Council meeting, 10 December 2020

Council Agenda

Via MS Teams

Thursday 10 December 2020

10:05 – 12:10

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>10:05 – 10:08</td>
<td>M1</td>
<td>Chair’s business</td>
</tr>
<tr>
<td>10:08 – 10:10</td>
<td>M2</td>
<td>Minutes of the meeting on 4 November 2020</td>
</tr>
<tr>
<td>10:10 – 10:30</td>
<td>M3</td>
<td>Chief Executive’s Report</td>
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<tr>
<td>10:30 – 10:40</td>
<td>M4</td>
<td>2021 Business Plan and Budget</td>
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<tr>
<td>10:40 – 10:55</td>
<td>M5</td>
<td>Perceptions survey 2020</td>
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<tr>
<td>11:20 – 11:35</td>
<td>M7</td>
<td>Report of the Medical Practitioners Tribunal Service Committee 2020</td>
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<tr>
<td>11:35 – 11:50</td>
<td>M8</td>
<td>Report of the Audit and Risk Committee 2020</td>
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Meeting

To approve

To Note

To Approve

Break

The CMC is a charity registered in England and Wales (1098678) and Scotland (SC037750)
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<thead>
<tr>
<th>Time</th>
<th>Code</th>
<th>Topic</th>
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<tbody>
<tr>
<td>11:50 – 12:05</td>
<td>M9</td>
<td>Report of the Remuneration Committee 2020</td>
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<tr>
<td>15 mins</td>
<td></td>
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<tr>
<td>To note</td>
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<tr>
<td>12:05 – 12:10</td>
<td>M10</td>
<td>Any other business</td>
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<tr>
<td>5 mins</td>
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<tr>
<td>Below the line</td>
<td>M11</td>
<td>Closing report on the 2018-20 corporate strategy</td>
</tr>
<tr>
<td>To note</td>
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<tr>
<td>Below the line</td>
<td>M12</td>
<td>Report of the GMC Group Personal Pension Plan Management Board 2020</td>
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<tr>
<td>To note</td>
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<tr>
<td>Below the line</td>
<td>M13</td>
<td>Council forward work programme 2021</td>
</tr>
<tr>
<td>To note</td>
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<tr>
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<td>150</td>
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</tbody>
</table>
Minutes of the meeting held on 4 November 2020

Members present – via MS Teams
Clare Marx, Chair
Steve Burnett
Christine Eames
Anthony Harnden
Philip Hunt
Deirdre Kelly

Paul Knight
Rajesh Patel
Denise Platt
Alison Wright

Others present
Charlie Massey, Chief Executive and Registrar
Paul Buckley, Director of Strategy and Policy
Una Lane, Director of Registration and Revalidation
Colin Melville, Medical Director and Director of Education and Standards
Anthony Omo, Director of Fitness to Practise and General Counsel
Paul Reynolds, Director of Strategic Communications and Engagement
Neil Roberts, Director of Resources
Melanie Wilson, Council Secretary
Chair’s business (agenda item M1)

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

2. Apologies were received from Suzi Leather.

Minutes of the meeting on 29 September 2020 (agenda item M2)

3. Council approved the minutes of the meeting on 29 September 2020 as a true record.

Chief Executive’s Report (agenda item M3)


5. The Chief Executive gave an oral update, noting that:

   a. Operational services in Manchester were continuing following the imposition of additional COVID-19 restrictions in Greater Manchester, but issues such as staff absences, including those needing to self-isolate, and transport and accommodation challenges for those attending tribunals would be carefully managed.

   b. There were just under 27,000 doctors on the temporary register, but deployment of these doctors was only around 10%. We have raised the issue with stakeholders, including at the UK Advisory Forum meetings and will be surveying both those deployed and not deployed.

   c. Four fifths of trainees have experienced some disruption in their training, and we are working hard to maintain a balance by providing flexibility while maintaining standards for the safety of patients.

   d. The UK Parliament Health and Social Care Select Committee was conducting an inquiry into the safety of maternity services in England. We are discussing with the Care Quality Commission and Nursing and Midwifery Council what opportunities there are around leadership and collaboratively using data to identify issues earlier.

6. Council noted the Chief Executive’s report.
Equality, Diversity and Inclusion Update – Employment (agenda item M4)

7 Council received an update on our equality, diversity and inclusion (ED&I) ambitions as an employer.

8 Council noted that:

   a The paper proposed a step-change in the pace of our ambition to improve our internal inclusivity. This action is in response to data from staff surveys, and the lived experience of staff from BME backgrounds.

   b Accelerating our progress on inclusivity as an employer would include establishing and publishing targets and measures covering issues such as pay by gender and ethnicity, BME representation at particular levels, retention and promotion of BME staff; and enhancing our leadership development offer. The BME leadership programme would be new for the GMC but was not an uncommon way of recognising and addressing disadvantages faced by BME staff.

   c The proposals set out in the paper would be lawful, as they relate to targets rather than quotas and were intended to generate diverse pools of candidates with appointments still made on merit.

   d Campbell Tickell’s compliance and governance review of the effectiveness of our equality, diversity and inclusion practices and protocols would be reported back to Council.

9 Council noted and endorsed our ambitions to accelerate progress on ED&I in employment and our approach to setting key performance indicators for our employment activities.

Four countries update (agenda item M5)

10 Council received a summary of our public affairs and stakeholder engagement activities across the four countries of the UK over the previous six months.

11 Council noted that:

   a Engagement activities had focused on how we can work with and support others in a system under pressure.

   b We have taken part in 175 senior-level meetings and engagements during the period, with the breadth and depth of contact with parliamentarians and national assembly members further extended.
12 During the discussion, Council noted that:

   a Consideration would be given to how best to keep Council updated on activity and progress in the English regions.

   b Discussions and activity in relation to Baroness Cumberlege’s Independent Medicines and Medical Devices Safety Review were ongoing and we are engaging with stakeholders about implementing the recommendations.

13 In relation to the Cumberlege Review, Philip Hunt declared an interest, having put his name to a motion and amendments to the Medical Devices Bill in the House of Lords.

14 Council noted the progress to date on our four-country engagement work and how we are flexing our approach in response to the external environment in light of the pandemic.

Complaints report (agenda item M6)
15 Council received the regular update on complaints handling over the previous six months.

16 Council noted that:

   a The internal auditing for the ISO 10002 accreditation for customer complaints handling had found that handling of complaints was to a high standard.

   b There were no clear trends in the complaints received, other than the 190 directly relating to the pandemic response, although this had resulted in an overall increase in complaints of only 35.

   c 36 complaints had been received relating to the Equality Act, however in each case we did not find any evidence of discrimination. The Corporate Review team is working with the ED&I team to explore whether there is anything more the team could do in relation to such complaints.

17 During the discussion, Council noted that a future report should include more themes and analysis on responding to the pandemic.

18 Council noted the review of customer complaints.
Council meeting, 10 December 2020
Agenda item M2 – Minutes of the meeting on 4 November 2020

Any other business (agenda item M7)

19 Council noted that the GMC Conference was scheduled for 30 November to 2 December 2020 and the details would be circulated to members again.

20 There was no other business.

Confirmed:

Clare Marx, Chair 10 December 2020
This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:

- We have continued to support professionals through the second wave of the pandemic, for example updating our ethical webpages to include content on vaccines.
- We published our *State of medical education and practice in the UK* 2020 report on 27 November 2020 and launched our new corporate strategy 2021-25.
- We have updated affected registrants, potential applicants and wider stakeholders on the changes to routes to the register from 1 January 2021 following Brexit.

Council receives this report at each full meeting.

<table>
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<tr>
<th>Purpose</th>
<th>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</th>
</tr>
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<td>- We have continued to support professionals through the second wave of the pandemic, for example updating our ethical webpages to include content on vaccines.</td>
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Annexes

- Annex A: Council Portfolio
- Annex B: Corporate Opportunities and Risk Register

Author contacts

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Sponsoring director

**Charlie Massey**, Chief Executive,  
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EU exit

1 As Council are aware, on 1 January 2021 our processes for registering EEA doctors will change after the UK leaves the European Union. We are doing all we can to ensure we continue to have a flow of EEA doctors joining the UK register after this date. We have informed stakeholders about these changes and are communicating with affected registrants and potential applicants about the options available to them. The main change for EEA doctors will be that eligibility for ongoing recognition will shift from nationality to holding a relevant EEA qualification.

Our response to the Coronavirus pandemic

2 With the second wave of the Coronavirus pandemic, we are doing what we can to continue to support the profession through this difficult period. Dame Clare Marx sent out a letter to the profession on 27 October 2020, emphasising the importance of looking after wellbeing for doctors and thanking them for their continued dedication and professionalism. Clare will reiterate these important messages to the profession over the next few months.

