>Sch 1 Pt 1 para 9B</em></td>
<td>Registrar</td>
</tr>
<tr>
<td>Requesting information</td>
<td><strong>GOV4</strong> To request relevant information from RMPs for the purposes of compiling statistics regarding medical practice and practitioners</td>
<td><strong>Council</strong> – <em>Sch 1 Pt 1 para 10</em></td>
<td>Registrar</td>
</tr>
<tr>
<td>Provision of facilities for testing knowledge of English</td>
<td><strong>GOV5</strong> To provide facilities for testing the knowledge of English of applicants for registration under s21B and s21C</td>
<td><strong>Council</strong> – <em>Sch 1 Pt 1 para 11</em></td>
<td>Registrar</td>
</tr>
<tr>
<td>Function</td>
<td>Description of Function</td>
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</tr>
<tr>
<td><strong>Standing Orders</strong></td>
<td><strong>GOV6</strong> To make standing orders re: meetings, proceedings, and the discharge of the functions of Council and its committees; the composition of its committees and the functions of its officers; the appointment of a Treasurer; and the provisional suspension of members of Council from office pending decisions on suspension/removal by the Privy Council; and the requirements with regard to the financial affairs of the MPTS and education and training of members of the MPTS Committee</td>
<td>Council – Sch 1 Pt 1 paras 15 and 16(1A) and rule [5] Constitution of MPTS Rules</td>
<td>Not applicable other than in relation to provisional suspension of members from office which is delegated to the Chair of the Remuneration Committee or Chair of the Audit and Risk Committee in the event of a complaint against the Chair of the Remuneration Committee or against the Chair of Council</td>
</tr>
<tr>
<td><strong>Appointment of Registrar and deputy/assistant registrars and delegation of functions</strong></td>
<td><strong>GOV7</strong> a. To appoint (i) a Registrar and direct/delegate functions to him/her; and (ii) deputy/assistant registrars b. To authorise deputy/assistant registrars to act (i) for the Registrar in any matter (ii) for the MPTS in any matter</td>
<td>Council a.(i)Sch 1 Pt 1 paras 16(3) and (4) b.(i). Sch 1 Pt 1 para 16(3) (ii). Sch 1 Pt 1 para 16(3A)</td>
<td>a (i) and Not applicable a (ii), b. (i) and (ii) Registrar</td>
</tr>
<tr>
<td><strong>Deputising arrangements in respect of the Chair of Council</strong></td>
<td><strong>GOV8</strong> a. To nominate a member to serve as Chair, where the Chair of Council is absent from a meeting; b. To nominate a member to serve as Chair in the interim due to (i) the Chair of Council being absent for more than one</td>
<td>a. Members of Council present at the meeting – Article 10(1) of the GMCC Order 2008; b.(i). Council - Article 10(2)(a) of the GMCC Order 2008;</td>
<td>b.(i) Chair of Council</td>
</tr>
<tr>
<td>Function</td>
<td>Description of Function</td>
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</tr>
<tr>
<td>Delegation of MPTS functions</td>
<td></td>
<td>b.(ii). Council – Article 10(2)(b) of the GMCC Order 2008; b.(iii). Chair of Council</td>
<td></td>
</tr>
<tr>
<td>MPTS remuneration and expenses</td>
<td></td>
<td>a. &amp; c. Council – Sch 1 Pt 1 – para 25(5)</td>
<td>a. Remuneration Committee; b. Not applicable. c. Chief Executive. The Executive Board provides advice to the Chief Executive on the staff/associates expenses policy</td>
</tr>
</tbody>
</table>

### Delegation of MPTS functions
- **GOV9**
  - a. To direct the MPTS Committee to delegate to the Chair of the MPTS, or to such other officer as the Council determine, such functions of the MPTS as the Council determine;
  - b. To delegate the functions of the MPTS as directed by the Council.

### Remuneration and expenses
- **GOV10**
  - a. To decide remuneration, terms of service and expenses policy for Council members;
  - b. To decide remuneration and expenses policy for other non member appointments.

### MPTS remuneration and expenses
- **GOV11**
  - a. To decide remuneration for the Chair of the MPTS and members of the MPTS Committee;
  - b. To decide benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee;
  - c. To decide expenses policy for Chair of the MPTS and members of the MPTS Committee.
<table>
<thead>
<tr>
<th>Function</th>
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</thead>
</table>
| Accounts and appointment of auditors | **GOV12**  
a. To keep and publish accounts; b. to appoint auditors; and c. to publish and send a copy of the accounts and auditor’s report to the Privy Council | **Council** – *Sch 1 Pt 1 para 18* | a and c. Registrar  
b. Chair of the Audit and Risk Committee in relation to appointment (and dismissal) of the external provider of internal audit services. The Audit and Risk Committee’s Purpose Statement allows for this to be referred to the Chair of Council in the event of any unresolved disagreement between the Chief Executive and the Chair of the Audit and Risk Committee.  
Audit and Risk Committee to make recommendations for Council in relation to the appointment, and dismissal of external auditors |
| Committees | **GOV13**  
To constitute committees of the General Council and delegate functions to the committees | **Council** – *Sch 1 Pt 1 para 25* | Not applicable |
<p>| Branch | <strong>GOV14</strong> | <strong>Council</strong> – <em>Sch 1 Pt 1 – paras</em> | Not applicable |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Councils*</td>
<td>To decide on the constitution and delegation of functions to Branch Councils; to furnish sums to Branch Council for expenses and to approve such expenses; and to decide remuneration and expenses of their members</td>
<td>26(3), 27 and 29</td>
<td></td>
</tr>
<tr>
<td>Brokering membership of Governance Committees</td>
<td><strong>GOV15</strong> Determining proposed membership and chairpersonship chairs of Governance Committees, including re-appointment.</td>
<td>Council</td>
<td>Chair of Council</td>
</tr>
<tr>
<td>Appointments to Governance Committees</td>
<td><strong>GOV16</strong> To approve the proposed membership and chairpersonship chairs of Governance Committees, and including re-appointment</td>
<td>Council</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Co-option of external members to the Audit and Risk Committee, and the Investment Sub-Committee</td>
<td><strong>GOV17</strong></td>
<td>Council</td>
<td>Not applicable. Audit and Risk Committee makes recommendations for approval by Council. Investment Sub-Committee makes recommendations for approval by Council.</td>
</tr>
<tr>
<td>Appointments to subsidiary</td>
<td><strong>GOV18</strong> To approve the proposed membership,</td>
<td>Council</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

* The practice of having Branch Councils has been discontinued. We have advised DH(E) that we would like to remove this from the Act through a future section 60 Order.
<table>
<thead>
<tr>
<th><strong>Function</strong></th>
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<th><strong>Function delegated to?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>companies of the GMC</td>
<td>including chairpersonship of the chair, of subsidiary companies of the GMC, including reappointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Appointing auditors for the Pension Scheme</strong></td>
<td>GOV18A Appoint an independent firm of auditors</td>
<td><strong>Council</strong></td>
<td>Board of Trustees of the Staff Pension Scheme</td>
</tr>
<tr>
<td>Dealing with complaints about the Chair of the Council</td>
<td>GOV19 To assume the Chair’s responsibilities under the procedure for dealing with complaints against members when the complaint is about the Chair</td>
<td><strong>Council</strong></td>
<td>Chair of the Audit and Risk Committee</td>
</tr>
<tr>
<td>Notification to Privy Council of members’ non attendance and issue of possible removal from office</td>
<td>GOV20</td>
<td>Any Council member or GMC staff</td>
<td>Chair of Council, or Chair of the Audit and Risk Committee in the event of an issue in relation to the Chair of Council</td>
</tr>
<tr>
<td>Minutes of Council meetings</td>
<td>GOV21 To approve Minutes of Council meetings</td>
<td><strong>Council</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Function</td>
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</tr>
<tr>
<td>Urgent decisions required between Council meetings (and including in the event of declaration of an emergency under the Civil Contingencies Act 2004)</td>
<td><strong>GOV22</strong>&lt;br&gt;To authorise the Chair, having consulted the Chief Executive and other members wherever possible, to authorise on behalf of the Council urgent action of a kind which would normally be dealt with at a meeting. Any action taken will be reported to Council at the earliest opportunity and formally noted at the next Council meeting and recorded in the minutes.</td>
<td>Council</td>
<td>Chair of Council</td>
</tr>
<tr>
<td>Trustees Annual Report and Accounts</td>
<td><strong>GOV23</strong>&lt;br&gt;a. Signing the letter of representation and b. signing the trustees report on behalf of the trustees following approval by Council</td>
<td>Council</td>
<td>a and b. Chair of Council</td>
</tr>
<tr>
<td>Affixing the Corporate seal</td>
<td><strong>GOV24</strong>&lt;br&gt;Affixing the Corporate seal to instruments, documents and deeds as required.</td>
<td>Council</td>
<td>a. The Chief Executive is authorised to affix the corporate seal to Deeds and other documents that require the seal to be affixed in connection with:&lt;br&gt;&lt;br&gt;i. Investments by the GMC&lt;br&gt;&lt;br&gt;ii. The acquisition or disposal of land and any dealings with or transactions involving land.</td>
</tr>
<tr>
<td>Function</td>
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</tr>
<tr>
<td>Communication decisions</td>
<td>GOV25</td>
<td>To make decisions on handling media and other communications issues</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Appointment, suspension and dismissal of the Chief Executive</td>
<td>GOV26</td>
<td>To decide on the appointment, suspension and dismissal of the Chief Executive</td>
<td>Council</td>
</tr>
</tbody>
</table>

iii. Pension and life assurance schemes and arrangements for current and former employees and officers of the GMC, as set out in Annex A2.

b. The Chair of Council and the Chief Executive, or any other Council member to whom Council has delegated authority in relation to witnessing and affixing the corporate seal to any other instruments, documents and deeds.
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Appointment, suspension and dismissal of staff</td>
<td><strong>GOV27</strong> Appointment and dismissal of staff Level 1 and below</td>
<td>Chief Executive</td>
<td>Appeal against suspension and dismissal: Chair of the Audit and Risk Committee</td>
</tr>
</tbody>
</table>
| Appointment, suspension and dismissal of the Chief Executive | To decide on the appointment, suspension and dismissal of the Chief Executive | Council               | Appointment: Chair of Council, in conjunction with a panel comprising Chair of the Remuneration Committee, another Council member appointed by the Chair of Council, and an independent assessor  
Suspension and dismissal: Chair of Council in consultation with the chair of the Remuneration Committee  
Appeal against suspension and dismissal: Chair of the Audit and Risk Committee |
<p>| Litigation against and initiated by the GMC       | <strong>GOV28</strong> Decisions on how to handle legal claims against or initiated by the GMC | Chief Executive       |                                                                                     |
| Corporate complaints                              | <strong>GOV29</strong> Decisions on management of corporate   | Chief Executive       |                                                                                     |</p>
<table>
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<tbody>
<tr>
<td>complaints against the GMC</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Establishing and maintaining Memorandum of Understanding | GOV30  
Decisions on establishing and maintaining Memoranda of Understanding with other organisations, including any changes to terms | Chief Executive | |
| Appointments to external bodies | GOV31  
Decisions on making appointments to external bodies upon a nomination being requested | Chief Executive | |
| Responsibility for the management of the GMC’s funds and authority to authorise expenditure against financial limits | GOV32  
Decisions on the management of GMC funds and expenditure | Chief Executive | |
| Sanctions | GOV33  
Decisions on the representations before a Medical Practitioners Tribunal on sanction | Chief Executive | |
| Professional Standards | GOV34  
To decide on the instructions to be given | Chief Executive | |
<table>
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<th>Function delegated to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority referrals to the High Court under section 29 (of the 2002 Act)</td>
<td>to solicitors for any case relating to a Medical Practitioners Tribunal direction which is referred by the Professional Standards Authority</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Appeals by the General Medical Council under section 40A of the Act | **GOV35**
To appeal against a decision of a MPT | **Council** – *section 40A(3)* | Registrar |
| Education and training of Council and MPTS members | **GOV36**
To make provision in standing orders for the education and training of members of Council and members of the MPTS Committee. | **Council** – *Art 4 GMCC Order 2008 and rule [5] Constitution of MPTS Rules* | Not applicable |
| Termination of appointment of Chair of the Council | **GOV37**
To remove the Chair of the Council from holding that position by majority vote. | **Council** – *Art 8 GMCC Order 2008* | Not applicable (other than the Privy Council’s power to remove from office as a member under Art 6) |
<table>
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</thead>
<tbody>
<tr>
<td>Appointment and removal of the members of the MPTS Committee</td>
<td>GOV39 To decide on the appointment/re-appointment, terms of office, suspension and removal of the members of the MPTS Committee, including issue of possible removal from office due to non-attendance at meetings.</td>
<td>Council rules [3, 4, 6, 7 and 8] Constitution of MPTS Rules</td>
<td>Appointment and suspension/removal process determined by the Remuneration Committee. Appointment and term of office: Council on the recommendation of the Chair</td>
</tr>
<tr>
<td>Function</td>
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<td></td>
<td></td>
<td>of Council, in conjunction with a panel the composition of which will include the Chair of the MPTS, and which will be determined by the Remuneration Committee. Re-appointment: Council on the recommendation of the Chair of Council. Suspension/removal: Council Appeal against suspension/removal: Chair of Council.</td>
<td></td>
</tr>
<tr>
<td>Deputising arrangements in respect of the Chair of the MPTS Committee</td>
<td><strong>GOV40</strong> To decide on the deputising arrangements in the absence of the Chair of the MPTS Committee from meetings of the MPTS Committee and if unavailable to perform duties</td>
<td><strong>Council</strong> – <strong>rule 10 Constitution of MPTS Rules</strong></td>
<td>Chair of Council</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>REGISTRATION AND CERTIFICATION FUNCTIONS</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| **To keep and maintain the Registers** | **REG1**
To keep the Registers, including causing the Registers to be published from time to time and issuing proof of registration. | Registrar – *s2, s34, s34C (in respect of the GP Register), s34D (in respect of the Specialist Register)* | |
| | **REG2**
To make regulations governing the:
   i. form and keeping of the Registers;
   ii. charging of fees in connection with entries in the Register. | Council | Not applicable |
| | **REG3**
To:
   i. maintain and amend the Registers, including charging and collection of fees;
   ii. amend the register to reflect decisions taken by the MPT. | Registrar | |
| | **REG4**
To issue certificates of registration | Registrar – *Sch 3 paragraph 5* | |
| | **REG5**
To carry out functions specified in the Qualifications Directive which include:
   • issuing certificates relating to RMPs; | Council – *s49B and Sch 4A* | Registrar |
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>receiving or providing information to other competent authorities; obtaining confirmation and verifying validity of qualifications.</td>
<td>Registrar – s16 and s26.</td>
<td></td>
</tr>
<tr>
<td>REG6</td>
<td>To consider registration of qualifications obtained or held by a RMP while registered.</td>
<td>Registrar – s16 and s26.</td>
<td></td>
</tr>
<tr>
<td>REG7</td>
<td>To make regulations: i. providing for VE of RMPs from the Registers; ii. authorising the Registrar to remove from the Register RMPs who fail to pay the ARF; iii. for information to be provided for the purpose of deciding whether a person’s FTP is impaired (save for persons visiting from relevant European States).</td>
<td>Council</td>
<td>Not applicable</td>
</tr>
<tr>
<td>REG8</td>
<td>To erase the name of a RMP from the Register: i. for non payment of the ARF;</td>
<td>Registrar</td>
<td></td>
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</table>

Note: as no regulations have been made under section 44B(2)(a) this power is in effect not exercised.
<table>
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<tr>
<td>ii.</td>
<td>for failing to respond to an Address Inquiry;</td>
<td>ii. s30(5)</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>on receipt of an application from a RMP for VE;</td>
<td>iii. VE Regs</td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td>where an entry has been fraudulently procured or incorrectly made;</td>
<td>iv. S39</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>where a RMP was subject to a disqualifying decision at the time of registration which remains in force;</td>
<td>v. S44(3) (save where referred to a pursuant to the Disqualifying Regs)</td>
<td></td>
</tr>
<tr>
<td>vi.</td>
<td>where it is shown that the RMP’s FTP was impaired on the grounds of physical or mental health at the time of registration and he had not informed the registrar;</td>
<td>vi. S44B(1)</td>
<td></td>
</tr>
<tr>
<td>vii.</td>
<td>where a person has failed to provide information for determining whether a person’s FTP is impaired.</td>
<td>vii. S44B(4)(b)</td>
<td></td>
</tr>
</tbody>
</table>

**REG9**
To determine applications for VE where FTP concerns arise or where the applicant is an Investigated RMP.

**CEs - VE Regs**

**REG10**
To determine applications for VE where FTP concerns arise or where the applicant is an Investigated RMP and CEs fail to agree as to the disposal of that application.