3 Colin Melville, as medical director of the GMC, also co-signed a joint letter to the profession from the UK Chief Medical Officers, NHS, GMC and Academy of Medical Royal Colleges on 11 November 2020. This letter set out how the organisations will be supporting doctors through the second wave of the pandemic, reassuring doctors that regulators will take temporary changes to practice into account.

Ethical considerations from the pandemic

4 With the promising progress in vaccine development, and increased interest in the role of healthcare professionals in delivering any COVID-19 vaccine, we are updating our ethical hub to include information to support doctors involved in vaccine delivery. Whilst we offer information on the ethical considerations, it is not for the GMC to provide clinical guidance on vaccines, so we are working with the NHS and the other professional regulators to ensure a consistent and balanced approach and messaging.

5 Remote care also continues to be a live ethical issue as the healthcare system responds to the challenges of the pandemic. To support doctors in delivering remote care safely, we have produced material on our external website’s ethical
hub\(^1\), and we are planning to launch updated guidance on remote consultation and prescribing in January 2021.

6 Our guidance on *Decision making and consent* guidance came into force on 9 November 2020. We have had a positive reaction to the guidance and continue to work with others to implement and embed it in clinical practice. We are also developing a patient-focused resource which we plan to develop alongside patient organisations.

*Temporary emergency registration*

7 As Council is aware, we have surveyed the doctors to whom we granted temporary emergency registration (TER) earlier in the year. The survey closed on 13 November and the results show that at least 3,000 doctors are prepared to come back into practice to support the NHS and over 1,800 would consider returning to permanent registration, with 265 already having done so. With the NHS under huge strain, many of these doctors could play a role in addressing unmet care needs and backlogs as well as in supporting vaccination campaigns.

*Homeworking*

8 The majority of our staff continue to work at home. In the second lockdown in England, the priority activities already restarted on our premises (for example PLAB2 exams, MPTS hearings, Registration ID checks) have continued. We also have a very small number of colleagues working in the London or Manchester office for operational activities that can’t be carried out from home or for personal and practical reasons.

*State of medical education and practice in the UK*

9 We published the *State of medical education and practice in the UK* report for 2020 on 27 November 2020. The report found that doctors’ experiences of the spring peak of the pandemic were extremely diverse. Many identified positive changes to their workplaces that have the potential to be sustained; including increased teamwork, a faster pace of change and improved visibility of senior leaders. However, doctors from a black and minority ethnic (BME) background were less likely to share the positive experiences reported by many of their white colleagues. This supports our position that inclusive, accessible and compassionate leadership is vital and aligns with results from our *National Training Survey*.

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1 [https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations](https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations)
Education summit

10 On 18 November 2020 we hosted an education summit with medical education stakeholders from the four countries of the UK. We discussed the actions we should take to embed and build on the positive changes that have occurred in medical education and training as a result of the pandemic. The summit focused on four areas: readiness of graduating medical students for service; generalism and specialism; curricula change and the approach to assessment; and doctors as public health leaders. It was a positive event, with attendees supporting these four priority areas, and agreeing to develop a programme of work to take action on them.

GMC conference

11 The GMC Conference ‘Delivering change together’ was held from 30 November to 2 December and brought together attendees including healthcare leaders, doctors, students, educators, patient representatives and experts from across the UK for three days of workshops and plenary sessions. The event featured discussions around developing inclusive cultures and leadership, developing a sustainable workforce, changes made to regulation as a result of the pandemic, and the patient perspective. The event was well-attended and discussions were wide-ranging and positive, providing a basis for further collaborative work with our partners. Many thanks to Council members who attended.

Corporate strategy 2021-25

12 The conference allowed us to share the key messages from our new corporate strategy 2021-25 which was published on 27 November. We intend to return to Council in February with more detail of how we propose to measure progress on the strategy.

Equality, diversity and inclusion

13 Our new corporate strategy highlights our commitment to delivering Council's ambition to accelerate progress on equality, diversity and inclusion (ED&I). On 4 November, we gave evidence to the Commission on Race and Ethnic Disparities as part of their NHS Workforce roundtable discussion. We have since sent a written submission to the commission suggesting three priority areas for action:

- More inclusive working environments: demonstrated through objective benchmarks and data, supported by clear and aligned expectations around leadership from professional and system regulators.
b **Better and more consistent induction:** comprehensive, consistent induction should be a clear expectation not only for doctors who are new to the UK, but for every doctor who is entering a new role. Better clinical governance, especially for doctors with peripatetic roles, would also be beneficial in helping to break existing ‘in’ and ‘out’ groups that perpetuate disadvantage.

c **Legislative reform:** this would give us the discretion to focus our fitness to practise activity on the small number of doctors who pose a serious risk to patient safety, to focus more of our resources on supportive “upstream” activities, and enable us to remove the ‘glass ceiling’ that stops so many SAS doctors from fulfilling their potential.

14 We are also working on ensuring we are an inclusive employer, by supporting recruitment, retention and progression of BME staff and ensuring we model inclusive leadership. We will return to Council in February with a full update on our progress, including suggested measures and targets to aim for both as a regulator and an employer, for Council to consider.

**Revalidation supporting information**

15 On 17 November 2020, we published our updated supporting information for revalidation guidance. The main change is the increased flexibility we’re now offering doctors in how they gather feedback from their patients following our consultation last year. To complement the rebalanced approach to appraisal introduced in response to the pandemic, the guidance also now emphasises how appraisal should enable and support reflection and allow doctors to focus on their wellbeing. It also stresses the importance of quality over quantity.

**Inquiries and reviews**

16 We continue to engage with a number of reviews and inquiries across the UK. The main developments in the key inquiries since we last reported are:

a Dr Bill Kirkup’s report into the life and death of Elizabeth Dixon was published on 26 November 2020. The report described in detail the care delivered to Elizabeth and her mother during the pregnancy, the delivery and the period leading up to and after Elizabeth’s death. The report notes significant clinical mistakes in the treatment provided and in recognising the deterioration of Elizabeth’s condition with mismanaged clinical handovers which contributed to the neurological damage she suffered. There are several recommendations relevant to the GMC and the report observes that our fitness to practice investigations were ‘based on the same flawed
premises and evidence’ as the other investigations. Over the next few weeks, we will continue to consider the report and its recommendations and the need for a more detailed response in relation to specific recommendations.

b In Northern Ireland, a public inquiry has been established to examine concerns relating to urology services at Southern HSC Trust, focusing on the practice of Dr Aidan O’Brien. Dr O’Brien was referred to us by the Trust in April 2019.

c The Independent Neurology Inquiry in Northern Ireland has been converted to a statutory public inquiry under the Inquiries Act 2005, to ensure the Inquiry have ‘timely and unfettered access to all relevant information.’ We have provided supplemental evidence to the Inquiry following our third oral evidence hearing in September.

d We understand that the Shrewsbury and Telford maternity review, chaired by Donna Ockendon, will be publishing an emerging findings report on 10 December. The Report will be setting out local actions for the Trust and essential actions for maternity departments more widely. The review has confirmed that the report will not make reference to the GMC and will not name any doctors.

e We have also now been contacted by West Mercia Police with regard to an investigation they are conducting into the standards of maternity care provided by Shrewsbury and Telford Hospitals NHS Trust – and as we did with Donna Ockendon earlier this year, we have proposed an initial meeting to explore how we can best support the investigation through disclosure of relevant material that we hold.

f We are also now supporting the independent investigation into the Morecambe Bay Urology Department – commissioned by NHS England and undertaken by Niche Consulting. We have begun to identify information of relevance to the investigation and we will be disclosing this in due course.

Operational performance

17 As outlined in Annex A, performance against our service level agreements continues to be negatively impacted by the pandemic. This is also impacting key timeliness metrics monitored by the PSA. We continue to monitor these impacts closely to identify appropriate responses where possible and are keeping the PSA updated. In October we approved additional resource as part of a recovery approach that would see us reduce FTP case numbers to pre-pandemic volumes.
by the end of 2022 if complaint volumes remain consistent with historical trends.

18 The timeliness of our processes is heavily reliant on the capacity of the system and third parties – particularly investigations and specialist applications. With the pandemic surge we expect that it will continue to take longer to deliver these functions. However, we consider our existing governance and monitoring processes set us up well to manage this.

Executive board

19 The Executive Board met on 19 October and 27 November 2020 to consider items on:

a The draft business and plan and budget for 2021, the final version of which will come to Council on 10 December 2020.

b The regular high-level reports on performance, including finance and people, customer service and learning, and updates on the key risks to achieving our strategic aims.

c Plans to create a temporary additional clinical assessment centre at our Manchester offices to deal with the backlog of doctors waiting to take the Professional and Linguistic Assessments Board (PLAB) tests, as approved by Council in November.

d Proposals to improve our approach to patient and public involvement.

e A regular update on GMC Services International Ltd.

f The annual Report of the GMC Group Personal Pension Plan Management Board.
M3 – Annex A
Council portfolio

Data presented as at 31 October 2020 (unless otherwise stated)
Commentary as at 12 November 2020

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

<table>
<thead>
<tr>
<th>Core regulatory objective</th>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Aug</td>
<td>Sept</td>
</tr>
<tr>
<td>We decide which doctors are qualified to work here and we oversee UK medical education and training.</td>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>Answer 80% of calls within 20 seconds</td>
<td>66%</td>
<td>60%</td>
</tr>
<tr>
<td>We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.</td>
<td>Decision on 95% of all revalidation recommendations within 5 working days</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>93%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>No cases</td>
<td>No cases</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Business support area</td>
<td>Key Performance Indicator</td>
<td>Performance</td>
<td>Exception summary</td>
</tr>
<tr>
<td>Finance</td>
<td>2019/20 Income and expenditure [% variance +/- 2%]</td>
<td>3.61%</td>
<td>3.06%</td>
</tr>
<tr>
<td>HR</td>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Information systems</td>
<td>IS system availability (%) – target 98.8%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Media monitoring</td>
<td>Monthly media score</td>
<td>66</td>
<td>274</td>
</tr>
</tbody>
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### Operational Key Performance Indicator (KPI) summary (last 12 months)

#### Core regulatory objective

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Performance</th>
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<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>
</tr>
<tr>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>98%</td>
</tr>
<tr>
<td>Answer 80% of calls within 20 seconds</td>
<td>86%</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>
</tr>
<tr>
<td>Decision on 95% of all revalidation recommendations within 5 working days</td>
<td>98%</td>
</tr>
<tr>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>100%</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>
</tr>
<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>90%</td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>91%</td>
</tr>
<tr>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>95%</td>
</tr>
<tr>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>No cases</td>
</tr>
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<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
</tr>
</tbody>
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#### Business support area

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance</strong></td>
<td></td>
</tr>
<tr>
<td>2019/20 Income and expenditure [% variance +/- 2%]</td>
<td>1.58%</td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td></td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>8.81%</td>
</tr>
<tr>
<td><strong>Information systems</strong></td>
<td></td>
</tr>
<tr>
<td>IS system availability (%) – target 98.8%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Media monitoring</strong></td>
<td></td>
</tr>
<tr>
<td>Monthly media score</td>
<td>1,545</td>
</tr>
</tbody>
</table>
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 Slide 4.
Strategic delivery (by exception - reported for October)

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>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>Medical Licensing Assessment</td>
<td>Consensus on proposals for the Applied Knowledge Test</td>
<td>1. Perceptions Q - % public are confident in UK doctors 2. MORI poll</td>
</tr>
</tbody>
</table>

We continue to work with the Medical School Council (MSC) as they develop, on behalf of all UK medical schools, a formal proposal for GMC approval concerning an alternative approach to the Applied Knowledge Test (AKT) in UK medical schools. We’re revising the programme plan to reflect the impact of this revised approach, and this exercise is partly dependent on the outcome of our work with the MSC. We are taking forward discussions with the MSC through an over-arching GMC-MSC Transition Group and a range of focused task and finish groups. These exchanges remain constructive, although a range of issues still need to be resolved as we move beyond points of principle and into operational detail. The outcome from these discussions will impact on significant areas of the MLA programme plan and therefore we remain amber due to uncertainty caused by this complex stakeholder environment and the need to fundamentally review the programme plan in light of recent changes.

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

| We are well prepared for and can influence legislative change | Preparing for Brexit | More certainty on likelihood of scenarios | 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’ |

Our plans to prepare the business for EU exit were completed in advance of 31 January 2020. Policy, guidance and operations were updated, together with a communications plan as part of efforts to ensure that EU exit does not have an adverse impact on our operations. The rating therefore reflects the uncertainty that remains despite the fact that the UK has left the EU. Despite the trade talks that are underway between the UK and EU, there remains a high degree of uncertainty whether they will be completed and ratified by the end of the transition period on 31 December and therefore we continue to report in Amber. In August we received confirmation that Ministers have approved the enactment of the ‘standstill’ regulations that were adopted by Parliament in March 2019. These will be enacted on 1 January 2021 which removes much of the uncertainty around which registration system for EEA qualified doctors will be in place post-transition. A Council seminar on the impact of Brexit on the GMC’s work took place on 28 September which confirmed that we have identified the key risks and opportunities arising from EU exit. We planned our comms work on the new route to registration to coincide with that of DHSC towards the end of November.
## Financial summary

<table>
<thead>
<tr>
<th>Financial summary as at Oct 2020</th>
<th>Budget Oct £000</th>
<th>Actual Oct £000</th>
<th>Variance £000</th>
<th>%</th>
<th>Budget 2020 £000</th>
<th>Forecast 2020 £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>92,461</td>
<td>81,585</td>
<td>10,876</td>
<td>12%</td>
<td>112,007</td>
<td>100,894</td>
<td>11,113</td>
<td>10%</td>
</tr>
<tr>
<td><strong>New initiatives fund</strong></td>
<td>696</td>
<td>687</td>
<td>9</td>
<td>0%</td>
<td>3,500</td>
<td>1,500</td>
<td>2,000</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Capital expenditure</strong></td>
<td>4,884</td>
<td>4,879</td>
<td>5</td>
<td>0%</td>
<td>6,412</td>
<td>6,412</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Pension top up payment</strong></td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>99,341</td>
<td>88,451</td>
<td>10,890</td>
<td>11%</td>
<td>123,219</td>
<td>110,106</td>
<td>13,113</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Operational income</strong></td>
<td>97,856</td>
<td>89,401</td>
<td><strong>(8,455)</strong></td>
<td>(9)%</td>
<td>117,006</td>
<td>107,793</td>
<td>(9,213)</td>
<td>(8)%</td>
</tr>
<tr>
<td><strong>Operational surplus/(deficit)</strong></td>
<td><strong>(1,485)</strong></td>
<td>950</td>
<td>2,435</td>
<td></td>
<td>(6,213)</td>
<td>(2,313)</td>
<td>3,900</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial summary as at Oct 2020</th>
<th>Budget Oct £000</th>
<th>Actual Oct £000</th>
<th>Variance £000</th>
<th>%</th>
<th>Budget 2020 £000</th>
<th>Forecast 2020 £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment income</strong></td>
<td>1,855</td>
<td>401</td>
<td><strong>(1,454)</strong></td>
<td>(78)%</td>
<td>2,234</td>
<td>1,401</td>
<td><strong>(833)</strong></td>
<td>(37)%</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>370</td>
<td>1,351</td>
<td>981</td>
<td></td>
<td><strong>(3,979)</strong></td>
<td><strong>(912)</strong></td>
<td>3,067</td>
<td></td>
</tr>
</tbody>
</table>
## Financial summary

### Income forecast movement

<table>
<thead>
<tr>
<th>Income forecast movement</th>
<th>Value</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income reduction - permanent</td>
<td>(689)</td>
<td>Waiving the provisional registration fee for the remainder of 2020 reduces income by £399k, the recent reduction in the BOE base rate has a knock on effect to interest income return of £36k &amp; offering free places to 240 PLAB 2 candidates reduces income by £200k</td>
</tr>
<tr>
<td>Income reduction - temporary</td>
<td>(8,524)</td>
<td>The forecast includes the additional PLAB 1 test in October and the resumption of PLAB 2 from August, the increase in capacity per day to 32 candidates has been incorporated into the forecast. The knock on effect to IMG application volumes through the PLAB route has also been incorporated. A general reduction in IMG &amp; EEA application volumes is not incorporated into the 2020 income forecast.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(9,213)</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure forecast movement