**IC – VE Regs**
### Restoration of names to the medical register

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>REG11</strong></td>
<td>Notification of a decision to erase a person’s name for fraud or error.</td>
<td>Registrar - s39(2), Sch 3A para 3</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>REG12</strong></td>
<td>To make regulations authorising the Registrar to restore to the Register a RMP who: i. failed to pay the ARF; ii. failed to respond to an Address Inquiry; iii. voluntarily removed their name from the Register.</td>
<td>Council</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>REG13</strong></td>
<td>To restore to the Register RMPs who: i. failed to pay the ARF; ii. failed to respond to an Address Inquiry; iii. voluntarily removed their name from the Register.</td>
<td>Registrar</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>REG14</strong></td>
<td>To determine applications for restoration following VE where FTP concerns arise.</td>
<td>CEs - VE Regs</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>REG15</strong></td>
<td>To determine applications for VE where FTP concerns arise and CEs fail to agree as to the disposal of that application.</td>
<td>IC – VE Regs</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
## Arrangements for granting registration to medical practitioners

**Function**

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<tr>
<th>Function</th>
<th>Description of Function</th>
<th>Function assigned to?</th>
<th>Function delegated to?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arrangements for granting registration to medical practitioners</strong></td>
<td>The arrangements for dealing with Applications for registration can be considered under two broad categories:</td>
<td><strong>Registrar</strong> (see Description of Function)</td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td>Description of Function</td>
<td>Function assigned to?</td>
<td>Function delegated to?</td>
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</tr>
<tr>
<td>REG17</td>
<td>i. Where on satisfying the Registrar on the detailed criteria set out in the Act the Council has a discretion as to whether to register such persons (s19, s21, s21B(1), s21C, s27A, s27B). The Council’s discretion in this respect has been delegated to the Registrar in relation to individual applications for registration.</td>
<td>Council and Registrar (see Description of Function)</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>ii. Where on satisfying the Registrar on the detailed criteria set out in the Act the Council has a discretion as to whether to register such persons (s19, s21, s21B(1), s21C, s27A, s27B). The Council’s discretion in this respect has been delegated to the Registrar in relation to individual applications for registration.</td>
<td>• To determine applications for full registration by virtue of an acceptable overseas qualification – <em>s19</em> and <em>s21B(1)</em>;</td>
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<td></td>
<td></td>
<td>• To determine applications for provisional registration by virtue of an acceptable overseas qualification - <em>s21</em> and <em>s21C</em>;</td>
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<td></td>
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<td>• To consider the temporary registration:</td>
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<td>o in the event of an emergency - <em>s18A.</em> (Note: this function is assigned to the Registrar only);</td>
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<td>o of a visiting eminent specialist - <em>s27A</em>;</td>
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<td></td>
<td></td>
<td>o for the purposes of providing medical services exclusively to persons who are not UK nationals - <em>s27B</em>.</td>
<td></td>
</tr>
<tr>
<td>REG18</td>
<td>To refuse to register applicants failing to supply information about their FTP.</td>
<td>Registrar – <em>s44B(4)(a)</em> – Note: as no regulations have been made under section 44B(2)(a) this power is in</td>
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<td>Function</td>
<td>Description of Function</td>
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<tr>
<td>REG19</td>
<td>To determine what constitutes an acceptable overseas qualification</td>
<td>Council – s21B(2)</td>
<td>Registrar</td>
</tr>
<tr>
<td>REG20</td>
<td>To hear appeals of appealable registration and training decisions.</td>
<td>Registration Appeals Panel (RAP) - s34B(1), Sch 3A, RAP Rules</td>
<td>Not applicable</td>
</tr>
<tr>
<td>REG21</td>
<td>To make regulations with respect to charging fees in connection with Registration and Training Appeals.</td>
<td>Council – s34B(2)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>REG22</td>
<td>To make rules governing the procedure and rules of evidence applicable to proceedings before a RAP.</td>
<td>Council - Sch 3B (subject to approval of the Privy Council)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>REG23</td>
<td>To hear appeals where the Registrar determines that he or she is not satisfied that an applicant is entitled to a qualification claimed.</td>
<td>Council – Sch 3 para 4</td>
<td>Registration Appeals Panel (RAP)</td>
</tr>
<tr>
<td>REG24</td>
<td>To consider whether to waive the requirement to work in an APS.</td>
<td>Registrar S44D(1) and (2)</td>
<td></td>
</tr>
<tr>
<td>REG25</td>
<td>To determine what constitutes an APS, monitor compliance with the requirement to practice in an APS and publish guidance.</td>
<td>Council - s44D(3)-(11) (Regulations made pursuant to s44D(8) are subject to approval of the Privy Council)</td>
<td>Registrar for the decision as to whether those criteria are met. Council retains the power to determine the criteria for an</td>
</tr>
<tr>
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<tr>
<td>Admission and removal of names from the GP and Specialist Registers</td>
<td><strong>REG26</strong> To make regulations as to the procedure for application for admission to the GP Register or Specialist Register.</td>
<td>Council – <em>s34E</em> (subject to approval of the Privy Council)</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>
| | **REG27** To:  
• consider, grant or refuse applications for admission to the GP or Specialist Register;  
• provide applicants with statements of eligibility or ineligibility;  
• require information or advice while considering an application;  
• notify applicants of a determination to grant or refuse an application. | Registrar – *AGPSR Regs* |  |
| | **REG28** To remove entries from the GP Register or the Specialist Register where such:  
i. persons are no longer RMPs;  
ii. persons cease to fall within the categories specified by the Privy Council as persons entitled to be named on the GP or Specialist Register;  
iii. entries were fraudulently procured or incorrectly made. | i. Registrar – *s34F(1)*  
ii. Registrar – *s34F(2)*  
iii. Registrar - *s39(1)* | Registrar – *s34F(3)* |
<table>
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<tbody>
<tr>
<td><strong>REG30</strong></td>
<td>To restore to the GP or Specialist Register a person removed for ceasing to be a RMP who subsequently becomes a RMP again.</td>
<td>Registrar – s34F(5)</td>
<td></td>
</tr>
<tr>
<td><strong>REG31</strong></td>
<td>To notify a person of removal or restoration of their name from the GP or Specialist Register.</td>
<td>Council – s34D(6), SR Scheme</td>
<td>Registrar</td>
</tr>
<tr>
<td><strong>REG32</strong></td>
<td>To publish a scheme for inclusion in the Specialist Register of existing specialists.</td>
<td>Council – s34G(3)</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>
| **REG33** | To:  
• consider, grant or refuse applications for recognition of acquired rights to practise as a GP;  
• require information or advice while considering an application;  
• notify applicants of a determination to grant or refuse an application. | Registrar – Award of Certificate Rules | |
<p>| <strong>REG34</strong> | To issue certificates recognising acquired rights to practise as a GP and to withdraw such a certificate where fraudulently procured or incorrectly awarded. | Registrar – s34G(2) and (4) | |</p>
<table>
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</table>
| **REG35** | To make regulations for the charging of fees in connection with:  
- requests to the Registrar for written statements that a person is eligible for entry on the GP or Specialist Register;  
- applications for inclusion in or restoration to the GP or Specialist Register;  
- requests for certificates recognising acquired rights to practise as a GP. | Council – *s34O* | Not applicable. |
| **Award and withdrawal of CCT** | **REG36** | To award a CCT in general practice or a recognised specialty. | Registrar – *s34L(1) and (2)* |
| **REG37** | To makes rules as to the procedure for application for a CCT. | Council – *s34L(5)* | Not applicable. |
| **REG38** | To:  
- consider, grant or refuse applications for a CCT;  
- require information or advice while considering an application;  
- notify applicants of a determination to grant or refuse an application;  
- award CCTs. | Registrar – *Award of Certificate Rules* |
<p>| <strong>REG39</strong> | To withdraw a CCT fraudulently procured | Registrar – <em>s34L(7)</em> |</p>
<table>
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<tr>
<td>or incorrectly awarded.</td>
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<tr>
<td><strong>REG40</strong></td>
<td>To make regulations for the charging of fees in connection with applications for CCTs.</td>
<td><strong>Council – S34O</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>LICENSING AND REVALIDATION FUNCTIONS</strong></td>
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</tbody>
</table>
| **Grant, refusal, withdrawal and restoration of a licence to practise** | **LIC1** To make regulations in respect of licences to practise to include provisions regarding:  
• grant, refusal, withdrawal and restoration of a licence to practise;  
• the charging of a fee for consideration of an application for restoration of a licence to practise. | **Council – ss29A(2) (subject to Privy Council approval)** | Not applicable. |
| **LIC2** To grant a licence to a medical practitioner:  
• who held registration at the time the LTP Regs 2009 came into force;  
• who is registered pursuant to s18 (visiting practitioners from relevant European States), s18A (temporary emergency registration) or s27B (special purpose registration);  
• whose registration is restored or suspension comes to an end, unless the practitioner requests otherwise. | **Registrar – Reg 3(1) LTP Regs** | | |
<p>| <strong>LIC3</strong> | | <strong>Registrar – Regs 3(5) and</strong> | |</p>
<table>
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<tbody>
<tr>
<td>LIC4</td>
<td>To consider and to grant or refuse applications for a licence and to carry out investigations relevant to the consideration of an application.</td>
<td>3(8) LTP Regs</td>
<td></td>
</tr>
</tbody>
</table>
| LIC5     | To withdraw a licence to practise:  
   i. at the request of the relevant RMP;  
   ii. where a licence has been fraudulently procured or incorrectly granted;  
   iii. where the RMP fails to comply with any requirement made of him/her under the LTP Regs 2009.  
   iv. where a RMP’s name is erased or suspended from the Register or where his/her temporary or special purpose registration is revoked or expires. | Registrar  
   Reg 4(1) LTP Regs  
   Reg 4(3) LTP Regs  
   Reg 4(2) LTP Regs |  |
<p>| LIC6     | To consider and grant or refuse applications for restoration of a licence and to carry out investigations relevant to the consideration of an application. | Registrar – Reg 4(5) and 4(7) LTP Regs |  |
|          | To give notice to a medical practitioner of a licensing authority’s decision to refuse, withdraw or refuse to restore a licence to practise. | Registrar – s29B(4), s29D(3) |  |</p>
<table>
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<tr>
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<tbody>
<tr>
<td><strong>Licensing Appeals</strong></td>
<td><strong>LIC7</strong></td>
<td>RAP – s29F(1), Sch 3B, RAP Rules</td>
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<td></td>
<td>To hear appeals of appealable licensing authority decisions.</td>
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<tr>
<td><strong>LIC8</strong></td>
<td><strong>To make rules governing the procedure and rules of evidence applicable to proceedings before a RAP.</strong></td>
<td>Council - Sch 3B (subject to approval of the Privy Council)</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Publishing guidance</strong></td>
<td><strong>LIC9</strong></td>
<td>Council – s29G</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>To publish guidance for medical practitioners on the information to be provided and requirements to be satisfied for securing grant or restoration of a licence to practise and for the purposes of revalidation.</td>
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<tr>
<td><strong>EDUCATION FUNCTIONS</strong></td>
<td><strong>EDU1</strong></td>
<td>Council - s4</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>To maintain and amend, as required, a list of bodies and combinations of bodies entitled to hold examinations for the purpose of granting one or more primary UK qualifications.</td>
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<tr>
<td><strong>EDU2</strong></td>
<td>To promote high standards of medical education and coordinate all stages of medical education including:</td>
<td>Council - s5</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>i. to determine the extent of knowledge and skill required for the granting of a primary UK qualification;</td>
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<td>ii. to ensure that the instruction given is</td>
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### Function | Description of Function | Function assigned to? | Function delegated to?
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**EDU3** | To monitor and require information from bodies granting primary UK qualifications and to appoint inspectors and visitors to report on the sufficiency of instruction and examination. | Council - s6 and s7 | Registrar |
**EDU4** | To determine what constitutes an acceptable programme for provisionally registered doctors and whether or not to recognise such programmes. | Council - s10A | Registrar |
**EDU5** | To direct that alternative educational experience is sufficient in certain cases as an equivalent to an acceptable programme for provisionally registered medical practitioners. | Council – s14 | Registrar |
**EDU6** | To establish standards and requirements relating to postgraduate medical education and training, to secure the maintenance of such standards and to develop and promote postgraduate medical education and training. | Council – s34H | Registrar |
**EDU7** | To secure the maintenance of standards by approving, approving with conditions, refusing to approve or withdrawing | Council – s34I, 34J, 34K | Registrar |
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<tr>
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</table>
| approval of:  
  • courses and programmes;  
  • training posts (including GPs);  
  • examinations, assessments and other tests of competence;  
  • postgraduate medical education and training outside the UK. | | | |
| EDU8 | To publish a list specifying any course, programme, training post, GP, examination, assessment or other test of competence the Council has approved or in respect of which has withdrawn its approval. | Registrar – S34I(7) | |
| EDU9 | To appoint persons to visit any body or person under whose direction or management postgraduate medical education or training is proposed to be given. | Council – S34M | Registrar |
| EDU10 | To require information from any body or person under whose direction or management postgraduate medical education or training is proposed to be given. | Registrar – S34(N) | Registrar |
| EDU11 | To approve or de-commission subspecialties | Council – S34D 10(a) | Registrar |
### Function

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</table>
| **EDU12** | To make regulations for the charging of fees in connection with:  
- applications for approvals of any course, programme, training post, GP, examination, assessment or other test of competence;  
- visits made to any body or person under whose direction or management postgraduate medical education or training is proposed to be given. | **Council – S34O** | Not applicable. |

### STANDARDS FUNCTIONS

**To foster good medical practice**

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</table>
| **STA1** | To provide advice to members of the medical profession on:  
- standards of professional conduct  
- standards of professional performance  
- medical ethics | **Council - s35** | Registrar |

### FITNESS TO PRACTISE FUNCTIONS

**Establishing a framework for investigation of FTP concerns**

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<th>Description of Function</th>
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<th>Function delegated to?</th>
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</thead>
</table>
| **FTP1** | To investigate allegations of impaired FTP and decide whether:  
- the allegations should be considered by a MPT;  
- a warning should be imposed;  
- a referral to an IOT is appropriate. | **Investigation Committee (IC) – S35C** | Registrar |

The FTP Rules (made by Council pursuant to the function considered below) effectively delegate these functions to the Registrar. The FTP Rules do, however, assign certain functions to the IC and...
<table>
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<tr>
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<tbody>
<tr>
<td>FTP2</td>
<td>To make Rules delegating the powers of the IC to the Registrar or any other officer.</td>
<td>Council – S35CC and Sch 4 Paragraph 1 (subject to approval of the Privy Council)</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
| FTP3     | To make Rules:  
- regarding the reference of cases to the IC, IOT and MPT;  
- the procedure to be followed and rules of evidence to be observed. | Council – S43 and Sch 4 paragraph 1 (subject to approval of the Privy Council) | Not applicable |
| FTP4     | To make rules relating to:  
a. the procedure to be followed:  
   i. in proceedings before a MPT or IOT;  
   ii. by the IC when deciding whether to give a warning; and  
b. the constitution of the MPTS and its tribunals which give effect to the overriding objective to secure that cases dealt with fairly and justly. | Council –  
a. Sch 4, paragraph 1(1A)  
b. Sch 1, paragraph 23D | Not applicable |
| FTP5     | To make rules:  
a. authorising the giving of directions by the IC, MPT and such other specified persons requiring an assessment of the standard of a RMP's professional performance, health or knowledge of English language  
b. Registrar - Sch 4, paragraph 5A | a. Council – Sch 4 paragraph 5A and 5C  
b. Registrar - Sch 4, paragraph 5A | Not applicable |
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<tr>
<td>• specifying circumstances in which a performance, health or knowledge of English language assessment maybe carried out; b. To give directions as to: • whether a performance assessment is to be carried out by an Assessment Team or by an individual assessor; • the form or content of a performance assessment</td>
<td></td>
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<tr>
<td>Investigating FTP concerns</td>
<td>FTP6</td>
<td>Registrar</td>
<td></td>
</tr>
<tr>
<td>To: i. triage allegations to assess whether they amount to FTP concerns under s35C(2); ii. consider referral to an IOT; iii. carry out investigations; iv. direct assessments of an Investigated RMP’s performance or health or knowledge of English; v. consider failure to submit to or comply with an assessment or request for information and refer to MPTS for non-compliance hearing as required.</td>
<td>FTP Rule 4</td>
<td></td>
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<tr>
<td>FTP7</td>
<td>To consider and refer: i. an allegation of a conviction resulting in the imposition of a custodial sentence;</td>
<td>Registrar – FTP Rule 5</td>
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<td><strong>Function</strong></td>
<td><strong>Description of Function</strong></td>
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<td><strong>Function delegated to?</strong></td>
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<td>ii. save where delegated to CEs, an allegation of a conviction not included above, caution or determination.</td>
<td><strong>FTP8</strong>&lt;br&gt;To consider and dispose of allegations as they see fit by:&lt;br&gt;i. no further action&lt;br&gt;ii. issuing a warning&lt;br&gt;iii. referral to IC (where requested by an RMP or if CEs consider it appropriate)&lt;br&gt;iv. referral to a MPT&lt;br&gt;v. agreeing undertakings</td>
<td>CEs&lt;br&gt;i. <strong>FTP Rule 8</strong>&lt;br&gt;ii. <strong>FTP Rule 8 and 11</strong>&lt;br&gt;iii. <strong>FTP Rule 8 and 11(3)</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td>FTP9</td>
<td>Where the CEs fail to agree on the disposal of the case the IC may consider and dispose of allegation as they see fit by:&lt;br&gt;• no further action;&lt;br&gt;• issuing a warning;&lt;br&gt;• refer for an oral hearing;&lt;br&gt;• referral to a MPT;&lt;br&gt;• agreeing undertakings.</td>
<td><strong>IC – FTP Rule 9</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td>FTP10</td>
<td>To consider an allegation at an oral hearing and: &lt;br&gt;• take no further action;&lt;br&gt;• issue a warning;</td>
<td><strong>IC – FTP Rule 11(6)</strong></td>
<td>Not applicable</td>
</tr>
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</table>
| FTP11    | To have regard to the overarching objective in deciding on:  
   a. whether to issue a warning  
   b. whether to agree undertakings | a. IC or CEs (as appropriate) - 35C(6A)  
   b. CEs - Sch 4, para 1(2F) |       |
| FTP12    | To review investigation stage decisions. | Registrar – FTP Rule 12 |       |
| FTP13    | On receipt of a restoration application, to carry out investigations and obtain information and/or direct the applicant to undergo a performance, health or knowledge of English assessment. | Registrar – FTP Rule 23 |       |
| FTP14    | To consider applications for:  
   i. cancellation of an IC, MPT or IOT hearing  
   ii. postponement prior to the commencement of an IC hearing, or further adjournment in a part-heard IC hearing  
   iii. postponement prior to the commencement of a MPT hearing, or further adjournment in a part-heard MPT hearing. | IC –  
   i. Sch 4, paragraph 1(2ZA) and FTP Rule 28  
   ii. FTP Rule 29 (1) and (2A)  
   iii. FTP Rule 29(2) and (2B) | i. and ii. Case examiners iii. Case manager |
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<tr>
<td><strong>Interim Orders</strong></td>
<td><strong>FTP15</strong>&lt;sup&gt;1&lt;/sup&gt; To apply to the relevant court for an extension of an IO.</td>
<td>Council – s41A</td>
<td>Registrar</td>
</tr>
<tr>
<td><strong>Determining Fitness to Practise</strong></td>
<td><strong>FTP16</strong>&lt;sup&gt;1&lt;/sup&gt; To agree undertakings with the doctor where the MPT has found the doctor’s fitness to practise impaired</td>
<td>Council - Sch 4, para 1(2C), FTP Rule [17(3) and 22(2)]</td>
<td>Registrar</td>
</tr>
</tbody>
</table>
| **Post Determination** | **FTP17**<sup>1</sup> To consider directions made by a MPT and to:  
- obtain such reports as are required;  
- invite the RMP to undergo an assessment of their performance, health or knowledge of English language. | Registrar – FTP Rule 19                |                        |
|                        | **FTP18**<sup>1</sup> To refer a case for early review by a MPT. | Registrar – FTP Rule 21                |                        |
|                        | **FTP19**<sup>1</sup> In cases where undertakings were agreed by a MPT:  
- to carry out investigations and obtain reports or direct an assessment of the RMP’s performance or health;  
- to consider whether undertakings should be varied or cease to apply;  
- to refer the case to a MPT for a review. | Registrar – Sch 4, paragraph 1(2C) to (2E) and FTP Rule 37A |                        |
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<tr>
<td>Reviews on papers</td>
<td>FTP20 Agree with doctor to the terms of a review taking place on the papers (MPT and IOT)</td>
<td>Council – s35D(13) and (14) (MPT) and 41A(3A) and (3B) (IOT)</td>
<td>Registrar</td>
</tr>
<tr>
<td>Directing reviews</td>
<td>FTP21 Direct that an order made by a MPT is to be reviewed</td>
<td>Registrar – s35D, (4B) and (11B)</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>FTP22 Service of notification of IC decisions</td>
<td>Registrar - S35C(5), (7), (8), and s39(2)</td>
<td>Not applicable</td>
</tr>
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<td></td>
<td>FTP23 To consider applications to extend the time for bringing a s40 appeal in relation to a:</td>
<td>Registrar – Sch 4 paragraph 9</td>
<td></td>
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<tr>
<td></td>
<td>i. decision of the MPT under s35E(1);</td>
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<td></td>
<td>ii. decision to erase a person’s name for fraud or error under s39(2).</td>
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<tr>
<td>GMC appeals</td>
<td>FTP24 Notification to the PSA and court of a GMC appeal or exercise of powers in a PSA referral.</td>
<td>Council – S40B, and S29B of the 2002 Act</td>
<td>Registrar</td>
</tr>
<tr>
<td>Disclosure and publication of information</td>
<td>FTP25 To require: i. disclosure of information from third parties and the doctor;</td>
<td>i. Persons authorised by Council – s35A(1) and (1A)</td>
<td></td>
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<td></td>
<td>ii. employers details from the</td>
<td>ii. Council - S35A(2)</td>
<td>i. Registrar</td>
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<th>Function</th>
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<tr>
<td>Investigated RMP; iii. to obtain court orders to require disclosure of information from third parties and the doctor.</td>
<td></td>
<td>iii. Council – S35A(6A)</td>
<td>iii. Registrar</td>
</tr>
<tr>
<td><strong>FTP26</strong></td>
<td>To notify specified public bodies and employers (including those with whom an Investigated RMP has arrangements to provide services) of an investigation into the Investigated RMP’s FTP.</td>
<td>Council – S35B(1)</td>
<td>Registrar</td>
</tr>
<tr>
<td><strong>FTP27</strong></td>
<td>To publish or disclose, if considered in the public interest, information regarding the FTP of one or more RMPs.</td>
<td>Council – S35B(2)</td>
<td>Registrar</td>
</tr>
<tr>
<td><strong>FTP28</strong></td>
<td>To publish warnings imposed and undertakings agreed by the IC (confidential health information may be excluded).</td>
<td>Council – s35B(4)</td>
<td>Registrar</td>
</tr>
<tr>
<td><strong>Panels, tribunal members, assessors, and case managers</strong></td>
<td><strong>FTP29</strong> To appoint panels of: • medical and lay performance assessors for the purpose of carrying out performance assessments; • medical examiners for the purpose of carrying out health assessments;</td>
<td>Registrar – FTP Rule 3</td>
<td></td>
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<tr>
<td><strong>FTP30</strong></td>
<td></td>
<td>The Assessment Team or</td>
<td>Not applicable</td>
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<tr>
<td><strong>FTP31</strong></td>
<td>To:</td>
<td>an assessor – Sch 4 Para 5A and Schedule 1 of FTP Rules</td>
<td></td>
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<tr>
<td>To: Carry out assessments of an RMP’s professional performance; require the production of any records arising out of or relating to the RMP’s practice.</td>
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<tr>
<td><strong>FTP32</strong></td>
<td>To:</td>
<td>Medical examiners – Sch 4, paragraph 5A and FTP Rules Schedule 2</td>
<td></td>
</tr>
<tr>
<td>To: Carry out assessments of an RMP’s health</td>
<td></td>
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<tr>
<td>i. appoint and pay legal assessors for the purposes of advising the IC, or RAP and set criteria for appointment; ii. pay legal assessors for the purposes of advising the IOT or MPT; iii. make Rules as to the function of legal assessors.</td>
<td></td>
<td>Council i. Sch 4 paragraph 7, Sch 3A para 4(7) ii. Sch. 4 para 7(5) Council iii. Sch 4 paragraph 7 (subject to approval of the Privy Council), LA Rules</td>
<td>i. Registrar ii. Registrar iii. Not applicable</td>
</tr>
<tr>
<td><strong>FTP33</strong></td>
<td>To make rules constituting: i. IOTs; ii. RPs; iii. RAPs; iv. ICs; v. MPTs.</td>
<td>Council (subject to approval of the Privy Council) i. Sch 1 para 19G ii. Sch 1 para 19B iii. Sch 1 para 19C iv. Sch 1 para 19D v. Sch 1 para 19G</td>
<td>Not applicable</td>
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<tr>
<td>FTP34</td>
<td>To appoint and maintain a list of panellists and chairmen for RPs, RAPs and ICs. Also responsibility for dealing with concerns that arise, including panellists’ eligibility or suitability to continue to sit on panels, and termination of appointment.</td>
<td>Council – i. Constitution of Panels Rules</td>
<td>Registrar</td>
</tr>
<tr>
<td>FTP35</td>
<td>To pay case managers.</td>
<td>Council</td>
<td>Registrar</td>
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</table>