<table>
<thead>
<tr>
<th>Expenditure forecast movement</th>
<th>Value</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes/natural variations in forecast</td>
<td>492</td>
<td>We are currently holding a higher than average vacancy rate due to recruitment being slowed through parts of the year.</td>
</tr>
<tr>
<td>Permanent reduction in expenditure</td>
<td>6,251</td>
<td>There are a number of areas which deliver actual savings in 2020, these are staff expenses, office supplies, a reduction in research expenditure and lower associates fees and expenses due to restricted education visits training events and other ad hoc meetings where a backlog is not generated. There has been a £2m reduction in the NIF forecast.</td>
</tr>
<tr>
<td>New activities/costs generated by Coronavirus</td>
<td>(2,425)</td>
<td>The key increase in cost we expect is additional annual leave being sold by employees, £1.06m. There are further additional costs forecast to enable socially distanced PLAB tests. No further efficiencies have been identified which increases costs by £1.3m in 2020.</td>
</tr>
<tr>
<td>Temporary reduction in expenditure (generates backlog of work)</td>
<td>8,795</td>
<td>The current forecast is for 1,874 hearing days against a budget of 2,770 in MPTS. FTP costs linked to hearings also differed as well as TOC costs. PLAB 2 days have resumed with lower candidate capacity and therefore a reduction in variable costs to hold the test days, which will be borne in future years as capacity increases.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,113</td>
<td></td>
</tr>
</tbody>
</table>
### Expenditure as at Oct 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2020</th>
<th>Forecast 2020</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>%</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Staff costs</td>
<td>56,832</td>
<td>56,301</td>
<td>531</td>
<td>1%</td>
<td>68,605</td>
<td>(539)</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>3,507</td>
<td>1,974</td>
<td>1,533</td>
<td>44%</td>
<td>4,356</td>
<td>2,495</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,508</td>
<td>940</td>
<td>568</td>
<td>38%</td>
<td>1,910</td>
<td>1,201</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>3,472</td>
<td>3,387</td>
<td>85</td>
<td>2%</td>
<td>4,174</td>
<td>4,078</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>6,314</td>
<td>6,194</td>
<td>120</td>
<td>2%</td>
<td>7,603</td>
<td>7,494</td>
</tr>
<tr>
<td>Legal costs</td>
<td>3,343</td>
<td>2,039</td>
<td>1,304</td>
<td>39%</td>
<td>4,016</td>
<td>2,486</td>
</tr>
<tr>
<td>Professional fees</td>
<td>2,001</td>
<td>2,086</td>
<td>(85)</td>
<td>(4)%</td>
<td>3,072</td>
<td>2,896</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>396</td>
<td>350</td>
<td>46</td>
<td>12%</td>
<td>532</td>
<td>439</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>15,100</td>
<td>7,624</td>
<td>7,476</td>
<td>50%</td>
<td>18,068</td>
<td>9,831</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>687</td>
<td>690</td>
<td>(3)</td>
<td>(0)%</td>
<td>825</td>
<td>830</td>
</tr>
<tr>
<td>Under/over-achievement of efficiency savings</td>
<td>(699)</td>
<td>0</td>
<td>(699)</td>
<td>0%</td>
<td>(1,154)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>92,461</td>
<td>81,585</td>
<td>10,876</td>
<td>12%</td>
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<td>100,894</td>
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<td>0%</td>
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<td>11%</td>
<td>123,219</td>
<td>110,106</td>
</tr>
</tbody>
</table>

### Income as at Oct 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2020</th>
<th>Forecast 2020</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>%</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Annual retention fees</td>
<td>77,487</td>
<td>77,508</td>
<td>21</td>
<td>0%</td>
<td>93,465</td>
<td>93,485</td>
</tr>
<tr>
<td>Registration fees</td>
<td>4,978</td>
<td>3,846</td>
<td>(1,132)</td>
<td>(23)%</td>
<td>5,558</td>
<td>4,203</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>11,042</td>
<td>4,152</td>
<td>(6,890)</td>
<td>(62)%</td>
<td>12,962</td>
<td>5,618</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,437</td>
<td>2,482</td>
<td>45</td>
<td>2%</td>
<td>2,730</td>
<td>2,781</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>1,168</td>
<td>988</td>
<td>(180)</td>
<td>(15)%</td>
<td>1,400</td>
<td>1,197</td>
</tr>
<tr>
<td>Interest income</td>
<td>214</td>
<td>161</td>
<td>(53)</td>
<td>(25)%</td>
<td>256</td>
<td>179</td>
</tr>
<tr>
<td>Other income</td>
<td>530</td>
<td>264</td>
<td>(266)</td>
<td>(50)%</td>
<td>635</td>
<td>330</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td>97,856</td>
<td>89,401</td>
<td>(8,455)</td>
<td>(9)%</td>
<td>117,006</td>
<td>107,793</td>
</tr>
</tbody>
</table>
### GMCSI summary and investments summary

<table>
<thead>
<tr>
<th>GMCSI summary as at Oct 2020</th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>550</td>
<td>194</td>
<td>(356)</td>
<td>(65)%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>469</td>
<td>217</td>
<td>252</td>
<td>54%</td>
</tr>
<tr>
<td>Profit/(loss)</td>
<td>81</td>
<td>(23)</td>
<td>(104)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment summary 2020</td>
<td>Value as at Dec 2019 £000</td>
<td>Value at 30 Oct £000</td>
<td>2020 returns * £000</td>
<td></td>
</tr>
<tr>
<td>CCLA managed funds</td>
<td>£54,765</td>
<td>£55,001</td>
<td>236</td>
<td></td>
</tr>
</tbody>
</table>

### Investment summary as at 30 September 2020 (figures are updated quarterly)

<table>
<thead>
<tr>
<th>Asset Allocation</th>
<th>GMC thresholds</th>
<th>Current allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>0% - 45%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Bonds and Cash</td>
<td>20% - 80%</td>
<td>55.0%</td>
</tr>
<tr>
<td>Alternatives</td>
<td>0% - 45%</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment returns</th>
<th>1 year rolling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (CPI + 2%)</td>
<td>2.55%</td>
</tr>
<tr>
<td>CCLA performance</td>
<td>3.26%</td>
</tr>
</tbody>
</table>
Legal summary (as at 3 November 2020)

The table below provides a summary of appeals and judicial reviews as at 3 November 2020:

<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>s.40 (Practitioner) Appeals</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>PSA Appeals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Explanation of concluded cases

- **s.40 (Practitioner) Appeals**: 1 appeal refused
- **s.40A (GMC) Appeals**: 1 appeal concluded at hearing (GMC successful)
- **Judicial Reviews**: 2 permission refused, 1 claim successful (by consent)

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

- **PSA Appeals**: N/A

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

- **IOT challenges**: There have been no new applications in the High Court challenging the imposition of interim orders since the last report; and therefore a total of two applications outstanding.

Any other litigation of particular note

- We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.
Trends in registration applications

**Graph 1:** Applications received for first registration from International medical graduates, 2015 - 2020

**Graph 2:** Applications received for first registration from European Economic Area graduates, 2015 - 2020
Trends in registration applications

**Graph 3: PLAB 1 & 2 assessments taken 2015 - 2020**
(Showing volume each year, 1 November to 31 October, percentage figures show year on year change)

**Graph 4: Number of doctors on the register with a licence to practise**
(End of year 2015 - 2019 to October 2020)
Corporate Opportunities and Risk Register
### Corporate Threats - November 2020

<table>
<thead>
<tr>
<th>Id</th>
<th>Operational Threat</th>
<th>Legislative reform</th>
<th>Risk Appetite</th>
<th>Strategy / Policy</th>
<th>Further Action Detail</th>
<th>Further Action Required</th>
<th>Risk Appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>149</td>
<td>Operational Threat</td>
<td>Legislative reform</td>
<td>Medium</td>
<td>Strategic / Policy</td>
<td>Following review of GMC's approach to legislative reform programme in Q2 2020, feedback and the plans to consolidate the majority of proposed changes into one Section 60(plus an international registration Section 60) together with expected delivery over the next 12-18 months, there is a threat that the scale and complexity of changes impacts on our ability to successfully implement the whole programme within expected timelines.</td>
<td>Paul Buckley</td>
<td>Yes</td>
</tr>
<tr>
<td>207</td>
<td>Operational Threat</td>
<td>Pension deficit</td>
<td>Low</td>
<td></td>
<td>Change in calculation of RPI</td>
<td>Neil Roberts</td>
<td>No</td>
</tr>
<tr>
<td>148</td>
<td>Operational Threat</td>
<td>Delivery of statutory functions</td>
<td>Low</td>
<td></td>
<td>Delivery of statutory functions, there is a potential impact on patient safety, public confidence, and the GMC’s reputation as a leading regulator.</td>
<td>Charlie Hewsey</td>
<td></td>
</tr>
<tr>
<td>149</td>
<td>Operational Threat</td>
<td>Availability of resources</td>
<td>Medium</td>
<td></td>
<td>Availability of resources</td>
<td>Neil Roberts</td>
<td></td>
</tr>
</tbody>
</table>
150. Operational Threat: Ability to work with others

If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy, reducing our potential to understand national and local systems, and managing our reputation.

Paul Reynolds

- Being transparent and managing stakeholders at SMT level.
- Engagement with other regulators through the Chief Executive Officer Regulatory Body (CERB) group and the PSA and four UK health departments through the Executive Governance Steering Group (EGSG) to identify opportunities for collaboration and regulatory alignment.
- Proactive engagement on all major policy and issues.
- Collaboration with devolved nations through national offices, and development and management of stakeholder relationships of strategic importance in each country of the UK, Europe and internationally.
- Regular evaluation of our relationships with key partners, such as stakeholder perceptions survey.
- Active engagement with the four UK Governments over the future of our legislation.

Corporate Opportunities

- Corporate strategy and stakeholder perceptions baseline survey (published March 2019).
- Quarterly health assessment of our key relationships (completed August 2020).
- Avoiding assurance from Directors that their directorates register appropriately capture their work and performance with external partners. Action agreed at July Executive Board.
- Implement our new public affairs strategy (throughout 2020).
- Complete adoption programme for new Eggar system, training members of GMC policy profession during Q4 2020.
- Continue to engage with the Department of Health and Social Care, BIS and DT on new post-Brexit trade agreements with the EU and beyond.
- Continue to engage with the Department of Health and Social Care, BIS and DT on new post-Brexit trade agreements with the EU and beyond.

Medium

151. Operational Threat: Responding to a changing environment

Strategic Policy

Inability to respond effectively to changes in the external environment, including legislation and wider social impact changes, could lessen our influence and reduce public, profession and political confidence in our role.

Paul Reynolds

- Proactive, senior level engagement with stakeholders to understand their agendas.
- Outreach teams structure in place, aligned to UK countries and regions of England, to help us understand and influence national and local systems.
- Contribution to NHS People Plan (England) and Government initiatives across the UK.
- Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barrister and perception surveys with the medical profession).
- Contributing to meetings and networks across the UK and Europe.
- Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality of safe practice and training environments (MISG and PSIF meetings).
- Exit working group overseeing ongoing readiness for Brexit and actions including legislative reform to simplify arrangements for granting registration.

Corporate Opportunities

- Internal audit (July 2019)
- Editorial content on our blog (November 2019).
- Anti-fraud and corruption (November 2019)
- Contribution to joint work through CEORB.
- Complete development of annual regulatory plans for organisations with greatest strategic value to our work (July 2021).

Low

152. Operational Threat: Unplanned event

Strategic Policy

Unplanned events can jeopardise our ability to carry out our work and can result in vulnerabilities to delivery of key functions such as patient safety and reputational damage.

Paul Roberts

- Crisis management policies & procedures, pandemic: response plan.
- Business continuity champions and emergency response plans in place with regular testing.
- Rotational e-learning for GMC staff and support from business continuity consultants.
- Responding to public inquiries and reviews, and proactive horizon scanning.
- Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum.
- Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19).

Corporate Opportunities

- Response to a range of public Inquiries and Reviews undertaken including Paterson (now reported), Infected Blood Inquiry, Hypoxiaemia, and Historical Public Abuse.
- Continue to engage with the Professional Standards Authority regularly, to ensure them of how we use our emergency powers in response to the Covid-19 pandemic arising from section 18A of the Medical Act 1983.

Medium


Strategic Policy

The strength of the new government provides an opportunity to drive forward our ambitions for change.

Paul Reynolds

- Regular Chair and CEO engagement with Governments across the UK to identify shared goals, meaningful contact with governments and relevant departments to influence legislative proposals.
- Active engagement with stakeholders across the UK to build support for legislative reform and to manage our transition towards post-Brexit trade agreements with the EU and beyond where they impact on the recognition of medical professional qualifications.

Corporate Opportunities

- Continue to engage with the Department of Health and Social Care and local government authorities on potential Sector 46 orders that will reform aspects of our education powers, governance, fitness to practice investigations, and the requirements of International registration.
- Continue to engage with the Department of Health and Social Care, BIS and DT on new post-Brexit trade agreements with the EU and beyond.

High

27. Operational Opportunity: Deriving more insight from data capability

Strategic Policy

Developing, sharing and working with others using our insight capability provides an opportunity to analyse public debate, influence the external environment and deliver more proactive regulation.

Paul Bailey

- We use our research and insights to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to improve workforce and workforce issues.
- We leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting.
- We use our influence to bring regulatory partners and key stakeholders together to drive positive changes in practice and training environments.

Corporate Opportunities

- Embed outputs from horizon scanning academic scours process in FCL and other GMC-wide surveys.
- Continue to use data to contribute to malpractice, briefings and external engagement.
- Continue to use data to support the work of the GMC in managing our response to the Covid-19 pandemic.

High
<table>
<thead>
<tr>
<th>Title</th>
<th>Operational Opportunity</th>
<th>Working with patients and public</th>
<th>Operational Developing more proactive engagement with patients and the public provides an opportunity to understand and demonstrate that all our activities are aligned with patient safety so that we gain their trust and confidence as an effective and transparent regulator. Better engagement with patients and the public will allow us to develop better policy and implement it more effectively.</th>
<th>Date Lane</th>
<th>QUITE LIKELY</th>
<th>MODERATE</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion for patients established at SMT level to ensure senior-level overview of our engagement.</td>
<td>Clear information easily accessible for patients and public about how we work and can support them (e.g. charter for patients, relatives and carers).</td>
<td>Clear engagement objectives in our annual patient and public engagement plan (2020 plan was agreed by Directors in May 2020).</td>
<td>Regular assessment of patients and public’s perceptions of our work through annual research.</td>
<td>Roundtable with patient leaders from all four UK countries, meeting twice a year to explore policy issues and initiatives at an early stage of their development. This is supplemented by twice-yearly UKAF meetings in Scotland, Wales and Northern Ireland plus ongoing engagement with patient organisations throughout the year.</td>
<td>Council</td>
<td>QUITE LIKELY</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Our strategic approach to communications and engagement – an update (June 2020)</td>
<td>Discussions at Council Away days (July 2018 and 2019) about patient and public engagement in our work and preparation for the next Corporate Strategy</td>
<td>Council considered current Corporate Strategy success measures baseline report results at its meeting in November 2018.</td>
<td>Paper: annual update on communications and engagement (July 2020)</td>
<td>Annual perceptions survey showing the public’s confidence in how doctors are regulated and feedback on working relationships with patient and public bodies.</td>
<td>Yes</td>
<td>Development of strategic approach to patient and public involvement is in development and due to be discussed at Executive Board in November 2020.</td>
<td>An update on our work to implement our charter for patients, relatives and carers is due to be published on our website in late November/early December 2020.</td>
</tr>
<tr>
<td>Action</td>
<td>To approve</td>
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<tr>
<td>Purpose</td>
<td>To seek Council’s approval of our 2021-2023 priorities and associated budget for 2021.</td>
<td></td>
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<tr>
<td>Decision trail</td>
<td>The outline draft Business Plan and Budget 2021 was considered by Council 29 September 2020</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Recommendation(s)</td>
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<tr>
<td>a</td>
<td>Approve the 2021-23 business plan at Annexes A and B.</td>
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<tr>
<td>b</td>
<td>Approve the 2021 budget at Annex D.</td>
<td></td>
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<tr>
<td>c</td>
<td>Delegate authority to the Chair of Council to amend the GMC Registration Fees Regulations and GMC Certification Fees Regulations.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Annexes        | Annex A: 2021-2023 draft business plan  
|                | Annex B: Plan on a page  
|                | Annex C:  
|                | - pg. 1: Income movement from 2020 to 2021  
|                | - pg. 2: Expenditure movement from 2020 to 2021  
|                | - pg. 3: 2021 Draft Budget – impact on free reserves  
|                | Annex D: Finance – Summary |
| Author contacts| **Robert Scanlon**, Assistant Director Business Planning and Equality, Diversity & Inclusion  
|                | robert.scanlon@gmc-uk.org, 020 7189 5305  
|                | **Steve Downs**, Assistant Director Finance  
|                | steve.downs@gmc-uk.org, 0161 923 6257 |
| Sponsoring director/ Senior Responsible Owner | **Neil Roberts**, Director of Resources  
|                | neil.roberts@gmc-uk.org, 0161 923 6230  
|                | **Paul Buckley**, Director of Strategy and Policy  
|                | paul.buckley@gmc-uk.org, 0207 189 5022 |
Background

1. The Corporate Strategy sets out the strategic direction of the organisation and the business plan sets out the immediate priorities to realise the ambitions of the Strategy.

2. Preparing a business plan is a requirement of the Governance Handbook and it is primarily used as a tool to communicate our key priorities internally and externally. The commitments of the business plan form the core portfolio of activity that we routinely monitor and report progress against to Council.

3. Council considered an outline business plan and budget in September. Executive Board approved the draft business plan (Annex A-B) and budget (Annex D) on 27 November 2020. Subject to approval by Council it will undergo a tone of voice review, graphic design, and be published on our website in January.

Our priorities

4. The business plan recognises the centrality of our regulatory functions and the vision set out in our new corporate strategy of being an effective, relevant and compassionate regulator in 2030. It acknowledges that how we deliver our functions will need to continue to adapt and respond through the pandemic.

5. The plan also articulates our key priorities for progressing change over the next three years. All of these commitments were scrutinised as part of our recovery and renewal planning to assure ourselves of their ongoing value in the current environment and alignment to our new Corporate Strategy.

6. We have sought to describe these priorities at a programme level – focusing on the overarching value to patients of what we are seeking to deliver and any specific difference that will be realised once complete. We’ve tried to avoid a long task-list of commitments reflecting our view that:

   a. It is unrealistic to assume our usual scale and pace of activity can be supported by stakeholders while the system continues to respond to the pandemic.

   b. Learnings from the pandemic may highlight emerging or new priorities that are more important to deliver in these programmes than their current focus.

   c. The reality that wide-ranging legislative reform would present the opportunity and challenge to transform our organisation and surpass the scale and priority of these other commitments.
7 Reflecting this, we expect our priorities to be more evolutionary than before and that our business plan will begin to be a more current statement of our change priorities at any point throughout the year rather than a static annual, or three year picture. This will be supported by changes to our planning process.