**MEDICAL PRACTITIONERS TRIBUNAL SERVICE**

**GOVERNANCE FUNCTIONS**

<table>
<thead>
<tr>
<th>Register of members’ interests</th>
<th>MPTS1</th>
<th>MPTS Committee - Sch 1, paragraph 19F(10)</th>
<th>Assistant Registrar (MPTS) Executive Manager, MPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes of MPTS Committee meetings</td>
<td>MPTS2</td>
<td>MPTS Committee</td>
<td>Not applicable</td>
</tr>
<tr>
<td>MPTS Annual Report</td>
<td>MPTS3</td>
<td>a. MPTS Committee – S52B b. MPTS Committee</td>
<td>a. Assistant Registrar (MPTS) Executive Manager, MPTS b. Not applicable</td>
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<tr>
<td>Function</td>
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</table>
| Notification to GMC of members’ nonattendance and issue of possible removal from office by Council | **MPTS4**  
   a. To notify Council where they are of the view that Council may need to remove a MPTS Committee member.  
   b. To notify Council if they are aware that there are grounds for a MPTS Committee member’s removal and that member has not notified Council. | **a. Any member of the MPTS Committee or employee of the GMC – Rule [7(3)] Constitution of MPTS Rules**  
   **b. Chair of the MPTS Committee - Rule [7(4)] Constitution of MPTS Rules**                                                                                           | Not applicable                                                                                                                                                        |
| HEARING ADMINISTRATION                                                  | **MPTS5**  
   a. To decide on the appointment process, including eligibility criteria for appointment and training requirements, of Tribunal members and chairmen for IOTs and MPTs.  
   b. To appoint and maintain lists of Tribunal members and chairmen for IOTs and MPTs.  
   c. Deal with concerns that may arise, including suspension and termination of appointment. | **MPTS Committee**  
   a. Sch 1, paragraph 19G(7), Rule 4(b) Constitution of Panel Rules  
   b. Sch 1, paragraph 19G(2), Rule 4 Constitution of Panel Rules  
   b. Assistant Registrar (MPTS)  
   c. Assistant Registrar (MPTS)    |                                                                                                                                                                                                                                                      |
|                                                                      | **MPTS6**  
   a. To decide on the eligibility criteria for appointment of case managers to perform case management functions;                                                                                                                                             | **MPTS Committee**  
   a. Sch 4, paragraph 7A(2)                                                                                           | a. retained by MPTS Committee  
   b. Assistant Registrar (MPTS)                                                                                           |
### Function: Council meeting, 30 April 2019

**Agenda item M10 – Proposed amendments to the Governance Handbook**

<table>
<thead>
<tr>
<th>Function</th>
<th>Description of Function</th>
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<tbody>
<tr>
<td>b. To appoint case managers.</td>
<td></td>
<td>b. Sch 4, paragraph 7A(3)</td>
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<tr>
<td><strong>MPTS7</strong></td>
<td>a. To decide on the eligibility criteria for appointment of legal assessors; b. To appoint legal assessors.</td>
<td><strong>MPTS Committee</strong> a. Sch 4, paragraph 7(1C) b. Sch 4, paragraph 7(1B)</td>
<td>a. retained by MPTS Committee b. Assistant Registrar (MPTS)</td>
</tr>
<tr>
<td><strong>MPTS8</strong></td>
<td>Arranging hearings To arrange for cases to be considered by a MPT or IOT where: i. The Registrar refers a matter to the MPTS, including non-compliance and restoration; ii. The Registrar or Tribunal directs that a MPT direction is to be reviewed; iii. The matter is remitted to the MPTS following an appeal.</td>
<td><strong>MPTS Committee</strong> i. S35D(1), 41A(A1), Sch 4, paragraphs 5A(3B) and 5C(3B) ii. S35D(4A), (4B), (8), (9A), (11A) and (11B) iii. S40(7A) and section 40A(6)(d)</td>
<td>Assistant Registrar (MPTS)</td>
</tr>
<tr>
<td><strong>MPTS9</strong></td>
<td>Notification disclosure and publication of information To notify the practitioner, Registrar and Professional Standards Authority of decisions of MPTs and IOTs</td>
<td><strong>MPTS Committee</strong> - S35E(1A1) to (1B) S41A(5), Sch 4, paragraphs 5A(3F) and 5C(5A)</td>
<td>Assistant Registrar (MPTS)</td>
</tr>
<tr>
<td><strong>MPTS10</strong></td>
<td>To publish specified decisions of the MPT and IOT, warnings imposed by the MPT and undertakings agreed by the MPT (confidential health information may be</td>
<td>Council – s35B(4)</td>
<td>Assistant Registrar (MPTS)</td>
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### Function

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<td>excluded)</td>
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#### MAKING DECISIONS

**IOT Hearings**

**MPTS11**

To:

i. consider whether an IO is necessary for protection of the public, in the public interest or in the interests of the RMP;

ii. impose, review and/or revoke an order of conditions or suspension as they see fit.

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|i. IOT and MPT – s41A  
ii. IOT and MPT – s41A |   | Not applicable |

**MPTS12**

To make findings in relation to an Investigated RMP's FTP at new and review hearings and, if the MPT think fit, to impose an appropriate sanction (including an immediate sanction).

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<tbody>
<tr>
<td>MPT – S35D and S38, Sch 4, paragraph (1)2C and rule 17 FTP Rules</td>
<td></td>
<td>Not applicable</td>
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**MPTS13**

To have regard to the overarching objective in deciding on an appropriate sanction.

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<tr>
<td>MPT – S35E (3A) and Sch 4 - paras 5A(3H) and 5C(4A)</td>
<td></td>
<td>Not applicable</td>
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</table>

**MPTS14**

To consider whether to order an assessment of an RMP's health, professional performance or knowledge of English language.

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<tr>
<td>MPT – FTP Rule [17(7)]</td>
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<td>Not applicable</td>
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**MPTS15**

To consider whether to restore a former RMP's name to the Register in

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<tr>
<td>MPT – S41</td>
<td></td>
<td>Not applicable</td>
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<tr>
<td>Function</td>
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<tr>
<td><strong>MPTS16</strong></td>
<td>To consider applications for VE made in the course of a hearing before the MPT.</td>
<td>MPT – VE Regs</td>
</tr>
<tr>
<td><strong>MPTS17</strong></td>
<td>To hear non-compliance cases and make non-compliance orders</td>
<td>MPT – Sch 4, paragraphs 5A and 5C and section 35A and FTP Rules 17ZA and 22A</td>
</tr>
<tr>
<td><strong>MPTS18</strong></td>
<td>To direct that an order made by a MPT is to be reviewed</td>
<td>MPT – s35D(4A) and (11A)</td>
</tr>
<tr>
<td><strong>MPTS19</strong></td>
<td>To determine applications for restoration following VE where the matter is referred to a MPT by CEs or the IC</td>
<td>MPT – RAE Regs &amp; VE Regs</td>
</tr>
<tr>
<td><strong>MPTS20</strong></td>
<td>To consider MPT and IOT review cases on the papers.</td>
<td>MPT or Chair of MPT – S35D(13) and (14) and FTP Rule [21B]</td>
</tr>
<tr>
<td><strong>MPTS21</strong></td>
<td>In new, review and restoration hearings, to issue legally binding case management directions.</td>
<td>MPTS Case Manager - Rule 16</td>
</tr>
<tr>
<td><strong>MPTS22</strong></td>
<td>In MPT cases where a costs award was</td>
<td>MPTS Case Manager - Rule 16B</td>
</tr>
<tr>
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<tr>
<td>MPTS23</td>
<td>To decide postponement applications in respect of MPT and IOT hearings.</td>
<td>MPTS Case Manager – Rule 29</td>
</tr>
</tbody>
</table>
Chapter 10: GMC financial regulations

Section A - Introduction
Section B - Financial management
Section C - Financial planning
Section D - Risk management and control of resources
Section E - Financial systems and procedures
Section F - External arrangements
Section A – Introduction

Purpose

1. To ensure that high standards of financial integrity are maintained at all times.

2. The regulations are part of our corporate governance arrangements and are supported by a range of detailed and periodically updated policies, procedures and instructions on specific financial issues. Where any instances of conflict or ambiguity arise, the Financial Regulations take precedence.

3. It is not possible to cover every eventuality within these regulations. Where a particular circumstance is not specifically referred to and there is any doubt as to the correct course of action, guidance should be sought from the Assistant Director, Finance and Procurement.

4. In exceptional circumstances, it may be necessary to waive the requirements of Financial Regulations temporarily. This can be done only by the Chief Operating Officer or the Chief Executive, in consultation with the Chair of Council.

5. Financial Regulations apply to all staff, members and associates of the GMC, which includes the Medical Practitioners Tribunal Service (MPTS). Failure to comply with Financial Regulations, or instructions issued under them, may result in disciplinary action. It is the responsibility of senior managers (Chief Executive, Chief Operating Officer, Directors, Assistant Directors, Heads of Section, the Chair of the MPTS and the Executive Manager of the MPTS) to ensure that staff are aware of their responsibilities under these regulations, that they receive appropriate training and that they comply with them.

Section B - Financial management

6. The GMC is a registered charity and is subject to the financial reporting requirements set out in the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008, the Statement of Recommended Practice for Accounting and Reporting by Charities, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

Council and committees

7. The powers and duties of the GMC are laid out in the Medical Act 1983 as amended. The Council (as the Trustees of the GMC) has overall responsibility for the financial management of the GMC. A comprehensive description of the role of Council and its committees is set out in the Governance handbook.

8. The Council has established an Audit and Risk Committee, responsible for ensuring the integrity of the financial statements, reviewing the organisation’s system of
internal control, governance and risk management systems and to appoint, monitor and review both the internal and external audit services.

Executive

9 Council has established an Executive Board. Its purpose is to review operational performance and organisational capacity, as part of the GMC’s executive governance arrangements. Full details are set out in the Statement of Purpose of the Executive Board. The executive lead and the Chair of the Board is the Chief Executive. The Executive Board reports to Council through both the Chief Executive and the Chief Operating Officer.

10 One or both of the Director of Resources and Quality Assurance and the Assistant Director, Finance and Procurement must be a member of one of the six CCAB bodies, or another body of accountants established in the UK and approved by the Secretary of State.

Section C - Financial planning

Medium Term Financial Forecast

11 The medium term financial forecast should be prepared annually, cover a three year period and forecast the likely expenditure, income and reserves over that period.

Budgeting

12 The annual budget sets out overall income, revenue and capital expenditure, allocations to directorates and projects, proposed fee levels and the impact on reserves.

13 Budget managers should prepare draft plans and estimated costs for the activities of their directorates. It is the responsibility of senior managers to ensure that their draft budgets reflect the aims and objectives set out in the annual business plan. Draft budget proposals are scrutinised by the Executive Board.

14 The annual budget comes into effect only when approved by Council.

Budget monitoring and control

15 Financial information to enable budget managers to monitor and control their expenditure effectively should be provided monthly.

16 Budget managers are responsible for controlling income and expenditure against their budget and for monitoring service delivery and performance against targets. Forecasts of income, expenditure and headcount should be prepared on a quarterly basis.
17 Budget managers should take any remedial action necessary to avoid actual expenditure exceeding budget. Budget managers must advise their Director at the earliest opportunity if they feel that costs cannot be absorbed within their cost centre budget. It is then the responsibility of the Director to ensure that individual cost centre overspends can be managed and absorbed within the overall Directorate budget. Where a Directorate expects to spend more than their approved budget the Director must advise the Chief Operating Officer, who will decide what further action to take.

18 Regular reports of budgetary performance and variances should be provided to the Executive Board, and to Council as part of the Chief Operating Officer’s Report.

19 The Chief Operating Officer or Chief Executive may seek Council’s agreement to an additional budget allocation within the year. Any requests for additional funding should clearly identify any financial impact in future years.

**Budget virement**

20 The transfer of budgets between directorates can only be made with the approval of the Chief Operating Officer. Transfers between budget heads within the same directorate can be made with the approval of the Director of Resources and Quality Assurance.

**Maintenance of reserves**

21 The Director of Resources and Quality Assurance should advise the Executive Board on the appropriate levels of reserves. Council should approve the reserves policy annually.

**Investment policy**

22 Council is ultimately responsible for determining and reviewing the overall Investment Policy, objectives, risk appetite and target returns. Operational decision-making and implementation of the policy is delegated to the Investment Sub-Committee.

23 The Investment Sub-Committee establishes and monitors the investment management structure to ensure that it is appropriate to meet the agreed investment policy, and reports annually on its activities to Council.

24 All funds held by the GMC are controlled by the Director of Resources and Quality Assurance, who will oversee all borrowing, investment or financing and report to the Executive Board at regular intervals. A summary of investment performance is reported as part of the normal reporting of financial performance to the Executive Board, and within the Chief Operating Officer’s report to Council.
Section D - Risk management and control of resources

Risk management

25 Overall responsibility for risk management resides with Council.

26 Responsibility for overseeing risk management arrangements is delegated to the Audit and Risk Committee. The Committee reviews the risk management framework and obtains assurance from the internal auditors that the arrangements in place are effective.

27 The responsibilities of managers and staff are set out in the Risk Management Framework.

Internal control

28 Council is responsible for setting and maintaining a framework of delegation and internal control.

29 The Audit and Risk Committee is responsible for reviewing internal control and systems.

30 The Assistant Director of Audit and Risk Assurance is responsible for reviewing the effectiveness of the systems of internal control and risk management, providing assurance to Council through the Audit and Risk Committee.

31 It is the responsibility of management to establish effective systems of internal control and risk management. These arrangements need to ensure compliance with all relevant statutes and regulations, and other relevant statements of best practice. They should ensure that GMC funds are properly safeguarded and used economically, efficiently and effectively.

32 The Executive Board monitors operational performance, resource management, risk management and related controls, quality assurance, efficiency and continuous improvement.

Audit requirements

33 The Audit and Risk Committee makes recommendations to Council on the appointment, reappointment and removal of the external auditors.

34 External auditors and internal auditors have authority to:

a access all assets, records, documents and correspondence relating to any financial and other transactions
b require and receive such explanations as are necessary concerning any matter under examination

c access records belonging to third parties, such as contractors when required.

**Fraud and corruption**

35 The Director of Resources and Quality Assurance is responsible for the development and maintenance of an anti-fraud policy.

36 Staff should report any suspected fraud in accordance with the GMC’s Anti-Fraud Policy and, if appropriate, the Public Interest Disclosure (whistle-blowing) Policy.

**Declaration of interests**

37 Guidance for members on the disclosure of interests is set out in the Governance handbook.

38 Staff should disclose immediately to the Director of Resources and Quality Assurance any personal interest in, or benefit arising from, a transaction or financial arrangement involving the GMC, including any interest in a business trading with the GMC. Declarations will be recorded and retained by the Director of Resources and Quality Assurance.

**Asset management**

39 The Director of Resources and Quality Assurance is responsible for maintaining a fixed asset register.

40 Senior managers should ensure that records and assets within their areas of responsibility are properly maintained and securely held. The Director of Resources and Quality Assurance is responsible for ensuring that contingency plans for the security of assets and the continuity of business in the event of disaster or system failure are in place. Disposal of assets should be in accordance with procedures laid down by the Director of Resources and Quality Assurance.

**Remuneration**

41 The Remuneration Committee is responsible for advising Council on the remuneration, terms of service and the expenses policy for Council members including the Chair; and for determining the appointment and suspension/removal process, remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee. The Remuneration Committee is also responsible for setting the remuneration, benefits and terms of service for the Chief Executive, Chief Operating Officer/Deputy Chief Executive, and Directors and Senior Medical Adviser/Responsible Officer.
42 The Chief Executive and the Chief Operating Officer are responsible for determining policy on the remuneration, benefits and terms of service of all other GMC staff. Senior managers, in consultation with the Assistant Director – Human Resources, are responsible for setting and approving changes to staff salaries within the constraints of the overall policy.

**Staffing**

43 The Chief Operating Officer is responsible for ensuring that proper systems of staff appointment, training, allocation of work, delegation of duties and accountability, performance, appraisal, remuneration and discipline are in place.

4344 The Executive Board has established a People and Development Board, with membership consisting of the Senior Management Team plus the Assistant Director of Human Resources. The Board meets quarterly to consider outcomes from development mapping, key staff risks and succession planning, high level analysis of preliminary appraisal ratings and reviews of learning and development activity and data.

4445 Budget managers are responsible for controlling staff numbers by developing budget proposals that are sufficient to cover estimated staffing levels in the year, and adjusting staffing as necessary to a level that can be funded within the approved budget.

4546 Budget managers may only recruit temporary staff during the year where the costs can be absorbed within directorate budgets approved by Council.

4647 Recruitment of permanent staff over and above those included in the annual budget must be approved by the Chief Operating Officer.

**Section E - Financial systems and procedures**

**General**

4748 The Director of Resources and Quality Assurance is responsible for selecting appropriate accounting policies and for ensuring that systems are applied consistently, and for determining the accounting procedures to be followed and the accounting records to be maintained.

4849 The Director of Resources and Quality Assurance is responsible for ensuring that the annual statement of accounts is prepared in accordance with the Charities Statement of Recommended Practice and applicable law. Council is responsible for approving the annual report and accounts.

4950 The Director of Resources and Quality Assurance is responsible for providing financial training to all relevant staff.
Senior managers are responsible for the proper operation of financial procedures within their areas.

Where key members of staff with financial responsibilities are absent, senior managers must ensure that named deputies are identified so that financial procedures continue to operate securely and effectively.

Arrangements relating to the procurement of goods and services are set out in the GMC’s Procurement Policy.

Income and expenditure

The Chief Executive and the Chief Operating Officer may authorise expenditure within the constraints of the annual budget approved by Council. Directors and staff may authorise expenditure within the limits set out in the Schedule of authority, within the constraints of approved directorate budgets. When authorising expenditure, consideration must be given to any ongoing financial impact as these costs will need to be incorporated in future years’ budgets.

The Director of Resources and Quality Assurance is responsible for maintaining a scheme of financial delegation that identifies staff authorised to act on the GMC’s behalf in respect of raising orders, making payments, and collecting income, together with the limits of their authority. The Director of Resources and Quality Assurance will determine arrangements for the collection, banking and recording of income, and for payments to suppliers and other third parties.

Senior managers are responsible for ensuring that the scheme of financial delegation is operating effectively in their area.

The Chief Operating Officer will approve the bank mandate authorising bank signatories and their limits.

Outstanding debts can only be written off in exceptional circumstances. Individual debts of up to £10k can be written off with the approval of the Assistant Director of Finance. Individual debts up to £25k can only be written off by the Director of Resources and Quality Assurance, who will provide a periodic summary to the Executive Board. Individual debt write offs of more than £25k will be referred to the Executive Board and be subject to approval by the Chief Operating Officer.

Where goods or services are provided by the General Medical Council to external organisations, they should be charged on a full cost recovery basis. Any difference from this would require approval from Chief Operating Officer.

Where goods or services are provided to a trading subsidiary, they should be charged on a full cost recovery basis.
Staff, members and associates

6061 The Director of Resources and Quality Assurance is responsible for all payments of salaries, allowances and expenses to staff, members and associates.

Taxation

6162 The Director of Resources and Quality Assurance is responsible for ensuring the GMC complies with the relevant guidance and legislation on all matters relating to taxation.

6263 The Director of Resources and Quality Assurance is responsible for maintaining the GMC’s tax records, making all tax payments, receiving tax credits and submitting tax returns by their due date as appropriate.

Trading

6364 No company or commercial enterprise that exploits any activity carried out by, or exploits any rights belonging to the GMC may be established by staff, Council members or associates without the prior written approval of the Chair of Council and the Chief Operating Officer in consultation with the Chief Executive.

6465 No trading subsidiaries can be established without the approval of Council.

6566 Any activities carried out through a trading subsidiary should be subject to the same high standards of conduct and financial integrity that apply to all other GMC activities. Detailed working arrangements between the GMC and a trading subsidiary should be set out in an Operating Agreement.

Section F - External arrangements

Partnerships and joint projects

6667 No partnerships or joint projects which create material financial risk can be entered into without the approval of Council.

6768 Any partnerships or joint projects should be subject to the same high standards of conduct and financial administration that apply to all other GMC activities.

6869 The Director of Resources and Quality Assurance should ensure that the accounting arrangements to be adopted for partnerships and joint projects are satisfactory, and that the financial risks have been fully appraised before agreements are entered into.

6970 Partnerships and joint projects should be subject to the same level of audit review as other GMC activities.
External funding

The Director of Resources and Quality Assurance is responsible for ensuring that all funding is received and properly recorded in the GMC’s accounts.

Work for third parties

Any proposals for the GMC to undertake work for third parties must be consistent with the GMC’s charitable purpose and the Medical Act 1983. Contractual arrangements should be approved by the Chief Operating Officer. Work that is not consistent with the GMC’s charitable purpose and the Medical Act 1983 can only be undertaken through a trading subsidiary.
Chapter 11: Decision making framework

Introduction

1. The GMC is a statutory corporation created under the Medical Act 1983 and is registered as a charity with the Charity Commission for England and Wales and with the Office of the Scottish Charity Regulator. These characteristics mean that various matters must be taken into account when decisions are made. In particular the GMC is bound to act in accordance with its duties as a public body discharging statutory functions in accordance with the Medical Act 1983, and as a registered charity in accordance with the Charities Act 2011.

2. The purpose of this document is to set out a general decision-making framework. This framework will act as a reminder to those working on behalf of the GMC of the correct approach by the GMC when decisions are made.

3. This framework does not purport to be comprehensive, and does not set out what are the relevant facts or matters which may have to be considered in relation to any particular case. It is no replacement for taking detailed advice, where appropriate, in relation to specific decisions.

4. Decision makers will need to take into account relevant legal, tax, regulatory and commercial considerations which apply to any particular decision.

5. This framework will apply and will be particularly relevant to decisions which are not expressly provided for under the Medical Act 1983 (as amended) ("the “Act”). The Act and the regulations made under it set out certain requirements for certain decisions which decision makers must follow.

The Framework

6. Any decision made by the GMC must be made in the performance of its statutory functions, such as but not limited to, registration, education, standards and fitness to practice under the Act.

7. In exercising its functions the GMC must have regard to its over-arching objective, which is the protection of the public, which involves the pursuit of the following objectives:

   a. the health, safety and well-being of the public
b public confidence in the profession; and

c proper standards and conduct for doctors.

8 Decisions made by, or on behalf of, the GMC must further one or more of these objectives.

9 The GMC is also a charity. Decision makers must check that any decision falls within the GMC’s charitable purposes. If the decision is furthering one or more of the GMC’s statutory objectives then such a decision is likely to fall within the GMC’s charitable purposes.

10 The GMC must be able lawfully to do what is proposed. Any decisions which it makes or actions which it takes must be:

a pursuant to an express power set out in the Act or other relevant applicable legislation or regulations; or

b something that it, in the opinion of the GMC, incidental or conducive to the performance of its functions under the Act.

11 “Incidental” and “conducive” each have a wide meaning, although in certain situations there may be restrictions upon what the GMC can lawfully do as a statutory corporation.

12 The GMC must comply with the Charities Act 2011 and should follow Charity Commission guidance or authorisation. Regard must be had to the duties of “Charity Trustees” and the requirement that a charity must act for the public benefit.

13 The decision must be reached:

a in good faith

b reasonably, meaning rationally

c having:

i considered relevant facts and matters, including having proper regard to matters required under the Act

ii disregarding irrelevant facts and matters

d after the decision makers have adequately informed themselves and where necessary made further enquiries and where appropriate taken professional advice and considered it.
14 In reaching decisions relevant governance procedures in the Governance handbook should have been followed correctly: for example, the meeting must have been properly convened, quorate, and in accordance with any requirements of the GMC under the Act or any applicable legislation.

15 In exercising its charitable functions the GMC must comply with its duty of reasonable care under charity law and in particular its requirement for the proper stewardship of charitable funds. Charitable funds must be spent prudently, and in a manner appropriate to the GMC’s statutory and charitable purposes.

16 The minutes of the relevant meeting or other record of consideration of the relevant issues and the reasons why a decision has been reached should reflect this decision-making process.

Additional guidance will be published from time to time to supplement this framework.
Annex A: Council – working arrangements

- Annex A1: Working arrangements
- Annex A2: Corporate seal
Annex A1: Working arrangements

Meetings

1. Council meets as necessary for the transaction of its business, according to a schedule agreed by Council, but also as may be required as set out in paragraphs 2 and 3.

2. A special meeting may be called at the request of the Chair of Council (the Chair). 14 days’ notice is normally given of such a meeting.

3. A special meeting must be called within 21 days if three members so request in writing to the Chief Executive.

Principles relating to the conduct of Council business

4. The following principles apply to the conduct of Council business:

   a. the default assumption should be that all Council business is conducted in public

   b. some business may be more appropriately conducted in ‘closed’ session (i.e. GMC only, including staff). The reason for proposing that an item of business should be dealt with in closed session should be explained in the paper covering that item

   c. exceptionally, matters may arise which need to be taken ‘in private’ normally including the Chief Executive/Registrar, Chief Operating Officer, Directors, and the Council Secretary (with the exception of any member of that group to whom the matter relates)

   d. once a year, members may wish to meet without staff present, for example to discuss their own performance as a Board. The reason for meeting in private should be made explicit in the agenda and by the Chair at the meeting

   e. ‘briefings’ for members on particular issues, e.g. updating them on developments in education or fitness to practise, should continue in the usual way and should not be regarded as part of the formal conduct of Council business

   f. except for Briefings seminars and away days, minutes should be taken for all Council sessions. Where matters are discussed in closed confidential or private
session, however, the minutes will not be expected to give a detailed account of the substance of the discussion.

5 More detailed criteria for identifying items which should be taken in ‘closed’ and ‘private’ sessions (which broadly equate to different forms of ‘seminar’ mode) are set out below.

65 ‘Closed’ sessions are for the discussion of business which:

a relates to any personal matter concerning a present or former registrant or applicant for registration

b relates to any matter which is commercially sensitive

c relates to any matter which is subject to legal professional privilege

d relates to any matter relevant to the prevention or detection of crime or the prosecution of offenders

e identifies any information given to the organisation in confidence

f relates to risks, for example of a financial or political nature, to the GMC or others where there is a danger that the risk would be exacerbated by discussion in public

g relates to early stages in developing policy or consultations

h relates to any other matter deemed by the Chief Executive and Chair, subject to the agreement of Council, to require discussion in closed-confidential session.

76 ‘Private’ sessions are for the discussion of:

a any personal matter relating to an employee or Council member, or a former employee or Council member (if the employee or Council member would otherwise be present, he or she will be required to leave the part of the meeting during which such a matter is under consideration)

b any other matter deemed by the Chief Executive and Chair, subject to the agreement of Council, to require discussion in private session

87 ‘Private’ sessions with no staff (including the Chief Executive/Registrar) present may be required, for example, where:

a Council is discussing its own performance or matters concerned with members or the Chair

b the Chief Executive/Registrar is him/herself under discussion.
There might be occasions when, in the public part of the meeting, although an item would be tabled on the public agenda, the supporting papers or annexes to them would be available only to Council members and staff (and would be made publicly available at a later date).

If any matter arises of a confidential nature during the transaction of non-confidential business the Chair may require members of the public to withdraw while the matter is dealt with.

In the event of disorder at a meeting of Council, the Chair may require members of the public to leave. If disorder continues, the Chair may seek assistance from building security and/or the police to restore order.

**Quorum and attendance**

The quorum for any Council meeting is defined in the General Medical Council (Constitution) Order 2008 (as amended), and is 7 members.

The GMC Constitution Order 2008 (as amended) provides for a member to be removed from office by the Privy Council if that member's level of attendance at Council meetings falls below minimum levels of attendance set in Standing Orders (which are set out in paragraph 15 below), and whether or not there were reasonable causes for the member's absences.

Council members have a duty to attend meetings of Council and of any other GMC Board, Committee or group to which they have been appointed.

In the event that any member is unable to attend a Council meeting they have a duty to notify the Council Secretariat, and confirm the reason for their non-attendance.

Members’ commitment to the work of the GMC is demonstrated in a variety of ways not restricted to attendance at formal meetings. However, a member who fails to attend, without good cause, three consecutive meetings of the Council and 75% of the total of all of his/her commitments to Boards and Committees in any one period of twelve months may be regarded as having made an insufficient contribution to the work of Council. In these circumstances, notwithstanding the right of any Council or GMC staff member to notify the Privy Council that it may need to exercise its function the Chair may decide to notify the Privy Council, which determines the question of the member’s removal from office. Good cause in such circumstances is determined by the Chair of Council.

The Chair may invite any person to attend the whole or part of a Council meeting to present a report or to give advice.
Agendas

1817 The Chair and Chief Executive prepare and agree the agenda for each Council meeting.

1918 The Council Secretariat maintains a schedule of the proposed forward agenda planning programme, which will be made available upon request.

2019 Notice confirming the agenda for a Council meeting is sent to members not less than three weeks before the meeting to which it relates.

2120 Any member wishing to raise a matter, other than a matter appearing on the agenda, at a Council meeting is required to notify the Chair and Chief Executive not less than 14 days before the meeting.

2221 No business other than that which has been included in the agenda, or of which notice is given under paragraphs 3 or 21, is discussed at any Council meeting, with the exception of urgent business, which may be discussed with the consent of the Chair.

2322 The agenda and supporting papers for Council meetings are sent to members not less than seven days before the meeting. Papers are circulated within later than seven days before the meeting only if they:

a relate to a special meeting

b relate to urgent business

c contain information that was not reasonably available at the time of first circulation.

2423 Agendas, papers and minutes of Council meetings are published on our website no fewer than two days before the meeting.

Rules of debate

2524 Any member wishing to speak indicates this to the Chair and waits to be called by the Chair. All contributions are directed to the Chair. Members give way to the Chair on request.

Amendments

2625 Any amendments to a recommendation are in one of the following forms:

a to add words

b to delete words
to delete words and substitute others.

All amendments are to be proposed and seconded.

**Decision making and voting**

Members have a duty to support all Council decisions on the basis of collective responsibility.

In discussion of agenda items the intention is to reach agreement by consensus. If a general consensus emerges, then the Chair may curtail discussion and seek agreement to the proposal. Where a consensus decision is reached the Chair asks Council to confirm this orally and this is minuted. **On an exceptional basis, any member who dissents from a decision is entitled to require such dissent to be formally recorded in the minutes of the meeting.**

Voting occurs only when consensual agreement cannot be reached.

Voting at Council meetings is by show of hands. The Medical Act 1983 as amended provides that if the votes are equal the person who chairs the meeting has a casting vote in addition to his/her vote as a member of the Council.

The Chief Executive declares the numbers of votes and any abstentions, which are recorded in the minutes of the meeting.

**Points of order**

The decision of the Chair on any point of order or question of procedure is conclusive for all purposes.

**Minutes**

Minutes of Council meetings are taken and are retained as a record of members’ attendance, key points made, decisions taken and any declared conflicts of interest. **On an exceptional basis, any member who dissents from a decision is entitled to require such dissent to be formally recorded in the minutes of the meeting.** Draft minutes of Council meetings are produced, approved by the Chair and then circulated to members normally within 14 days of a meeting taking place. **Where possible, members should identify corrections or additions to the minutes to the Council Secretary before the next meeting in order that final approval can be granted at the subsequent meeting.** Minutes are laid before Council at the next meeting for final approval. The Chair signs the minutes of each meeting once they have been approved. In addition to the minutes, the Council Secretariat maintains a list of action points and monitors their completion.

**www.gmc-uk.org**
Recordings or transcripts made by third parties are not permitted at Council meetings unless specifically authorised by Council.

The GMC is a public body for the purposes of the Freedom of Information Act 2000. This provides a general right of access to information, subject to specified exemptions.