Planning Process

8 For 2021 and beyond we are transitioning from our traditional annual cycle of business planning, to a three-year business plan. The longer horizon over which we are scheduling activity will improve the sequencing and coordination of activity and help us establish a stronger sense of longer-term trajectory.

9 Despite the longer planned horizon, we will introduce routine quarterly review of the work programme and our priorities. This will be delivered by a centrally coordinated team drawing on experts from across all directorates. We expect this team to help us better scrutinise and prioritise activity to form a oneGMC view of how to maximise impact against the Corporate Strategy, improve change management in implementation, and better manage workload pressures on staff and stakeholders in how we schedule delivery. These have all been recurrent issues in staff survey results that we are seeking to meaningfully address.

10 This change also seeks to embed a key learning from our pandemic response where our ability to more rapidly respond in a coordinated and aligned fashion, was helped by our Recovery and Renewal Taskforce shaping cross-organisation recommendations to the Senior Management Team. The more regular process of reviewing the work programme also seeks to better enable us to modify the scale and urgency of our asks on our partners and the system in response to the environment. In practice, this process will result in new initiatives being added to the business plan during the course of the year and it becoming a more dynamic reflection of our change priorities. We will provide updates on our priorities through the CEO report as we start or stop activity. Longer-term we intend to build on the plan-on-a-page at Annex B to be a more real-time picture on our website of our priorities and progress.

2021 Budget

Context for the 2021 budget

11 Our total reserves are made up of three elements: free reserves; reserves backed by fixed assets; and pension reserves. Free reserves are those held in cash, or which can be converted into cash at relatively short notice. We exclude fixed assets from free reserves as they cannot easily be converted into cash
without adversely affecting our ability to fulfil our charitable aims. We also exclude the defined benefit pension scheme from free reserves: while the pension scheme does create a financial risk for the organisation, any deficit or surplus in the scheme can be managed over the medium term rather than having an immediate impact on our cash flow requirements and so is excluded from free reserves.

12 Our financial health is, to a large extent, measured by our free reserves. We hold free reserves for the following reasons:

   a To provide working capital to undertake our day to day business.

   b To provide funds to deal with any risks that materialise, resulting in an unexpected increase in expenditure and/or a reduction in income.

   c To provide funds to respond quickly to new initiatives, opportunities and challenges that may present themselves during the year.

   d To cover the time period before any changes to fee levels take full effect.

13 There is no set formula to calculate the appropriate level or range of free reserves. In line with Charity Commission guidance the GMC sets a target range of free reserves based on assessment of the cash-flow requirements and risks facing the organisation.

14 Our current policy is to maintain free reserves in the range £25 million to £45 million, based on our assessment of the main financial risks we face. This equates to less than four and a half months of our total annual expenditure.

15 We maintain our actual reserves within the target range by making financial projections over the medium term, linked to three-year business plans, and adjusting expenditure and income levels each year as part of the budget-setting process.

16 Our free reserves were £44.2 million in 2019 and so our aim has been to reduce them towards the middle of our target range over the medium term. We expect our free reserves to be around £42 million at the end of 2020, and the budget proposals set out here will bring them to around £40.7 million by the end of 2021.

2021 income

17 Council has previously agreed that fees should increase annually in line with the September Consumer Price Index (CPI). We therefore propose to increase all
fees by 0.5% with effect from 1 April 2021. The main changes are:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
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</thead>
<tbody>
<tr>
<td><strong>Newly qualified doctors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisional registration</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Full registration (year 1)</td>
<td>156</td>
<td>157</td>
</tr>
<tr>
<td>Annual retention fee (years 2 to 5)</td>
<td>156</td>
<td>157</td>
</tr>
<tr>
<td><strong>Other doctors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full registration</td>
<td>406</td>
<td>408</td>
</tr>
<tr>
<td>Annual retention fee with a licence</td>
<td>406</td>
<td>408</td>
</tr>
<tr>
<td>Annual retention fee without a licence</td>
<td>145</td>
<td>146</td>
</tr>
<tr>
<td><strong>Other fees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAB test – part 1</td>
<td>239</td>
<td>240</td>
</tr>
<tr>
<td>PLAB test – part 2</td>
<td>875</td>
<td>879</td>
</tr>
<tr>
<td>Certificate of completion of training</td>
<td>437</td>
<td>439</td>
</tr>
<tr>
<td>Certificate of eligibility for specialist registration</td>
<td>1,668</td>
<td>1,676</td>
</tr>
<tr>
<td>Certificate of eligibility for GP registration</td>
<td>1,668</td>
<td>1,676</td>
</tr>
<tr>
<td>Certificate of GP acquired rights</td>
<td>305</td>
<td>307</td>
</tr>
</tbody>
</table>

18 We provide an Annual Retention Fee (ARF) discount of 50% for doctors whose income is below a certain threshold. The threshold for this discount is currently £32,000 and the salary for a FY1 doctor ranges from £24,504 to £28,243. We propose to maintain the threshold at £32,000 in 2021. The income discount is not available on those fees for newly qualified doctors that have already been discounted.

19 Responsibility for making fees regulations rests with Council. Fee changes come into effect on 1 April each year, to allow sufficient time for changes to be made to our billing and collection systems. Council is asked to delegate authority to the Chair of Council to make the revised GMC Registration Fees Regulations and GMC Certification Fees Regulations to reflect the changes set out in this paper.

20 The draft 2021 income budget is £128.4 million. An analysis of the changes from 2020 to 2021 is at Annex C.

21 The 2021 income budget assumes no gift-aiding of profits to the GMC from GMCSI. Our assumption is that any profit generated will be retained by GMCSI to offset their trading losses in previous years.

**Expenditure budget**

22 We adopt a building block approach to budget-setting. We would normally use the 2020 forecast as our starting point for the 2021 budget, but current spending patterns have been impacted by the spread of coronavirus. We have
therefore used the 2020 budget as the starting point, and adjusted it for areas where we anticipate spending less in 2021 (such as travel costs, office costs, associate costs and other costs affected by social distancing measures).

23 Other adjustments to the 2021 budget are:

a. The full year effect of 2020 business plan decisions have been incorporated, and 2020 costs not required in future years have been removed

b. The inclusion of additional costs for our recovery plans to clear backlogs of work caused by the impact of coronavirus on our activities, including the creation of a new temporary clinical assessment centre

c. Pay inflation of £1.1m (reflecting a core award of 0.5% based on September CPI, plus 1% for progression)

d. A reduction in the churn adjustment from £2m to £0.5m, to reflect lower expected staff turnover in 2021 (which generates savings from vacant posts)

e. A reduction in our efficiency target from £2m to £1.5m, to recognise that the scope to generate efficiency savings while focussing on recovery plans is likely to be limited

f. Our new planning gateway process will ensure that bids for new initiatives are prioritised and linked to the delivery of the corporate strategy. The first round of bids have been scrutinised and included in the 2021 draft budget and so we have reduced the new initiatives fund accordingly. The bids focus on fitness to practice investigations recovery plans, supporting a profession under pressure, legislation reform, and additional support for our work on reviews and inquiries.

24 We propose a core capital programme of £6.7 million in 2021. This represents an increase of £314k (5%) on 2020, to allow us to continue to improve our systems and infrastructure. The increase is mainly to fund the GMC Online development project which was started in 2020.

25 An analysis of the changes from 2020 to 2021 is at Annex C.

26 The total 2021 expenditure budget is £129.7 million, comprising operational expenditure of £115.8 million, a new initiatives fund of £2.86m, temporary clinical assessment centre costs of £4.3m (largely offset by additional income) and a core capital programme of £6.7 million. Total expenditure in 2021 is
budgeted to be 5% higher than 2020, of which directorate budget growth accounts for only 1%. Details are at Annex D.

27 Our total expenditure in 2021 is budgeted at a higher level than our income and so we will generate a deficit of £1.3 million. Our free reserves will therefore reduce to around £40.7 million by the end of 2021.

28 Over the medium term our aim is to constrain our annual expenditure growth to 3%, and we expect income growth to be around 4% (based on CPI fee increases coupled with natural growth in the register). This will move our expenditure and income broadly in balance over time, with the result that our free reserves will stabilise at around £35 million by 2024. Annex C sets out a projection of our free reserves.

29 Notwithstanding the projections set out here, we are mindful of future potential significant risks to our financial position. The Chancellor’s recent announcement that RPI will be aligned with CPI from 2030, which will have an impact on the GMC’s Defined Benefit pension scheme, continuing uncertainty in financial markets, and risks associated with litigation, mean that we could face material challenges to our financial position.