**Urgent action between meetings**

The Chair may, having consulted the Chief Executive and other members wherever possible, between meetings authorise on behalf of the Council urgent action of a kind which would normally be dealt with at a meeting. Any action thus taken is reported to Council at the earliest practical opportunity, formally noted at the next Council meeting and recorded in the minutes.

**Governance handbook and working arrangements**

Any part of this Governance handbook may be amended or revoked by Council at any time. The working arrangements for Council may be suspended if required for the effective conduct of business. Such suspension should be proposed and seconded, and approved by a majority of those present at a meeting.
Annex A2: Corporate seal

1. The corporate seal is kept in the secure custody of the Chief Executive, or another employee designated on his/her behalf.

2. The Registrar/Chief Executive is authorised to affix the corporate seal to Deeds and, as appropriate, other documents that require the corporate seal to be affixed in connection with:
   - investments by the GMC
   - the acquisition or disposal of land and any dealings with or transactions involving land (including without limitation the transfer of land, the grant to or by the GMC of leases or licences relating to land and the grant or release of interests relating to land)
   - pension and life assurance schemes and arrangements for current and former employees and officers of the GMC.

3. Except as provided in paragraph 2 above, the seal may be affixed only as directed by order, or under the authority, of Council. The seal must be affixed in the presence of, and witnessed by, the Chief Executive and any Council member to whom Council has delegated authority.

4. Any order for affixing the seal states why it is being used, and is recorded in the Chief Executive’s report to Council.

5. The Council Secretariat shall keep a record of the affixing of the corporate seal.
Annex B: Committees: working arrangements

- Annex B1: Arrangements for the appointment of Council and external members to Committees
- Annex B2: Working requirements for Committees
- Annex B3: Role description for Committee Chairs
- Annex B4a: Statement of purpose of the Audit and Risk Committee
- Annex B4b: Statement of purpose of the Remuneration Committee
- Annex B4c: Statement of purpose of the Trustees of the GMC Staff Superannuation Scheme
- Annex B4d: Statement of purpose of the Medical Practitioners Tribunal Service Committee
- Annex B4e: Statement of purpose of the GMC/MPTS Liaison Group
- Annex B4f: Statement of purpose of the Investment Sub-Committee
Annex B1: Arrangements for the appointment of Council and external members to Committees

1. Members are asked to express interest in becoming members and/or chairs of Committees. Having taken account of these expressions of preference, the Chair of Council makes proposals for chair and members which are circulated in advance for approval at a meeting of Council.

2. The Chair of Council is ex officio a member of each Committee, except the Audit and Risk Committee, and if present forms one of the quorum.

3. Membership, including chairpersonship, of the Committees is reviewed twice in each four year term of office, at the beginning and at the mid-way point. Members are asked to express their preferences for bodies they wish to join or leave, and whether they wish to be a chair. The Chair of Council uses this information to inform proposals about chairs and membership which are presented as proposals to Council for approval.

4. The appointment of members following any casual vacancies that may occur is undertaken in line with the procedure outlined in paragraph 1.

Appointment of external members

5. The Audit and Risk Committee will nominate two people to serve as co-opted members on the Committee for any period not exceeding four years, and will seek Council’s approval to the appointments.

6. The Investment Sub-Committee will nominate two or three people to serve as co-opted members of the Sub-Committee for any period not exceeding four years, and will seek Council’s approval to the appointments.

7. Co-opted members of the Audit and Risk Committee and the Investment Sub-Committee will receive meeting papers and take part in the discussion. In the event that a vote needs to be taken, only Council members of the Committees will be entitled to vote. In the case of papers, the executive will advise on any particular papers, or parts of papers, which need to be treated in confidence.

8. The terms of office of co-opted members may be renewed for any further period of up to four years, provided that no co-opted member will serve for more than a total of eight years in any period of twenty years.
Observers

9 The chairs of each of the Committees may invite individuals from external organisations to attend meetings as observers.

10 People invited to attend as observers may receive meeting papers. They may also take part in the discussion but will not vote on decisions. They are bound by the same duty of confidentiality as other members of the group.
Annex B2: Working requirements arrangements for Committees

Chairing in the absence of the chair

1 When the appointed chair of a Committee is absent from a meeting, or has had to withdraw owing to a conflict of interest, the meeting is chaired by another Council member of the Committee appointed by agreement of the Committee in question.

Minutes and notes

2 Minutes are taken of Committee meetings. As soon as the Committee chair has agreed the draft minutes of a meeting, they are circulated to all Committee members for comment. They are tabled included on the agenda for formal approval at the next meeting. The secretaries of the Committees also keep a list of action points, which are circulated to the committee as an annex to the minutes, and monitor their completion.

Reporting

3 Each Committee reports annually to Council on a ‘to consider’ basis, except the Audit and Risk Committee which reports twice a year. The report should be presented by the chair of the Committee in question, or, in the event that the chair is unavoidably absent, by a member of the Committee who has been asked to present by the chair of the Committee or by the Chair of Council. As part of the Audit and Risk Committee’s reporting cycle, the Corporate Risk Register is presented to Council in closed session (see Annex A1 paragraph 4b).

Working arrangements

4 Each Committee is invited to consider and agree its own working arrangements, taking into account good governance practice and what is required to achieve its purpose.

Decision making and voting

5 In discussion of agenda items the intention is to reach agreement by consensus. If a general consensus emerges, then the chair may curtail discussion and seek agreement to the proposal. Where a consensus decision is reached the chair asks the Committee to confirm this orally and this is minuted.
6 It is expected that Committees will conduct their business on the basis of seeking consensual agreement in all but the rarest of cases.

7 In the event that such agreement cannot be reached, and that it is necessary for a particular matter (for example in relation to a power delegated to a Committee by Council) to result in a specific decision, members of the committee who are also Council members may vote (as set out in annex B1). Voting at meetings is by show of hands. If the votes are equal the person who chairs the meeting has a casting vote in addition to his/her vote as a member of the committee.

8 The secretary to the meeting declares the numbers of votes and any abstentions, which are recorded in the minutes of the meeting. On an exceptional basis, any member who dissents from a decision is entitled to require such dissent to be formally recorded in the minutes of the meeting.

**Quorum and attendance**

9 The quorum for meetings of the Audit and Risk Committee, the Remuneration Committee and the Investment Sub-Committee is three members, one of whom is either the Chair or, in their absence, another Council member nominated to chair the meeting.

10 Council and co-opted members are expected to attend meetings of any Committee to which they have been appointed or nominated.

11 In the event that any member is unable to attend a Committee meeting that person has a duty to notify the relevant Secretariat, and advise the reason for their non-attendance.

**Publication of papers**

12 The Committees’ reports to Council will be available on the external website. The GMC is a public body for the purposes of the Freedom of Information Act 2000. This provides a general right of access to information, subject to specified exemptions.
Annex B3: Role description for Committee Chairs

1. The core role of the chair of a Committee is to ensure that the Committee remains focused on its business, acts within its terms of reference, and properly accounts for the conduct of its business in line with its purpose and duties.

2. The chair’s role is to:

   a. provide non-executive leadership to the work of the Committee

   b. ensure that the Committee fulfils the purpose set for it and is responsive to direction from Council

   c. ensure that the Committee works collectively

   d. work with the Chair of Council to ensure that business is handled effectively, with appropriate levels of consultation and input

   e. establish and maintain an effective working relationship with the Chief Executive, Chief Operating Officer, directors, executive leads, secretariat, and other staff, as appropriate, taking forward business as required between meetings and liaising as required with other Committee members to ensure this

   f. chair Committee meetings effectively, ensuring that required decisions are taken

   g. approve draft minutes for circulation to the Committee

   h. jointly with the executive leads, ensure, in the light of Council’s priorities, and in liaison with the secretariat, an annual work programme for the Committee, including formal meetings as appropriate

   i. ensure that the work and activities of the Committee are regularly reported to Council as required.

3. As good governance practice, all chairs of Committees have an explicit right of access to the Chair of Council and to the Chief Executive.

4. There may be occasions on which, within the powers delegated by Council to the Committee, decisions need to be taken outside a meeting of the Committee. If so,
the chair reports the decision to the Committee at the earliest opportunity and the agreed decision is formally reported at the next Committee meeting.
Annex B4a: Statement of purpose of the Audit and Risk Committee

Purpose

1  The Audit and Risk Committee provides Council with independent assurances on the effectiveness of arrangements established by the Executive to ensure the:

   a  Integrity of the financial statements.

   b  Effectiveness of the systems of internal control, governance and risk management.

   c  Adequacy of both the internal and external audit services.

2  The Committee is specifically authorised by Council to:

   a  Investigate any activity within its terms of reference including any activity by a trading subsidiary of the GMC. Any investigation will normally be initiated in consultation with the Chief Executive.

   b  Seek any information it may reasonably require from any member, employee or associate of the GMC or of any trading subsidiary of the GMC. All members, employees and associates are directed to co-operate with any reasonable request made by the Committee.

   c  Obtain outside legal or other independent professional advice and to secure the attendance of people with relevant experience and expertise if it considers this necessary. The Committee may not incur direct expenditure in this respect in excess of its allocated budget without prior approval of the Chair of Council, in consultation with the Chief Executive.

Duties and activities

Financial Reporting

3  Review the annual financial statements taking into account advice from the external auditors and ensure they are a fair and accurate reflection of the activities of the GMC and of any trading subsidiary of the GMC. If necessary, this should involve challenging the actions and judgements behind the preparation of the annual financial statements and related documents, before submission to and approval by Council.
4 Review the organisation’s accounting policies.

5 Consider any other topics, as directed by Council.

**Internal Control and Risk Management**

6 Monitor the integrity of internal controls. In particular, review management and the internal audit reports on the effectiveness of the system of internal control.

7 Assess the scope and effectiveness of the systems designed to identify, assess, manage and monitor significant risks, including those of any trading subsidiary.

8 Review statements in the annual report and accounts relating to audit and risk management.

9 Monitor anti-fraud policies and procedures and review arrangements for raising concerns.

10 Review all delegated authorities at least once in every four-year Council term.

11 **Review and assess the risks relating to General Data Protection Regulations (GDPR) and cyber security.**

**Internal Audit**

12 The appointment or dismissal of the Assistant Director of Audit and Risk Assurance and the external provider of internal audit services is the responsibility of the Chief Operating Officer in consultation with the Chief Executive, but should be ratified by the chair of the Audit and Risk Committee. In the event of any unresolved disagreement between the Chief Executive and the chair of the Committee, the matter will be referred to the Chair of Council.

13 Ensure that the Assistant Director of Audit and Risk Assurance has direct access to the Chair of Council and the Committee and is accountable to the Committee.

14 Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation.

15 Consider and monitor the organisation’s response, including the response of any trading subsidiary of the GMC, to any major internal audit recommendations.

16 Monitor and assess the role and effectiveness of the internal audit function.

17 Ensure the provision of any non-audit services does not impair the internal auditors’ independence or objectivity.
External Audit

18 Consider and make recommendations to Council on the appointment, reappointment and removal of the external auditors.

19 Approve the terms of engagement and fee to be paid to the external auditor in respect of audit services provided.

20 Assess the qualification, expertise, resources, effectiveness and independence of the external auditors annually.

21 Discuss in advance with the external auditor the nature and scope of the audit.

22 Review with the external auditors their findings, the content of the management letter and management’s responses and the audit representation letter.

23 Ensure the provision of any non-audit services does not impair the external auditors’ independence or objectivity.

Working arrangements

24 Meetings will be held at least four times a year. At the discretion of the chair of the Committee, additional meetings can be convened.

25 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

26 The external auditors or internal auditors may request a meeting of the Committee.

27 At least once a year the Audit and Risk Committee should meet the external auditors and internal auditors without management.

28 Members of the Committee (including the co-opted members) may meet alone at any time. Normally, senior staff will be in attendance including the Chief Executive, the Chief Operating Officer, the Director of Resources and Quality Assurance, the Assistant Director of Finance and Procurement, and the Assistant Director of Audit and Risk Assurance. Others may attend meetings at the invitation of the Committee.

29 Draft minutes should be cleared by the chair and circulated to members for comment within two weeks of the meeting. Minutes are circulated to all Council members.

30 Where the Committee is not satisfied with any aspects of the organisation’s performance, or the performance of any trading subsidiary of the GMC, in relation to audit and risk or other systems of internal control it will report its views to Council.

31 The Committee prepares a report, for inclusion in the annual report and accounts, on its role and responsibilities and the actions it has taken to discharge those...
responsibilities. The report includes any unresolved disagreements between Council and the Committee.

32 The chair or another designated member of the Committee, if the chair is not available, presents a report and answers questions on the Committee’s activities for Council at least twice a year.
Annex B4b: Statement of purpose of the Remuneration Committee

Purpose

1 The Remuneration Committee advises Council on remuneration, terms of service, and the expenses policy for Council members including the Chair.

2 The Remuneration Committee will determine:

   a The appointment process for the Chief Executive.

   b The remuneration policy and underlying principles for remuneration of the senior management roles within its remit.

   c Remuneration, benefits, and terms of service for permanent and interim appointments to the role of Chief Executive, Chief Operating Officer/Deputy Chief Executive, and Directors, and the Senior Medical Adviser.

   d The appointment and suspension/removal process for the Chair of the Medical Practitioners Tribunal Service (MPTS) and members of the MPTS Committee.

   e Remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee.

Duties and activities

3 The Committee is responsible for reviewing and advising Council on the remuneration arrangements and levels (including expenses policy) for Council members, including the Chair.

4 The Committee sets all aspects of salary or honoraria, the provision of any other benefits, and any other arrangements or contractual terms, unless these are required by employment law or are routine changes to GMC staff policies.

5 The Committee will consider all proposed changes which will have a material impact on agreed terms and conditions, such as an extended leave of absence, sabbatical arrangements and relocation support, and offers advice in respect of the following roles:

   a The Chief Executive.
b The Chief Operating Officer/Deputy Chief Executive.

c Directors and the Senior Medical Adviser.

d The Chair of the MPTS and members of the MPTS Committee.

e Any other such staff and posts as may be required.

6 In respect of the appointments of the Chief Executive and the Chair of the MPTS and members of the MPTS Committee, the Committee is responsible for designing the recruitment/appointment processes in accordance with Council’s agreed delegation.

7 The Committee will:

a Ensure that the assessment and measurement of performance takes place within an appropriate framework for the senior management roles within its remit.

b Ensure that the assessment of talent management and succession planning issues takes place within an appropriate framework for the senior management roles within its remit.

8 The Committee will ensure that equality and diversity principles are embedded in the issues relevant to its remit.

Working Arrangements

9 The Committee may commission appropriate external advice where required.

10 Meetings are held twice a year. At the discretion of the Chair of the Committee, additional meetings can be convened.

11 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

12 Papers for each meeting will be sent electronically to Committee members at least seven days in advance of meetings.

13 Draft minutes, recording conclusions of the issues discussed, should be cleared by the chair and circulated to members for comment within two weeks of the meeting. The Committee approves minutes at its next meeting.

14 The Chair of the Committee presents a report on its activities to Council at least annually.
Annex B4c: Statement of purpose of the Trustees of the GMC Staff Superannuation Scheme

Purpose

1. The purpose of the Trustees of the GMC Staff Superannuation Scheme is set out in the Scheme’s Trust Deed and Rules.

2. Trustees manage and administer the GMC Staff Superannuation Scheme. This includes:

   a. Appointing an administrator of the Scheme.
   b. Ensuring that members are paid the benefits they are due.
   c. Ensuring that appropriate accounts and records for all Scheme administration are maintained.
   d. Appointing an auditor to the Scheme.
   e. Appointing a Scheme actuary.
   f. Commissioning reports on the financial position of the Scheme.
   g. Managing the investments of the Scheme.
   h. Ensuring that the Scheme meets the relevant regulatory requirements.
   i. Responding to any complaints or queries that require a decision.
   j. Ensuring that key documents, reports and background information are accessible to scheme members.
   k. Oversee the effective communication of the benefits, rules and Scheme funding position to Scheme members as well as promoting the benefits of membership of the Scheme.
**Duties and activities**

3 The Trustees have specific duties set out in legislation and the Trust Deed and are required to consult with the employer on changes to the Scheme and key policy statements, including:

   a The statement of funding principles.

   b The investment strategy.

   c The employer covenant.

**Working arrangements**

4 The Trustees are required by the Deed to meet at least once a year, but normally meet more frequently. Professional advisers attend the relevant parts of each meeting.

5 The Trustees work closely with the Executive Board as the representative body of the Scheme sponsor. Any significant decisions for the Scheme sponsor are escalated to Council as quickly as possible via the Chief Operating Officer’s report.

6 Sub-groups of the Board of Trustees are agreed from time to time to work on specific issues, such as meeting advisers and fund managers, or reviewing communications with Scheme members.

7 Papers for each meeting are normally sent electronically to Trustees at least seven days in advance of meetings. Copy papers are posted to Trustees requiring a hard copy.

8 Meetings regularly contain an element of training.

9 Minutes are circulated to Trustees for comment within two weeks of the meeting. The Trustees approve the minutes at their next meeting. Minutes record the conclusions of the issues considered.
Annex B4d: Statement of purpose of the Medical Practitioners Tribunal Service Committee

Purpose

1. The Medical Practitioners Tribunal Service (MPTS) is a statutory committee of the General Medical Council established under Section 1 (3) (g) of the Medical Act 1983 (as amended) and constituted in accordance with the MPTS Rules*.

2. The MPTS is responsible for providing a hearings service to the GMC that is efficient, effective and clearly separate from the investigatory role of the Fitness to Practise Directorate within the General Medical Council.

Duties and activities

3. The MPTS Committee is responsible for ensuring:

a. The delivery of a hearings service that demonstrates efficiency and effectiveness.

b. The appointment of Medical Practitioners and Interim Orders Tribunal members (including chairs) and that appropriate systems for the appointment, training, assessment and, where required, the removal of tribunal members are in place.

c. The appointment of legal assessors and case managers and that appropriate systems for the appointment, training, assessment and, where required, the removal of case managers are in place.

d. Maintenance of a system for declaration and registration and publication of Committee members’ private interests.

e. Consideration of matters by a Medical Practitioners Tribunal/Interim Orders Tribunal.

f. High quality standards of decision-making by Medical Practitioners Tribunals and Interim Orders Tribunals are maintained.

g. High quality standards of case management by case managers are maintained.

The setting and maintenance of guidance for the MPTS tribunals, case managers, and legal assessors, as required.

That the MPTS applies the equality and diversity strategy and policies of the GMC.

Notification of Medical Practitioners Tribunal and Interim Orders Tribunal decisions as required by the Medical Act.