30 At this stage we cannot accurately assess the likelihood, timing and value of these risks but it is unlikely that we would need to meet the full cost of a liability in its entirety without warning. Should we need to, our reserves remain sufficient to provide financial cover whilst we develop appropriate plans to meet emergent liabilities over the medium term.
2021-2023 draft business plan
Business plan 2021-23

Our Corporate Strategy sets our vision of the organisation we aspire to be in 2030. This business plan outlines our priorities for 2021-2023, to help us move towards that vision.

Effective, relevant & compassionate regulation

We are committed to playing our part in the system-wide response to manage the Covid-19 pandemic (C-19) and its longer term impacts. The pandemic has highlighted that quality patient care relies on available, skilled and supported professionals. The individual wellbeing of our professionals is as key to being able to deliver good care, as any other part of the system. We’re placing renewed emphasis on being proportionate, fair and empathetic in our approach to protecting the public and supporting professionals.

We’ll continue to set the standards for medical practice, register and revalidate our professions, promote high standards of medical education and co-ordinate all stages of medical education, and investigate and act on concerns. We know this will take more focus than usual as we respond to the needs of the system, modify our approaches, and be more flexible in how we work together to protect patients by supporting students, doctors, educators and healthcare providers.

We’re committed to:

- doing everything we can to continue to deliver timely and professional services
- investing in technology to do things differently - like digital ID checks, virtual visits to quality assure education and training, and hybrid physical-virtual hearings
- recommencing revalidation and supporting the rebalancing of appraisal to have a stronger focus on wellbeing, support and development needs
- expanding our clinical assessment capacity so we can assess and register more new doctors and offset the reduced capacity of our existing assessment centre because of social distancing
- expanding our investigation teams to progress work paused during the pandemic so we can conclude cases as quickly as possible and minimise stress for all involved
- applying learning from the pandemic and recent inquiries and reviews to maximise alignment with others across the system in how we work together.

We'll also progress key change initiatives that support the broader vision of our strategy against the following themes.
Enabling Professionals to provide safe care

- We’ll review the fundamentals of Good Medical Practice (GMP). GMP sets the standards we expect of all doctors in the UK and what patients can expect in their care. It’s been ten years since we fundamentally reviewed GMP. We want to ensure our approach going forward reflects the vision of our Strategy and allow us to reflect on the experience of the pandemic. This will ensure the standards we set and the format, tools and channels that we use to promote them, remain relevant and maximise their value to the profession, and in turn patients.

- We’ll act on the findings of our Supporting a Profession Under Pressure (SPuP) research. This highlighted barriers in workplace environments and cultures that negatively impact on professionals and care. We will work with partners across the UK to implement plans targeted on the findings of this research. We will focus on reducing disproportionality in concerns referred to us by employers and in education and training outcomes. These long-standing reflections of racial discrimination and disadvantage are known to be reduced by inclusive and supportive practice environments. In working with others, we’re seeking to address the underlying causes of these issues and promote inclusive environments that enable good practise by all professionals and better care for patients.

Developing a Sustainable Workforce

- We’ll oversee the introduction of a Medical Licensing Assessment (MLA). This will create a common threshold of competence for all doctors practising in the UK. This will help support better care and assurance for patients that there is a consistent benchmark for practising in the UK wherever a doctor qualified. In the future it will enable us to consider how we can help more professionals meet that threshold in response to the supply needs of the health service.

- We’ll expand our regulation to cover Medical Associate Professionals (MAPs) - physician associates and anaesthesia associates. These professionals can provide a valuable contribution to patient care and expand capacity and capability of the medical workforce. We will bring these professions under our regulation and through this, aim to maximise their contribution to the workforce and provision of quality patient care.
We’ll deliver our Flexibility in Training programme to maximise well-being, retention and skills development through education and training. This will implement our plan for improving the flexibility of UK postgraduate medical education and training. The plan addresses trainee concerns, workforce pressures, patient need and reflects changes in medicine, technology, disease prevalence, and patient expectations.

We’ll begin our Routes to Registration programme to maximise the number of potential registrants available to deliver care. This will reconsider our existing and future potential pathways for suitable professionals to gain registration in the UK. In the immediate, this will include making sure our registration framework remains fit for purpose as we manage the impacts of UK withdrawal from the EU and maximise our capacity for clinical assessments to support international medical graduates joining the register to practice in the UK.

**Making every interaction matter**

- We’ll capitalise on changes to our legislative framework to transform how we deliver our statutory functions and deliver a model of regulation that is flexible and adaptable to the needs of the system. This work has the potential to reshape our operations and transform our approach, use of technology, and improve the experience of those that interact with us. This will form a key programme of work for the life of our new Corporate Strategy.

- We’ll scope work to better understand the day-to-day practice of those we regulate. We currently have limited information on the scope of an individuals’ practice, and this is a barrier to us providing a more relevant offer to doctors and to understanding fully the impact of different environments on practice. The pandemic also highlighted the potential value of us holding more information, which would have allowed us to turn our functions on or off in a more proportionate way in response to the pressures different types of doctors were facing. This work will explore what information we might gather, how we would apply that, and how it could inform a strategic shift in our capability as a regulator.

- We’ll strengthen our approach to patient and public involvement by increasing representation and diversity of their experiences and input into our policy development, interactions with us, and our work with the professions. We understand that achieving our vision depends on us listening more actively to the needs of patients and the public, the profession, our partners, and our people.
Investing in our people

- We’ll achieve Gold standard accreditation in 2021 under Investors in People. This reflects the value we place on our people and the commitment we have to being a good employer and a framework for us to benchmark our performance and continue to improve.

- We’ll improve our inclusivity as an employer and achieve full inclusivity under the Talent Inclusion & Diversity Evaluation framework. We will increase diversity at our management levels, improve staff retention from diverse backgrounds and improve overall consistency in experience of workplace inclusivity. This investment models the commitment we are expecting of the system and employers, to create the leadership and inclusive environments that we know enable people to be and do their best.

Responding to the environment & reporting on our progress

C-19 has highlighted the need for us to rapidly respond to the environment. We need to deploy resources and reprioritise activity more than ever before. We’re moving away from the idea that we should plan out every activity over the life of our strategy. We accept that our operating environment will continue to change rapidly, and we’ll be required to do new things to help manage a coordinated response.

To enable this, we have moved to a process of quarterly planning and review. While this plan sets out our key change priorities for the forward three years – we expect it to evolve. We will update our plans through the year as we continue to reassess our priorities with respect to the broader health service and bring on board new priorities. We expect that responding to the system will mean we may have a larger focus on some strategic themes than others at different times, but we will balance this over the course of our Strategy.

We regularly report on progress against the delivery of our business plan to our Council throughout the year and in our annual report. You can find these updates on our website.
Plan on a page
<table>
<thead>
<tr>
<th>Effective relevant &amp; compassionate regulation</th>
<th>Set the standards for medical practice, register and revalidate our professions, promote high standards of medical education and coordinate all stages of medical education, and investigate and act on concerns</th>
</tr>
</thead>
</table>
| Review Good Medical Practice | **Why:** Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP.  
**When:** Complete by Q3 2023  
**Who:** Colin Melville; Mark Swindells |
| Supporting a profession under pressure programme | **Why:** Want to work together with partners to promote environments that support better practice and patient care as highlighted in our research. We will have implemented four country plans to address areas of greatest shared interest in each UK country, and reduced disproportionality in fitness to practise referrals from employers and attainment in medical education and training.  
**When:** Complete by Q4 2023  
**Who:** Anthony Omo; Anna Rowland |
| Introduce the Medical Licensing Assessment (MLA) | **Why:** Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.  
**When:** Q4 2025  
**Who:** Colin Melville; Judith Chrystie |
| Regulate Medical Associate Professionals | **Why:** To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.  
**When:** Q4 2021  
**Who:** Una Lane; Clare Barton |
| Flexibility in training | **Why:** To remove barriers to more flexible post graduate training that will support development and wellbeing of trainees to maximise the quality and number that are retained for patient care. We will implement our plan for improving the flexibility of UK postgraduate medical education and training.  
**When:** Q2 2022  
**Who:** Colin Melville; Phil Martin |
| Routes to registration | **Why:** To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to covid and manage the UKs post-Brexit registration approach for EU professionals.  
**When:** Q4 2022  
**Who:** Una Lane; Kirstyn Shaw |
| Act on legislative reform and reengineer our processes | **Why:** To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. We will consult on changes on secondary legislation to the Medical Act with the DHSC; update policy that underpins key operations, and have commenced one or more of our amended processes.  
**When:** Q4 2024  
**Who:** Shaun Gallagher; TBC |
| Scope of practice | **Why:** The UK medical profession will be able to use consistent categories to describe their scope and location of practice. We will have tested and understood the benefits of collecting and sharing this information to better support us, other regulators and bodies, and employers, to keep patients safe. We will have assessed options for collecting and sharing this information resulting resource implications.  
**When:** Q4 2021  
**Who:** Shaun Gallagher; Richard Marchant |
| Investing in our People | **Why:** To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we will achieve Gold accreditation from Investors in People. To treat our people fairly and model the commitment we ask of the health service – that inclusive environments support better outcomes for all - we will achieve maturity against the TIDE framework.  
**When:** Q2 2023  
**Who:** Neil Roberts; Andrew Bratt |
Income and Expenditure movement from 2020 to 2021 and Impact on free reserves
Income movement from 2020 to 2021