Effective liaison with all users of the hearings service provided by the MPTS.

An annual report which meets the requirements of Section 52B of the Medical Act 1983 as amended.

Delegations
4 The delivery of the operational requirements of the MPTS may be delegated by the GMC Council to the Chair of the MPTS or to such other officer of the General Council as specified in Council’s Schedule of Authority. Responsibility for the day-to-day operational management of the MPTS rests with the Executive Manager - MPTS.

Membership
5 The membership of the MPTS Committee, as constituted in accordance with the MPTS Rules, is the Chair of the MPTS and four other MPTS members, two medical and two lay. The MPTS is chaired by the Chair of the MPTS.

6 One medical and one lay member will be currently sitting MPTS Tribunal members. The remaining medical and lay members may be external co-opted or demitted MPTS Tribunal members.

7 The Executive Manager - MPTS will attend Committee meetings but is not a member of the Committee.

8 The Committee may invite other members of MPTS or GMC staff, or external parties to attend or present at individual meetings so as to progress its business.

9 The quorum for meetings of the MPTS Committee is three.

Working Arrangements
10 The MPTS Committee meets at least four times a year. At the discretion of the Chair of the MPTS, additional meetings can be convened, if required. Formal decision-making is supported by papers setting out options and recommendations.

11 Papers for each meeting will normally be sent electronically, and in hard copy on request, to MPTS Committee members at least seven days in advance of meetings.
Work may be progressed electronically outside of the meetings, including the use of teleconference and videoconference facilities, at the discretion of the Chair.

12 In discussion of agenda items the intention is to reach agreement by consensus. Voting occurs only when consensual agreement cannot be reached and is by show of hands. If the votes are equal the person who chairs the meeting has a casting vote in addition to his/her vote as a member of the Committee.

13 The MPTS Committee Secretary minutes each meeting and aims to circulate the minutes, as cleared by the Chair of the MPTS, to members for comments within two weeks of the meeting. The MPTS Committee approves minutes at the next Committee meeting. Minutes record the conclusions of the MPTS Committee on the issues considered.

14 Where matters are being discussed outside a face-to-face meeting, for example by exchange of emails or teleconference calls or videoconferences, the MPTS Committee Secretary will liaise with the Chair of the MPTS to agree the most appropriate mechanism for seeking views depending on the issue. In such instance the conclusions of the MPTS Committee will be reported at the next Committee meeting and recorded in the minutes.

15 The MPTS Committee agenda, minutes and papers will be published on the MPTS website. Papers relating to a decision being made will be published in accordance with our publication scheme.

Accountability and reporting

16 The Chair of the MPTS is accountable to the General Medical Council through the Chair of the GMC’s Council, and will report to Council on its work to fulfil the statutory duties for which it is accountable to the Privy Council on a twice-yearly basis. The report will summarise the performance of the MPTS during the previous reporting period, and the work of the MPTS Committee.

17 In addition, the MPTS will report annually to Parliament (via the Privy Council). This report will be coordinated for submission with the GMC trustees’ annual report and accounts.
Annex B4e: Statement of purpose of the GMC/MPTS Liaison Group

**Purpose**

1. The purpose of the Liaison Group is to establish an effective working relationship between the MPTS and the functions of the GMC with which it will interact. The Liaison Group supports the delivery of the hearings service provided by the MPTS and ensures that working arrangements are established and operate effectively.

**Duties and activities**

2. To provide assurance to Council that the MPTS is delivering against its objectives through the report from the Chair of the MPTS to Council and its annual report to Parliament.

3. To work collaboratively to manage corporate risks and issues.

4. To resolve any policy or operational issues that may arise.

5. To provide an effective feedback mechanism between the GMC and the MPTS.

6. To have regard to the annual operational plan and budget for the MPTS.

7. To have regard to the MPTS annual report to Parliament.

**Working arrangements**

**Membership**

8. The membership of the Liaison Group is as follows:

   a. Chair of Council
   b. Chief Executive
   c. Chief Operating Officer
   d. Director of Fitness to Practise
   e. Director of Resources and Quality Assurance
A member or members of the MPTS Committee may be invited to attend a meeting of the Liaison Group at the discretion of the MPTS Chair, as required.

The Liaison Group will be chaired by the Chair of the GMC. If, for any reason, the Chair is unable to attend any meeting he/she will identify another member of the Group to chair the meeting.

Secretariat support to the Liaison Group will be provided by the GMC Governance team.

Staff from the MPTS and other parts of the GMC may attend by invitation.

Meetings and attendance

The Liaison Group meets on a biannual basis or as necessary for the transaction of its business, according to a schedule agreed by the Liaison Group, but also as may be required as set out in paragraph 14.

A special meeting may be called at the request of either the Chair of Council and/or the Chair of the MPTS.

In the event that any member is unable to attend a Liaison Group meeting they should notify the Liaison Group secretariat.

Liaison Group meetings will usually take place ‘in person’ but with the agreement of the Chair of the GMC members may join by video and/or telephone conference.

Agenda, papers and minutes

The Chair of the MPTS and Chief Executive of the GMC prepare and agree the agenda for each Liaison Group meeting.

Papers for each meeting are normally sent electronically to members at least seven days in advance of meetings. Copy papers are posted to members requiring a hard copy.

Minutes of Liaison Group meetings are taken and are retained as a record of members’ attendance, key points made, and decisions taken. Draft minutes of Liaison Group meetings are produced, approved by the Chair of the Liaison Group and then circulated to members, normally within 14 days of a meeting taking place. Minutes are laid before the Liaison Group at the next meeting for final approval.
Agenda and minutes of Liaison Group meetings will be available on the external website once approved.
Annex B4f: Statement of purpose of the Investment Sub-Committee

Purpose

1. The purpose of the Investment Sub-Committee is to provide a forum for implementing and reviewing Council’s Investment Policy.

2. Council is ultimately responsible for determining and reviewing the overall Investment Policy, objectives, risk appetite and target returns. Operational decision-making and implementation of the policy is delegated to the Investment Sub-Committee.

Duties and activities

3. The Investment Sub-Committee:

   a. Ensures the management of the assets, including the assets of any trading subsidiary of the GMC in which the GMC has made an investment, is consistent with the Investment Policy set by Council.

   b. Monitors the Investment Policy to ensure it remains appropriate, and to recommend changes to Council as appropriate.

   c. Implements changes to the Investment Policy as appropriate.

   d. Establishes and monitors the investment management structure to ensure that it is appropriate to meet the agreed Investment Policy. This includes decisions about the appointment of fund managers, the number of fund managers used, the proportion of assets managed by each manager, and their mandates.

   e. Agrees the terms of appointment of the investment fund managers, including their fee scales.

   f. Implements changes to the investment management structure as appropriate.

   g. Sets asset allocation parameters, based on advice from fund managers and/or external advisers, and monitors the actual asset allocations chosen by the fund manager, to ensure consistency with the policy. Where more than one fund manager is appointed, the Sub-Committee will also monitor the aggregate asset allocation to ensure it provides sufficient diversification to reduce the risk of capital and/or revenue loss.

   h. Monitors the performance of each fund manager against agreed objectives by means of regular review of the investment results and other information.

   i. Monitors the corporate governance activities, policies and exercising of voting rights of the investment fund managers.
Meets with the investment fund managers at least biannually to discuss their performance, actions and future strategy.

Considers and approves any investment by the GMC in a trading subsidiary.

Monitors and has oversight of any investment by the GMC in a trading subsidiary – on a financial, programme-related or mixed motive investment basis to ensure the expected return is delivered, reporting to Council at least annually on this. This would include meeting with representatives of the trading subsidiary at least biannually.

Monitors and reacts to legislative, financial and economic changes affecting, or potentially affecting, the Investment Policy.

Reviews, and makes recommendations to Council on, the Investment Policy so that it remains consistent with, and supportive to, Council’s overall business plan, budget and reserves policy.

**Working arrangements**

4 The Investment Sub-Committee meets quarterly. Additional meetings may be scheduled if necessary.

5 Draft minutes should be cleared by the Chair and circulated to members for comment within two weeks of the meeting. The Sub-Committee approves the minutes at its next meeting.

6 Membership of the Investment Sub-Committee comprises:

a Five members of Council, one of whom will be appointed as Chair of the Sub-Committee.

b Two or three external, co-opted members, with extensive investment experience.

c The Director of Resources and Quality Assurance and the Assistant Director, Finance and Procurement.

7 The role of the external co-opted members is to bring their experience and knowledge of investments to the work of the Sub-Committee. Co-opted members are not appointed as advisers to the Sub-Committee. They are expected to act as full members of the Sub-Committee, while recognising that they are not trustees or members of Council.

8 In the event that a vote needs to be taken, only Council members will be entitled to vote, in line with Annex B1 of the Governance Handbook.

9 The Sub-Committee may engage professional external advisers to undertake a periodic review/health check of the investment arrangements, and to provide professional advice. External advisers will attend Sub-Committee meetings as necessary.
10 Fund managers who are appointed to manage investment funds on behalf of the GMC will be expected to attend Sub-Committee meetings at least biannually.

11 The Chair and/or directors of trading subsidiaries will attend Sub-Committee meetings at least biannually.

12 Other staff may attend Investment Sub-Committee meetings as necessary.

13 A summary of the performance of funds invested under management and funds invested through a trading subsidiary will be reported to Council as part of the normal reporting of financial performance within the Chief Operating Officer’s report. In addition, the Sub-Committee will report annually to Council on its activities.

[This Statement of Purpose forms part of the Governance Handbook. This version was approved by Council on 24 April 2018]
Annex C: Matters relating to members

- Annex C1: Members’ information
- Annex C2: Member induction, appraisal, education and training
- Annex C3: Guidance on the register of interests and conflicts of interest
- Annex C4: Procedure for dealing with complaints against Members
- Annex C5: Appointment of the Chair of Council
Annex C1: Members’ information

Terms of office

1 The duration of the term of office of each Council member is determined by the Privy Council on appointment. The relevant provisions are set out in Part 2 section (3) of the GMC (Constitution) Order 2008 (as amended) (https://www.gmc-uk.org/about/how-we-work/governance/council/legislative-framework http://www.gmc-uk.org/about/legislation/governance.asp). Members are normally appointed for a four year term of office, and are eligible for re-appointment for a further term of up to four years. The expectation is that the Privy Council will stagger the end dates of members’ terms of office during any second term of re-appointment, if the needs of Council so require it.

2 The term of office of the Chair of Council is determined by the Privy Council on appointment. The relevant provisions are set out in Part 3 section (8) of the GMC (Constitution) Order 2008 (as amended) (https://www.gmc-uk.org/about/how-we-work/governance/council/legislative-framework http://www.gmc-uk.org/about/legislation/governance.asp). This term is normally four years, but in any event cannot be more than the period between the Chair’s date of appointment as chair and the date on which the Chair’s appointment as a member is due to expire.

Remuneration and time commitment

3 Members are expected to make themselves available to the GMC for up to three days a month, including Council and other meetings or commitments.

4 An annual fee is paid to members to cover attendance at Council and other meetings, and all other activities including preparation and travelling time.

Personal details

5 We need to collect personal information in order to contact members about GMC business. Contact details are made available to Council members and to staff in the course of their work.

6 Biographical details may be made available on request by other organisations and individuals. Summary biographies are published on our website.
7 Information about disabilities, dietary requirements, and emergency contacts will not be made available outside the GMC and will be disclosed to staff only if such disclosure is essential for their work.
Annex C2: Member induction, appraisal, education and training

1 Part 2 Paragraph 4 of the GMC (Constitution) Order 2008 (as amended) requires the GMC to make provision in Standing Orders about the requirements with regard to education and training of members. Members are expected to participate in induction, appraisal, education and training.

Induction

2 Induction arrangements are made available for all Council members following confirmation of appointment. This includes the opportunity to meet the Chair of Council, Chief Executive and other members of the senior management team. Members receive a welcome pack which includes key information as required to support them in their role. During induction, members receive advice and guidance on the appraisal system and IT facilities available, and the policy on remuneration and claiming expenses.

Appraisal

3 The member appraisal cycle is based around annual appraisal meetings between the Chair and member. The timetable for member appraisal over a four-year term would be:

a first year – one to one appraisal meeting with the Chair of Council, informed by self-assessment

b second year – one to one appraisal meeting with the Chair of Council, informed by self-assessment and 360 degree/multi-source feedback

c third year – one to one appraisal meeting with the Chair of Council, informed by self-assessment

d fourth year – one to one appraisal meeting with the Chair of Council, informed by self-assessment and the option for 360 degree/multi-source feedback.

Multi-Source Feedback, external support, and the appraisal meeting

4 A 360 degree/multi source feedback system will provide an individual report to underpin the appraisal discussions scheduled for the second and fourth years of appointment.
Each stage of the appraisal process will be scheduled at a time which provides meaningful feedback for members. Appraisal in the first and second years will also be early enough in the members’ term of office to allow any action points to be worked on.

While multi-source feedback is a key component of the process, the system of providing feedback is flexible. This includes the number of people feedback is sought from, and who they are. It could include other Council members, senior GMC staff, or colleagues in other organisations. Feedback should generally be sought from a group of around six people, but this is an individual member’s choice. The suggested minimum is four people.

The report summarising the results of the feedback is personal to the member and provides background to the second appraisal meeting with the Chair. It is not circulated outside this discussion and will not form part of the documentation shared with the Privy Council as part of the reappointment process.

The support to which members have access in reviewing their feedback and preparing for their appraisal discussion will be in line with members’ individual preferences.

The first and second appraisals will allow any training needs to be highlighted and followed up with individual members. Following each appraisal discussion the Chair will provide an indication of performance.

The third appraisal will provide an early opportunity for discussions relating to a member’s intentions as to seeking possible re-appointment, if applicable. It also allows for review of a member’s experience in light of any changes to Committee membership (reviewed at the mid-term point). This third appraisal will include be followed by confirmation of whether reappointment is recommended.

The fourth appraisal discussion with the Chair will be scheduled for the final year of a four year term. This will include confirmation of whether reappointment is recommended. This discussion will optionally be prefaced by a 360 degree/multi-source feedback process.

The timing of the fourth appraisal discussion will fit with the appointment/re-appointment process, so appraisals will be scheduled to meet the relevant requirements.

The appraisal process is supported by the Competency Framework for members.

Using the Appraisal process

While there is an important relationship between individual appraisal discussions and the reappointment process there are other important links. The primary aim of
the system is to contribute to the effective governance of the GMC. For individual Council members the process provides them with feedback, an opportunity to review the contribution they have made, and for any individual training or learning needs to be identified and met.

1514 The appraisal process for the Chair of Council is as described above, except that the appraisal meetings are held with one or more of the chairs of the two Governance Committees (Audit and Risk Committee and Remuneration Committee, as defined in Chapter 4 of the governance handbook), the number involved to be decided by the chairs of the two Governance Committees acting together.

Education and training

1615 In addition to individual learning/training needs identified during the appraisal process, arrangements are made for members to receive briefing and training that may be required to assist them in undertaking their role. Members may also ask for specific training if they think they require it in order to fulfil their responsibilities as members of Council effectively.
Annex C3: Guidance on the register of interests and conflicts of interest

1 Council members have a duty to act impartially and objectively, and take steps to avoid any conflict of interest arising as a result of their membership of, or association with, other organisations, including any subsidiaries of the GMC, or individuals. To make this fully transparent, we have established a register of members’ interests. As charity trustees, members have a duty to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless authorised to do so.

2 Council attaches great importance to a proper balance between transparency and privacy. The aim of the register is not to satisfy curiosity but to support transparency and probity, and to maintain confidence in the regulatory process.

3 With this aim in mind, Council has agreed that the following interests should be declared:

a posts held in the course of employment or practice

b membership of professional bodies, medical Royal Colleges, specialist societies, local medical committees or the medical defence organisations

c fellowships of professional bodies, medical Royal Colleges, or specialist societies

d any office held in a professional body, medical Royal College, specialist society, or other similar body in the public, private or voluntary sector. Offices include posts such as President, Chair, Chief Executive, Treasurer or Secretary

e membership of a committee or Council of a professional association, specialist society, medical Royal College or other similar body

f membership of, or posts held in, local authorities, or local or national community organisations

g a position of authority in a charity or voluntary organisation in the field of health and social care

h a connection with a professional body, voluntary or other organisation in the field of health and social care
i consultancies, directorships, or advisory positions if they relate to a medical, healthcare or pharmaceutical company or organisation, NHS Trust, Health and Social Services Board, Area or Local Health Board, Primary Care Trust or equivalent authority, public body or political party

j directorships, including non-executive directorships held in private companies or public limited companies, including subsidiary companies of the GMC (with the exception of dormant companies)

k ownership, part-ownership or directorship of private companies, business or consultancies

l membership of a political party. Declaration should also be made of any specific political activity undertaken

m majority, controlling or otherwise significant shareholdings, stocks and trusts known to be held by a member or, if the members is aware of them, by anyone in their close family* in companies whose business activities may be relevant to, or conflict with, our decisions and activities

n connection to any person or company that has a contractual arrangement for matters affected by our business or is involved in tendering for such a contract

o membership or association with any other organisations or individuals which may have an interest or influence in our work.

4 The Chief Executive is responsible for keeping the register of members’ interests. The register will be published on our website. Members have a duty to provide relevant information and advise the Council Secretariat of any amendments to their entries in the register as soon as possible following any change in their circumstances. Members will, in any event, be invited to update their entries on a six monthly basis.

Conflicts of Interest

5 It is central to the proper conduct of business that Council should act and be perceived to act impartially and that its members should not be, or risk being perceived to be, improperly influenced in their role by professional, business, social or other relationships.

Disclosure of interests

6 Members should disclose the existence and nature of any personal or prejudicial interest that they may have in any business being discussed at a Council or other

* To include spouse, civil partner, child, parent, brother or sister, whether natural, adoptive or by marriage
GMC meeting by contacting the Council Secretariat in advance. If the existence of such an interest is not apparent to a member at that time but becomes apparent during the course of the meeting, he or she must disclose it as soon as it becomes apparent. They have a duty to distinguish clearly when speaking in relation to either their role as a Director of a trading subsidiary or their GMC role.

Personal Interests

7 A member is to be regarded as having a personal interest in any matter if it relates to any interest disclosed by the member in the Register of Members’ Interests or if a decision upon the matter might reasonably be regarded as affecting to a greater extent than others, the well-being or financial position of that member, or, to the extent that the member is aware of any relevant interests, of anyone in his/her close family, or any person with whom the member has a business relationship, or:

a any employment or business carried on by such persons

b any person who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors

c any corporate body in which such persons have a beneficial interest in a class of securities exceeding the nominal value of £5,000.

8 Personal interests are declared for inclusion in the Register of Interests, and the procedure in paragraph 10 is followed when those interests are considered to be prejudicial.

Prejudicial Interest

9 A member with a personal interest in a matter also has a prejudicial interest in that matter if a member of the public with knowledge of the relevant facts would reasonably regard the interest as being so significant that it is likely to prejudice the member’s judgement of the public interest.

10 A member with a prejudicial interest in any matter has a duty to:

a withdraw from the meeting while the matter is being considered at that meeting and play no part in any decision or vote on the matter

b exercise no function of Council in relation to that matter

c avoid influencing any decision about the matter.
Annex C4: Procedure for Dealing with Complaints against Members

Introduction

1. This procedure provides the process for dealing with complaints or concerns received against members of the General Medical Council (‘members’) which raise a question as to whether a member is fit to hold office as a member of Council. This procedure is to be used where information is received about a member which suggests that they may have breached the members’ code/s of conduct and that action is required to address this, or which may require a referral to be made to the Privy Council for the purposes of its consideration of any matter arising under articles 6 and 7 of the General Medical Council (Constitution) Order 2008 as amended (including the suspension or removal from membership of the member).

2. In addition to these procedures, sections 6 and 7 of the Constitution Order provide for a range of circumstances in which the Privy Council has the power to remove a member from office or to suspend a member from office.

3. Circumstances for removal include (but are not limited to):
   a. The erasure of a registrant member from the register for a reason not connected to the member’s fitness to practise.
   b. A lay member’s circumstances changing such that they no longer qualify as a lay member.
   c. Various circumstances to do with the fitness to practise of registrant members.
   d. Adverse physical or mental health.

4. Circumstances for suspension include (but are not limited to):
   a. Investigating whether any of the reasons for removal in fact applies.
   b. A registrant member being subject to an order made by an Interim Orders PanelTribunal.
   c. A member is subject to criminal proceedings which involve either dishonesty or deception, or the possibility of a prison sentence.
The Complaints Procedure

5 A complaint for the purposes of this procedure may be made by any person, including another member, a member of the public or a GMC member of staff. Where information is received which suggests that a member might not be fit to hold office (for example because of the health of that member), the absence of a complaint based on that information will not prevent these procedures being used.

6 The following principles will apply to the application of this procedure:

   a Those involved will deal with the issues sensitively and confidentially with a view to resolving the issues as quickly as possible.

   b The member will be given the opportunity of responding to any complaint.

   c Members involved in the process in any way are expected to give their full cooperation.

   d All decisions will be taken with the overriding objective of ensuring that members comply with the members’ code of conduct and that they continue to represent the interests of Council.

7 A complaint about a member should be in writing. Adjustments can be made to accommodate anyone who may have difficulty putting their complaint in writing. A complaint should be addressed to the Chair of the Remuneration Committee or in the event of a complaint against him/her, the Chair of the Audit and Risk Committee. A failure to address any complaint to the Chair of the Remuneration Committee will not affect consideration of such complaint under these procedures.

8 A complaint should be submitted within no more than 28 days of the event which gives rise to the complaint, or of the event coming to the complainant’s knowledge, unless it is shown to the satisfaction of the Chair of the Remuneration Committee that in the exceptional circumstances it was not possible for the complaint to have been submitted within the time limit.

9 On receipt of the complaint, the Chair of the Remuneration Committee will write to the member with a copy of the complaint and details of the process and timetable for any investigation which will normally be completed within 28 days.

10 If in the light of the principles set out in paragraph 6, the Chair of the Remuneration Committee concludes that the complaint does not engage these procedures or can be resolved in some other acceptable way he/she will notify the member and complainant as to why the procedures are not engaged or how the complaint is to be resolved.

11 The Chair of the Remuneration Committee will appoint an Investigating Manager to undertake an investigation in respect of any complaint or information received which
the Chair of the Remuneration Committee has determined is to be resolved under these procedures. In most cases, the Assistant Director of Human Resources will be the Investigating Manager.

12 If, at any stage of these procedures, the Chair of the Remuneration Committee is of the view that the matters under consideration are so serious that membership should be provisionally suspended pending any outcome, he/she shall consider and decide this question on the papers, having provided the member with an opportunity to make written representations about it.

13 The Investigating Manager will undertake an investigation with the purpose of establishing the facts and the availability of evidence supporting these facts, and will undertake any investigations considered appropriate, including the obtaining of witness statements or relevant documentation and/or interviewing anyone, whom the Investigating Manager considers to hold information that will be relevant to the complaint.

14 At the conclusion of the investigation, the Investigating Manager will provide the complainant with copies of all supporting documentation and witness statements, including any statements obtained from the member, and give the complainant an opportunity to provide comments within a period of 21 days.

15 At the conclusion of the investigation and subject to providing the complainant with an opportunity to comment, the Investigating Manager will provide the member with copies of all supporting documentation and witness statements, including any statements obtained from the member and any comments from the complainant, and give him/her an opportunity to respond to the complaint and/or comment on the supporting evidence and witness statements within 21 days.

16 On receipt of the complainant’s and/or member’s comments and/or in the absence of any written comments, the Investigating Manager will provide the Chair of the Remuneration Committee with a report of the investigation together with any supporting evidence and/or documentation obtained during the course of his investigation. The Investigating Manager’s report will include his/her recommendations, if any, as to the appropriate disposal of the complaint.

17 On receipt of the Investigating Manager’s report, the Chair of the Remuneration Committee will determine, having regard to the Investigating Manager’s recommendations, whether:

a To dismiss the complaint.

b To uphold the complaint, but decide that, in all the circumstances, no further action is required.
c To uphold the complaint and to conclude the matter with written advice to the
member regarding his or her future conduct.

d To uphold the complaint and issue the member with a written warning as to his or
her future conduct.

e To hold a hearing to determine the complaint.

18 Any written warning issued to a member under paragraph 17(d) above will remain on
the member’s record for the duration of his/her term of office, and will be notified to
the Privy Council for the purposes of consideration of re-appointment.

19 The Chair of the Remuneration Committee will notify the parties in writing of his/her
decision under paragraph 17 above, together with the reasons for the decision.

20 In circumstances where the member does not accept the decision made under
paragraphs 17(c) and (d) the Chair of the Remuneration Committee will refer the
matter for consideration to the Chair of Council whose decision will be final.

21 A hearing referred under paragraph 17(e) above will be before the Chair of the
Remuneration Committee, who will be supported by the Investigating Manager.

22 The parties to the complaint will be notified in writing of the date of the hearing at
least 28 days prior to its commencement.

23 Written notification under paragraph 22 above to a member against whom a
complaint has been made will include:

a The date, time and venue of the hearing.

b The nature of the complaint against him/her, and the facts upon which it is based.

c Details of any witnesses who will attend the hearing and any documentation to be
referred to at the hearing.

d The Chair of the Remuneration Committee’s right to proceed in his/her absence.

e The Chair of the Remuneration Committee’s power of disposal under these
procedures.

24 Any request for a postponement of a hearing of which notice has been given under
paragraph 22 above must be made in writing to the Chair of the Remuneration
Committee no less than 7 days prior to the commencement of the hearing. The Chair
of the Remuneration Committee will inform the applicant of his/her decision in
writing.
25 A hearing before the Chair of the Remuneration Committee will be held in private and a summary note will be taken and made available to the complainant and the member and, in the event of a referral, to the Privy Council after the conclusion of the hearing.

26 The order of proceedings will be as follows:

   a The Chair of the Remuneration Committee will hear and consider any preliminary arguments by either the Investigating Manager or the member.

   b The nature of the complaint will be read to the member.

   c The Investigating Manager will present the case against the member and may adduce evidence and/or call witnesses in support.

   d The member may then present his/her case and adduce evidence and/or call witnesses in support of his/her case.

   e The Chair of the Remuneration Committee will then adjourn to consider his/her decision in private and shall announce his/her determination, including what action should be taken.

27 The Chair of the Remuneration Committee may determine:

   a To dismiss the complaint.

   b To uphold the complaint and issue the member with a written warning as to his/her future conduct.

   c To refer his/her determination to the Privy Council for consideration under articles 6 and 7 of the General Medical Council (Constitution) Order 2008.

   d To suspend membership provisionally pending a decision of the Privy Council on removal/suspension under article 7 of the General Medical Council (Constitution) Order 2008 as amended.

28 Where the Chair of the Remuneration Committee makes a determination under paragraph 27(c), the Chair of the Remuneration Committee will determine whether to recommend to the Privy Council that the member should be suspended under article 7 of the General Medical Council’s (Constitution) Order 2008 as amended, pending a decision under article 6 thereof.

29 The member may appeal any decision under paragraph 27 above to the Chair of Council, who will review the matter based on the papers. The decision of the Chair of Council will be final.
30 Where the member complained about is the Chair of Council, the procedure to be followed is as described above. Any appeal under paragraph 29 will, however, be directed to the Chair of the Audit and Risk Committee.
Annex C5: Appointment of the Chair of Council

1. The provisions for the appointment, term of office and cessation of office of the Chair of Council are set out in the General Medical Council (Constitution) (Amendment) Order 2012 paragraph 8 of the General Medical Council (Constitution) Order 2008 (as amended).

2. One of the functions of the Privy Council is to appoint a Chair of the General Medical Council. It may do so either when it appoints that person to be a member of Council, or it may appoint a person whom it has already appointed as a Council member.

3. The term of office for the Chair of Council is determined by the Privy Council at the time of appointment. The Chair’s term may end under the following circumstances:
   a. the Chair’s term as a member of Council comes to an end
   b. the Chair resigns
   c. the Privy Council suspends the Chair’s membership of Council, or
   d. there is a vote to terminate the Chair’s appointment by a majority of all the other members of Council.
Annex C6: Education and Training of MPTS Committee members

1. Members of the MPTS Committee will undertake a comprehensive induction programme tailored to individual needs. On-going induction will be provided as appropriate.

2. In addition to individual learning/training needs identified during the induction or appraisal process, arrangements are made for members to receive briefing and training that may be required to assist them undertake their role. Members may also ask for specific training if they think they require it in order to fulfil their responsibilities as members of the MPTS Committee effectively.
### Change Log

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
</table>
| **1** Role of GMC and relevant legislation | Changes made in light of legislative changes impacting size of Council and appointments process.  
Amendments to include reference to the overarching objective and for the duty to have regard to the objective.  
Change name of 'fitness to practise panels' to 'medical practitioners tribunals'; add reference to the MPTS as a statutory committee of the GMC; and amend reference to standing orders in relation to MPTS.  
**Addition of an introduction, a clearer statement of the charitable status of the GMC across the 4 countries and an update re complying with European law.** |
| | **Apr-13**  
**Jun-15**  
**Dec-15**  
**Apr-19** |
| **2** Principles of regulation, governance and delegation | Deletion of reference to Reference Groups in paragraph 8c.  
Changes made in light of update to the *Good Governance Code* and organisational changes in the GMC.  
**Updated principles from the *Charity Governance Code*.** |
| | **Feb-11**  
**Apr-13**  
**Apr-19** |
| **3** Role of Council | New paragraph 2j, deletion of references to Reference Groups, new bullet points in paragraph 3 related to the implementation of the governance framework.  
Changes made in light of reconstitution of Council and revised governance model and approach to working. |
| | **Feb-11**  
**Feb-13** |
<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Role of each component of the governance framework</td>
<td>Feb-11</td>
</tr>
<tr>
<td></td>
<td>Amendments to reflect renamed Remuneration and Member Issues Committee, new Continued Practice, Revalidation and Registration Board, deletion of Reference Groups and insertion of reference to operational groups.</td>
<td>Apr-12</td>
</tr>
<tr>
<td></td>
<td>Amendments to include the introduction of the MPTS.</td>
<td>Apr-13</td>
</tr>
<tr>
<td></td>
<td>Changes made in light of revised governance model and approach to working.</td>
<td>Aug-13</td>
</tr>
<tr>
<td></td>
<td>Addition of text related to the establishment of MPTS task and finish/working groups.</td>
<td>Sep-13</td>
</tr>
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<td></td>
<td>Amendments related to the establishment of the MPTS Advisory Committee.</td>
<td>Apr-15</td>
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<tr>
<td></td>
<td>Amendment to change the name of the Revalidation Implementation Advisory Board to the Revalidation Advisory Board.</td>
<td>Dec-15</td>
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<tr>
<td></td>
<td>Amendment to the description of the MPTS to refer to its status as a statutory committee of Council; add a reference to the requirement for a MPTS annual report to Parliament; change name of ‘panellists’ to ‘tribunal members’; change title of the ‘MPTS Tribunal Clerk’ to ‘Assistant Director – MPTS’; change references to the ‘MPTS Advisory Committee’ to the ‘MPTS Committee’; new version of Governance Model diagram.</td>
<td>Apr-17</td>
</tr>
<tr>
<td></td>
<td>Reference to Executive Board inserted and references to Strategy and Policy Board and Performance and Resources</td>
<td></td>
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<tr>
<td>Section</td>
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<td></td>
<td>A clearer explanation of the roles of the Investment (Sub-)Committee, governance of the GMC’s pension arrangements and our updated approach to equality, diversity and inclusion issues.</td>
<td>Apr-19</td>
</tr>
<tr>
<td>5</td>
<td>Role of the Chair of Council</td>
<td></td>
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<tr>
<td></td>
<td>New paragraph 4f to reflect role of the Chair in proposals for chairs and members of Boards, Committees and Working Groups. Addition relating to term and cessation of office of Chair, and on deputising arrangements. Amendments to include the introduction of the MPTS. Amendments to include changes required for appointment to reconstituted Council. Changes made in light of revised governance model and approach to working. Amendments related to the establishment of the MPTS Advisory Committee. Changes to add reference to the Chair’s role in the appointments and reappointments process for Council members including making recommendations to the Privy Council; added reference to the Chair’s role in</td>
<td>Feb-11</td>
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<td></td>
<td>the appraisal of the Chair of the MPTS, and to the Chair’s working relationship with the Chair of the MPTS. Changes to add references to the Chair’s role in the appointments process for members of the MPTS Committee; add reference to the Chair’s role in handling complaints about members of the MPTS Committee; amend approval route for decision to remove member of the MPTS Committee from office; and change references to the ‘MPTS Advisory Committee’ to the ‘MPTS Committee’. Changes to set out the arrangements for delegation in periods of absence of the Chair of Council.</td>
<td>Dec-15</td>
</tr>
<tr>
<td>6</td>
<td>Role of Council members</td>
<td>Amendments to include changes required for appointment to reconstituted Council. Changes made in light of revised governance model and approach to working.</td>
</tr>
<tr>
<td>7</td>
<td>Members’ code of conduct</td>
<td>Amendments to reflect renamed Remuneration and Member Issues Committee, references to Reference Groups deleted. Changes to reflect an update to the Nolan principles, and to include a reference to the GMC’s values. Administrative update to accurately reflect reference to the Charities Act 2011. Reset numbering – formatting change. Amendments to paragraph 16 and added paragraph 17.</td>
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<tr>
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<td></td>
<td><strong>Additions to the list of legal duties and updated wording to reflect the charitable status of the GMC across the 4 countries.</strong></td>
<td><strong>Apr-19</strong></td>
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<tr>
<td>8</td>
<td><strong>Role of the executive</strong></td>
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<tr>
<td></td>
<td>Amendments to include the introduction of the MPTS.</td>
<td><strong>Apr-12</strong></td>
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<td></td>
<td>Changes made in light of reorganisation to executive and revised governance model and approach to working.</td>
<td><strong>Apr-13</strong></td>
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<tr>
<td></td>
<td>Amendments to change title of ‘MPTS Tribunal Clerk’ to ‘Assistant Director – MPTS’.</td>
<td><strong>Dec-15</strong></td>
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<tr>
<td></td>
<td>Changes to set out the arrangements for delegation in periods of absence of the Chief Executive.</td>
<td><strong>Apr-16</strong></td>
</tr>
<tr>
<td></td>
<td>References to Strategy and Policy Board and Performance and Resources Board removed and references to Executive Board inserted.</td>
<td><strong>Apr-17</strong></td>
</tr>
<tr>
<td>9</td>
<td><strong>Schedule of authority</strong></td>
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<tr>
<td></td>
<td>Amendments to include the introduction of the MPTS.</td>
<td><strong>Apr-12</strong></td>
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<tr>
<td></td>
<td>Amendments to reflect the revised governance model and approach to working, and to incorporate updates to legislation.</td>
<td><strong>Apr-13</strong></td>
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<tr>
<td></td>
<td>Amendments to provide a greater degree of clarity related to affixing of the corporate seal, including an addition relating to the GMC’s staff pension schemes.</td>
<td><strong>Sep-13</strong></td>
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<tr>
<td></td>
<td>Amendments related to the establishment of the MPTS Advisory Committee.</td>
<td><strong>Sep-13</strong></td>
</tr>
<tr>
<td></td>
<td>Amendments related to delegation of authority to the Registrar under Section 14 of the Act.</td>
<td><strong>May-14</strong></td>
</tr>
<tr>
<td>Section</td>
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<td>Date</td>
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<tr>
<td>1. Amendments to delete reference to the Professional and Linguistic Assessments Board.</td>
<td>Apr-15</td>
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<tr>
<td>2. Amendments to include reference to the overarching objective and for the duty to have regard to the objective, and to the overriding objective in relation to fitness to practise procedural rules.</td>
<td>Jun-15</td>
<td></td>
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<tr>
<td>3. Amendments related to the establishment of the Investment Sub-Committee and the co-option of its external members.</td>
<td>Jun-15</td>
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<tr>
<td>4. Changes to reflect new and amended arrangements following the establishment of the MPTS Committee and the operation of delegated authorities.</td>
<td>Oct-15</td>
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<tr>
<td>5. Changes to update legislative references; and to reflect the provisions of the Section 60 Order and new Rules.</td>
<td>Dec-15</td>
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<tr>
<td>6. Changes to reflect changes to the Medical Act 1983 and Rules.</td>
<td>Dec-15</td>
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<tr>
<td>7. Changes to set out the arrangements for delegation in periods of absence of the Chair of Council and the Chief Executive.</td>
<td>Apr-16</td>
<td></td>
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<tr>
<td>8. Reference to Performance and Resources Board removed and Executive Board inserted.</td>
<td>Apr-17</td>
<td></td>
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<tr>
<td>9. Amendments to add further clarity around the delegations, to more accurately reflect the exercise of functions, to ensure consistency in the exercise of functions, supporting our ambition to become a more agile regulator, and increasing the visibility of</td>
<td>Dec-17</td>
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<tr>
<td>the separation of GMC’s Fitness to Practise investigation function and the role of the MPTS as the adjudicator.</td>
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<td></td>
<td>Key changes:</td>
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<tr>
<td></td>
<td>• Arrangements for the approval of membership of trading subsidiaries added.</td>
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<tr>
<td></td>
<td>• Financial limits for authorisation removed.</td>
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<tr>
<td></td>
<td>• Arrangements for Fitness to Practise functions revised.</td>
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<tr>
<td></td>
<td>The following sections were removed:</td>
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<tr>
<td></td>
<td>• non-compliance hearing</td>
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<td></td>
<td>• Assessment of costs</td>
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<tr>
<td></td>
<td>Addition of a reference number for each delegation.</td>
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<td></td>
<td>Deletion of delegation re appointing auditors for the Pension Scheme</td>
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<tr>
<td></td>
<td>No longer delegating notification to Privy Council of members’ non-attendance and issue of possible removal from office (a working arrangement not a delegation)</td>
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<td></td>
<td>Additional provision that Council will be notified of any urgent decisions at the earliest opportunity.</td>
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<td>Clarity between delegations to the Executive Manager, MPTS and those for general MPTS Assistant Registrars</td>
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<tr>
<td>10</td>
<td>Financial regulations</td>
<td></td>
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<tr>
<td></td>
<td>Additions clarifying the role of Governance Committees and the Performance Board. Reference to Reference Groups deleted.</td>
<td></td>
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<td>Apr-19</td>
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<td>Feb-11</td>
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<tr>
<td>Amendments to include the introduction of the MPTS.</td>
<td></td>
<td>Apr-12</td>
</tr>
<tr>
<td>Amendments to reflect the changes to the governance model and revised ways of working, including the establishment of the Performance and Resources Board and its role within financial management and planning. The revised Financial Regulations were reviewed and agreed by the Performance and Resources Board at its meeting on 25 February 2013 for approval to Council.</td>
<td>Apr-13</td>
<td></td>
</tr>
<tr>
<td>Amendments related to the establishment of the MPTS Advisory Committee.</td>
<td></td>
<td>Sep-13</td>
</tr>
<tr>
<td>Amendments related to staffing changes with the Assistant Director for Audit and Risk Assurance.</td>
<td></td>
<td>Sep-14</td>
</tr>
<tr>
<td>Addition of reference to the Senior Medical Adviser/GMC Responsible Officer role in paragraph 40 following amendment to the Statement of Purpose of the Remuneration Committee.</td>
<td></td>
<td>Dec-14</td>
</tr>
<tr>
<td>Amendments related to the establishment of the Investment Sub-Committee, and its responsibilities in relation to the Investment Policy.</td>
<td></td>
<td>Jun-15</td>
</tr>
<tr>
<td>References to Performance and Resources Board removed and reference to Executive Board inserted.</td>
<td></td>
<td>Apr-17</td>
</tr>
<tr>
<td>Additional detail/amendments on budget monitoring and control, financial procedures and trading activities. Updates to job titles.</td>
<td></td>
<td>Dec-17</td>
</tr>
</tbody>
</table>
## Council meeting, 30 April 2019

**Agenda item M10 – Proposed amendments to the Governance Handbook**

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>An additional paragraph setting out the role of the People and Development Board.</td>
<td>Apr-19</td>
</tr>
<tr>
<td>11</td>
<td>Decision making framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Addition of new section to the Handbook.</td>
<td>Jul-12</td>
</tr>
<tr>
<td></td>
<td>Addition of reference to the overarching objective.</td>
<td>Oct-15</td>
</tr>
<tr>
<td>A1</td>
<td>Working arrangements</td>
<td>Feb-11</td>
</tr>
<tr>
<td></td>
<td>Changes made in light of revised governance model and approach to working.</td>
<td>Apr-13</td>
</tr>
<tr>
<td></td>
<td><strong>Private meetings of Council no longer theoretically limited to once a year.</strong></td>
<td>Apr-19</td>
</tr>
<tr>
<td></td>
<td><strong>References to closed sessions updated as confidential sessions.</strong></td>
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<tr>
<td></td>
<td><strong>Additional provision that members should identify corrections or additions to the minutes to the Council Secretary before the next meeting in order that final approval can be granted at the subsequent meeting.</strong></td>
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<td></td>
<td><strong>Additional provision that Council will be notified of urgent decisions between Council meetings at the earliest opportunity and not just the next Council meeting.</strong></td>
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<tr>
<td>A2</td>
<td>Corporate seal</td>
<td>Apr-13</td>
</tr>
<tr>
<td></td>
<td>Changes to reflect changes to the governance model, and to assign responsibility for maintaining a record to Council Secretariat.</td>
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<tr>
<td></td>
<td>Amendments to provide a greater degree of clarity related to affixing of the corporate seal, including an addition relating to the GMC’s staff pension schemes.</td>
<td>Sep-13</td>
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<tr>
<td></td>
<td>Updated provision that the use of the seal will be reported at least annually in the Chief Executive’s report to Council.</td>
<td>Apr-19</td>
</tr>
<tr>
<td>B1</td>
<td>Arrangements for the appointment of members to Committees</td>
<td>Feb-11</td>
</tr>
<tr>
<td></td>
<td>Revised to take account of decisions on process for determining members and chairs of Boards and Committees, of decisions on Working Groups and operational groups, and of the view that Council members should not serve on groups that administer processes resulting in specific operational decisions. References to Reference Groups and convenors deleted.</td>
<td>Apr-13</td>
</tr>
<tr>
<td></td>
<td>Amendments related to the establishment of the Investment Sub-Committee, and the appointment of its external members.</td>
<td>Apr-19</td>
</tr>
<tr>
<td></td>
<td>Updated wording to allow for committee appointments to be approved by Council on circulation.</td>
<td></td>
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<tr>
<td>B2</td>
<td>Working <strong>requirements arrangements</strong></td>
<td>Feb-11</td>
</tr>
<tr>
<td></td>
<td>Revised to take account of decisions on Board and Committee reporting arrangements. References to Reference Groups deleted.</td>
<td>Apr-13</td>
</tr>
<tr>
<td></td>
<td>Changes made in light of revised governance model and approach to working. References to Boards removed.</td>
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</tbody>
</table>

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## Section

<table>
<thead>
<tr>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Amendments related to the establishment of the Investment Subcommittee.</td>
<td>Jun-15</td>
</tr>
<tr>
<td><strong>Additional provisions for:</strong></td>
<td>Apr-19</td>
</tr>
<tr>
<td>Action points from meetings to be circulated to the Committee as an annex to the minutes.</td>
<td></td>
</tr>
<tr>
<td>For any member who, exceptionally, dissents from a decision to require such dissent to be formally recorded in the minutes of the meeting.</td>
<td></td>
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<tr>
<td>Additional clarity about which members of a Committee count towards the quorum and can vote.</td>
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### B3 Section

<table>
<thead>
<tr>
<th>Change</th>
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<tbody>
<tr>
<td>Reference to Reference Groups deleted, and a reference to working with executive leads added.</td>
<td>Feb-11</td>
</tr>
<tr>
<td>Changes made in light of revised governance model and approach to working. References to Boards removed, and addition of the Chief Operating Officer.</td>
<td>Apr-13</td>
</tr>
</tbody>
</table>

### B4a Section

<table>
<thead>
<tr>
<th>Change</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Small amendment to reflect position on Committee reporting to Council. Insertion of reference to reviewing accounting policies, as recommended by internal audit report. Insertion of reference to reviewing delegated authorities at paragraph 10.</td>
<td>Feb-11</td>
</tr>
<tr>
<td>Changes made in light of revised Governance model and approach to working.</td>
<td>Feb-13</td>
</tr>
<tr>
<td>Changes made following annual review of the statement of purpose by the Committee.</td>
<td>Dec-13</td>
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<td>Section</td>
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<td></td>
<td>Changes to reflect staffing changes related to the Assistant Director of Audit and Risk Assurance.</td>
</tr>
<tr>
<td></td>
<td>Changes made to paragraph 1 to clarify the Committee’s role in providing independent assurance to Council.</td>
</tr>
<tr>
<td></td>
<td>References to a trading subsidiary further amended and additional references inserted.</td>
</tr>
<tr>
<td>B4b</td>
<td><strong>Statement of Purpose of the Remuneration Committee</strong> Revised and renamed to take account of position on the Committee’s role in respect of wider member matters. Small amendment to reflect position on Committee reporting to Council.</td>
</tr>
<tr>
<td></td>
<td>Changes made in light of revised Governance model and approach to working.</td>
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<tr>
<td></td>
<td>Amendments related to the establishment of the MPTS Advisory Committee.</td>
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<td></td>
<td>Addition of reference to the Senior Medical Adviser/GMC Responsible Officer role.</td>
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<tr>
<td></td>
<td>Addition of reference to the role of the Remuneration Committee in determining the appointment and suspension/removal process for the Chair of the MPTS and members of the MPTS Committee; change of references to the ‘MPTS Advisory Committee’ to the ‘MPTS Committee’; amending reference to the role of the Remuneration Committee in conducting recruitment and appointment processes.</td>
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<td></td>
<td>Changes to clarify the role and extent of the Committee’s responsibilities within its remit.</td>
</tr>
<tr>
<td></td>
<td>Deleted two references to ‘Responsible Officer’ (RO) to reflected what was happening practically in that the function could sit with either the Senior Medical Adviser or another GMC role.</td>
</tr>
<tr>
<td>B4c</td>
<td>Statement of Purpose of the Board of Trustees of Staff Superannuation Scheme</td>
</tr>
<tr>
<td></td>
<td>Reference to Performance and Resources Board removed and reference to Executive Board inserted.</td>
</tr>
<tr>
<td>B4d</td>
<td>Statement of Purpose of the Medical Practitioners Tribunal Service Committee</td>
</tr>
<tr>
<td></td>
<td>Addition of new section for Statement of Purpose for MPTS Committee</td>
</tr>
<tr>
<td></td>
<td>Changes to include that the Committee membership may be external co-opted or demitted MPTS Tribunal members.</td>
</tr>
<tr>
<td>B4e</td>
<td>Statement of Purpose of the GMC/MPTS Liaison Group</td>
</tr>
<tr>
<td></td>
<td>Update to reflect updates to job titles in membership section.</td>
</tr>
<tr>
<td></td>
<td>Amendments related to the establishment of the MPTS Advisory Committee</td>
</tr>
<tr>
<td></td>
<td>Amendment to reflect meeting on a biannual, rather than quarterly, basis.</td>
</tr>
<tr>
<td></td>
<td>Amendments to add reference to the MPTS annual report; change title of the ‘MPTS Tribunal Clerk’ to ‘Assistant Director – MPTS’; and change references to the ‘MPTS Advisory Committee’ to the ‘MPTS Committee’.</td>
</tr>
<tr>
<td></td>
<td>Removed references to Assistant Director, MPTS and changed to Executive Manager, MPTS.</td>
</tr>
<tr>
<td>Section</td>
<td>Change</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Removed reference to Director of Strategy and Communication and replaced with reference to Director of Strategic Communications and Engagement.</td>
</tr>
<tr>
<td>B4f</td>
<td>Statement of Purpose of the Investment Committee</td>
</tr>
<tr>
<td></td>
<td>Addition of section to the handbook due to agreement to establish the sub-committee.</td>
</tr>
<tr>
<td></td>
<td>Amendment to increase Council members on the Sub-Committee to four.</td>
</tr>
<tr>
<td></td>
<td>Amendments to the Statement of Purpose to reflect changes to the Investment Policy following its review, and to working arrangements.</td>
</tr>
<tr>
<td></td>
<td>Amendments to change the number of external co-opted members from ‘two’ to ‘two or three’.</td>
</tr>
<tr>
<td></td>
<td>Added reference to oversight of any funding provided to a trading subsidiary of the GMC (item 3 (K)).</td>
</tr>
<tr>
<td></td>
<td>Removed reference to Chief Operating Officer in Membership of ISC.</td>
</tr>
<tr>
<td></td>
<td>Membership of ISC revised - changed from four to five Council members.</td>
</tr>
<tr>
<td></td>
<td>References to a trading subsidiary further amended and additional references added.</td>
</tr>
<tr>
<td></td>
<td>Replaced with new version of Statement of Purpose to reflect the changes following ISC external review in 2017.</td>
</tr>
<tr>
<td>Section</td>
<td>Change</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>C1</td>
<td>Change of name to from sub-committee to ‘Investment Committee’</td>
</tr>
<tr>
<td>C2</td>
<td>Reference to members’ ability to seek training if required inserted. Changes made in light of revised Governance model and approach to working. Changes made in light of revised appraisal process. Amendment to cease having a rating system. Update to the timing of the appraisal discussion to feed into the appointment/re-appointment process, as the fourth annual appraisal discussion would not take place early enough to fit in with appointment processes.</td>
</tr>
<tr>
<td>C3</td>
<td>Revised to reflect proposed changes on declaration of freemasonry and political party membership. Updated to refer to trading subsidiary. Updated wording to not refer to specific trading subsidiaries, as elsewhere.</td>
</tr>
<tr>
<td>C4</td>
<td>Amended to reflect renaming of Remuneration and Member Issues Committee. Additional paragraphs 2 to 4 inserted in response to internal audit recommendations for inclusion of</td>
</tr>
</tbody>
</table>
### Council meeting, 30 April 2019

**Agenda item M10 – Proposed amendments to the Governance Handbook**

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>material on removal and suspension of members. Changes made in light of revised Governance model and approach to working. References to Chair of Remuneration and Member Issues Committee updated, and inclusion of reference to Chair of Audit and Risk Committee to replace references to Chair of Resources Committee (ceased to operate).</td>
<td>Dec-13</td>
</tr>
<tr>
<td>C5</td>
<td>Appointment of the Chair of Council</td>
<td>Dec-13</td>
</tr>
<tr>
<td></td>
<td>Changes made in light of amendments to constitution of Council and change from election to appointment of Chair.</td>
<td></td>
</tr>
<tr>
<td>C6</td>
<td>Education and Training of MPTS Committee members</td>
<td>Dec-15</td>
</tr>
<tr>
<td></td>
<td>Addition of new annex to the Governance Handbook.</td>
<td></td>
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</tbody>
</table>

**Sections of the Handbook now removed**

<table>
<thead>
<tr>
<th>Section</th>
<th>Date removed</th>
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</thead>
<tbody>
<tr>
<td><strong>Ceased to operate end December 2012 in light of revised governance model</strong></td>
<td></td>
</tr>
<tr>
<td>Annex 4a: Statement of Purpose of the Continued Practice, Revalidation and Registration Board</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4b: Statement of Purpose of the Postgraduate Board</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4c: Statement of Purpose of the Undergraduate Board</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4f: Statement of Purpose of the Resources Committee</td>
<td>Apr-13</td>
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<tr>
<td>Annex 4g: Statement of Purpose of the Education and Training Committee</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4h: Statement of Purpose of the Equality and Diversity Committee</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4i: Statement of Purpose of the Fitness to Practise Committee</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 4j: Statement of Purpose of the Standards and Ethics Committee</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 3a: Role description of Board Chairs</td>
<td>Apr-13</td>
</tr>
<tr>
<td>Annex 3c: Role description of Reference Group convenors</td>
<td>Apr-13</td>
</tr>
<tr>
<td><strong>Continue and incorporated into executive governance arrangements</strong></td>
<td></td>
</tr>
</tbody>
</table>

[www.gmc-uk.org](http://www.gmc-uk.org)
| Annex B4a: Statement of Purpose for the Professional and Linguistic Assessments Board | Apr-13 |
| Annex C6: Appointments to external bodies | Apr-13 |
## Table of handbook changes approval by Council

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Last approved by Council (meeting date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Role of GMC and relevant legislation</td>
<td>Sep-15-Apr-19</td>
</tr>
<tr>
<td>2</td>
<td>Principles of regulation, governance and delegation</td>
<td>Apr-13-Apr-19</td>
</tr>
<tr>
<td>3</td>
<td>Role of Council</td>
<td>Feb-13</td>
</tr>
<tr>
<td>4</td>
<td>Role of each component of the governance framework</td>
<td>Apr-17-Apr-19</td>
</tr>
<tr>
<td>5</td>
<td>Role of the Chair of Council</td>
<td>Apr-16</td>
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<tr>
<td>6</td>
<td>Role of Council members</td>
<td>Apr-13</td>
</tr>
<tr>
<td>7</td>
<td>Members' code of conduct</td>
<td>Jun-18-Apr-19</td>
</tr>
<tr>
<td>8</td>
<td>Role of the executive</td>
<td>Apr-17</td>
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<tr>
<td>9</td>
<td>Schedule of authority</td>
<td>Dec 17-Apr-19</td>
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<tr>
<td>10</td>
<td>GMC financial regulations</td>
<td>Dec 17-Apr-19</td>
</tr>
<tr>
<td>11</td>
<td>Decision making framework</td>
<td>Sep-15</td>
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</tbody>
</table>

## Handbook Annex: standing Orders/working procedures

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
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<tbody>
<tr>
<td>A</td>
<td>Council: working arrangements</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Working arrangements</td>
<td>Apr-13-Apr-19</td>
</tr>
<tr>
<td>2</td>
<td>Corporate seal</td>
<td>Sep-13-Apr-19</td>
</tr>
<tr>
<td>B</td>
<td>Committees: working arrangements</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Arrangements for the appointment of members to Committees</td>
<td>Sep-15-Apr-19</td>
</tr>
<tr>
<td>2</td>
<td>Working requirements for Committees</td>
<td>Jun-15-Apr-19</td>
</tr>
<tr>
<td>3</td>
<td>Role description for Committee Chairs</td>
<td>Apr-13</td>
</tr>
<tr>
<td>4</td>
<td>Purpose statements for Committees, and Board of Trustees of GMC Staff Superannuation Scheme</td>
<td></td>
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</tbody>
</table>
### Agenda item M10 – Proposed amendments to the Governance Handbook

#### Statement of purpose of the GMC/MPTS Liaison Group
- Dec 17

#### Statement of purpose of the Investment Sub-Committee
- Apr-17-Apr-19

### Matters relating to members

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Members’ information</td>
<td>Apr-13</td>
</tr>
<tr>
<td>2</td>
<td>Member induction, appraisal, education and training</td>
<td>Dec-15-Apr-19</td>
</tr>
<tr>
<td>3</td>
<td>Guidance on the Register of Interests and conflicts of interest</td>
<td>Apr-17-Apr-19</td>
</tr>
<tr>
<td>4</td>
<td>Procedure for dealing with complaints against members</td>
<td>Dec-13</td>
</tr>
<tr>
<td>5</td>
<td>Appointment of the Chair of Council</td>
<td>Dec-13</td>
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<td>6</td>
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