Income

- Budget 2020
- FYE of 2020 fee increases
- Increase in CAC capacity
- Growth in register
- Other income movements
- 2021 CPI fee increases
- 2021 Draft Budget

£m

115
117
119
121
123
125
127
129

120
Expenditure movement from 2020 to 2021

Expenditure

£m

- Budget 2020
- Removal of 2020 one off costs
- 1.5% pay inflation
- Impact of 2020 NIF approvals
- Reduction in 2021 NIf
- Temp decrease in expenditure - COVID
- Temp increase in expenditure - COVID
- MAPs costs charged to DHSC
- Impact of churn & efficiency assumptions
- 2021 Budget
2021 Draft Budget – impact on free reserves

Free reserves projection

Note: this projection does not include the potential impact of risks relating to: the RPI/CPI change in 2030; future uncertainty in financial markets; and risks associated with litigation.
Finance - Summary
### Finance - Summary

<table>
<thead>
<tr>
<th>Financial summary</th>
<th>Budget 2020 £000</th>
<th>Forecast 2020 £000</th>
<th>Budget 2021 £000</th>
<th>Change from 2020 Budget £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational income</strong></td>
<td>117,006</td>
<td>108,087</td>
<td>122,050</td>
<td>5,044 (4%)</td>
</tr>
<tr>
<td>PLAB income from temp CAC</td>
<td>0</td>
<td>0</td>
<td>4,052</td>
<td>4,052</td>
</tr>
<tr>
<td><strong>Total operational income</strong></td>
<td>117,006</td>
<td>108,087</td>
<td>126,102</td>
<td>9,096 (8%)</td>
</tr>
<tr>
<td><strong>Investment income</strong></td>
<td>2,234</td>
<td>941</td>
<td>48</td>
<td>48 (2%)</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>119,240</td>
<td>109,028</td>
<td>126,150</td>
<td>9,144 (8%)</td>
</tr>
<tr>
<td><strong>Directorate expenditure</strong></td>
<td>116,568</td>
<td>103,451</td>
<td>117,818</td>
<td>(1,250) (1%)</td>
</tr>
<tr>
<td>less: churn</td>
<td>(2,000)</td>
<td>(47)</td>
<td>(500)</td>
<td>(1,500) 75%</td>
</tr>
<tr>
<td>less: efficiency target</td>
<td>(1,261)</td>
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<td>(1,500)</td>
<td>239</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>113,307</td>
<td>103,404</td>
<td>115,818</td>
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</tr>
<tr>
<td>New initiative fund expenditure</td>
<td>3,500</td>
<td>1,500</td>
<td>2,860</td>
<td>640 0%</td>
</tr>
<tr>
<td>Temp CAC operational expenditure</td>
<td>0</td>
<td>0</td>
<td>2,899</td>
<td>(2,899)</td>
</tr>
<tr>
<td>Temp CAC capital expenditure</td>
<td>0</td>
<td>0</td>
<td>1,400</td>
<td>(1,400) 0%</td>
</tr>
<tr>
<td>Capital expenditure - IT &amp; Facilities</td>
<td>6,400</td>
<td>6,342</td>
<td>6,714</td>
<td>(314) (5%)</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>123,207</td>
<td>111,246</td>
<td>129,691</td>
<td>(6,484) (5%)</td>
</tr>
<tr>
<td><strong>Operational surplus/(deficit)</strong></td>
<td>(3,967)</td>
<td>(2,218)</td>
<td>(1,307)</td>
<td>2,660</td>
</tr>
</tbody>
</table>

### Finance - Detail

#### Income

<table>
<thead>
<tr>
<th></th>
<th>Budget 2020 £000</th>
<th>Forecast 2020 £000</th>
<th>Budget 2021 £000</th>
<th>Change from 2020 Budget £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual retention fees</td>
<td>93,465</td>
<td>93,425</td>
<td>99,259</td>
<td>5,794 (6.2%)</td>
</tr>
<tr>
<td>Registration fees</td>
<td>5,558</td>
<td>4,346</td>
<td>5,141</td>
<td>(417) (8%)</td>
</tr>
<tr>
<td>Registration fees - temporary CAC</td>
<td>0</td>
<td>0</td>
<td>526</td>
<td>526</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>12,962</td>
<td>5,828</td>
<td>12,532</td>
<td>(430) (3%)</td>
</tr>
<tr>
<td>PLAB fees - temporary CAC</td>
<td>0</td>
<td>0</td>
<td>4,052</td>
<td>4,052</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,730</td>
<td>2,745</td>
<td>2,755</td>
<td>25 (1%)</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>1,400</td>
<td>1,217</td>
<td>1,216</td>
<td>(184) (13%)</td>
</tr>
<tr>
<td>Interest income</td>
<td>256</td>
<td>180</td>
<td>78</td>
<td>(178) (70%)</td>
</tr>
<tr>
<td>Other income</td>
<td>635</td>
<td>346</td>
<td>543</td>
<td>(92) (14%)</td>
</tr>
<tr>
<td><strong>Total operational income</strong></td>
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#### Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Budget 2020 £000</th>
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<th>Budget 2021 £000</th>
<th>Change from 2020 Budget £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>70,674</td>
<td>69,480</td>
<td>72,242</td>
<td>(1,568) (2%)</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>4,356</td>
<td>2,569</td>
<td>3,364</td>
<td>992 (23%)</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,910</td>
<td>1,401</td>
<td>1,740</td>
<td>339 (9%)</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>4,174</td>
<td>4,102</td>
<td>4,492</td>
<td>(318) (8%)</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>7,639</td>
<td>7,536</td>
<td>8,019</td>
<td>(380) (5%)</td>
</tr>
<tr>
<td>Legal costs</td>
<td>4,016</td>
<td>2,469</td>
<td>4,338</td>
<td>(322) (8%)</td>
</tr>
<tr>
<td>Professional fees</td>
<td>3,072</td>
<td>3,006</td>
<td>3,038</td>
<td>32 (1%)</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>532</td>
<td>475</td>
<td>384</td>
<td>148 (28%)</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>18,070</td>
<td>10,263</td>
<td>16,903</td>
<td>1,676 (8%)</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>825</td>
<td>830</td>
<td>858</td>
<td>(33) (4%)</td>
</tr>
<tr>
<td>2021 impact of Oct NIF bids</td>
<td>0</td>
<td>0</td>
<td>1,140</td>
<td>1,140</td>
</tr>
<tr>
<td>Pension top-up</td>
<td>1,300</td>
<td>1,300</td>
<td>1,300</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Churn</td>
<td>(2,000)</td>
<td>(47)</td>
<td>(500)</td>
<td>(1,500) 75%</td>
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<td>Unallocated efficiency savings</td>
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<td>0</td>
<td>2,899</td>
<td>(2,899)</td>
</tr>
<tr>
<td>Temp CAC capital expenditure</td>
<td>0</td>
<td>0</td>
<td>1,400</td>
<td>(1,400)</td>
</tr>
<tr>
<td>IT capital expenditure</td>
<td>5,500</td>
<td>5,500</td>
<td>5,814</td>
<td>(314) (6%)</td>
</tr>
<tr>
<td>Facilities capital expenditure</td>
<td>900</td>
<td>842</td>
<td>900</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>123,207</td>
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</tr>
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</table>
Act

To consider

Purpose

To share with Council members the key findings of our 2020 perceptions survey.

Decision trail

Initial, headline findings from the survey were shared with Council members at their meeting in July 2020, as part of the ‘annual update on communications and engagement’.

Recommendation(s)

- To consider the survey findings and what they mean for the GMC’s direction, services and communications.

Annexes

N/A

Author contacts

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Beverley Taylor, Research Manager (Strategy and Policy)

[bev.taylor@gmc-uk.org](mailto:bev.taylor@gmc-uk.org), 0161 240 8177

Sponsoring director/Senior Responsible Owner

**Paul Reynolds**, Director of Strategic Communications and Engagement

[paul.reynolds@gmc-uk.org](mailto:paul.reynolds@gmc-uk.org), 020 7189 5053
**Background**

1. We run a major survey every two years to help us understand the current perceptions which our audiences and stakeholders have about our work as a professional regulator and whether these attitudes have changed.

2. The fieldwork for our 2020 perceptions survey was carried out between 5 February and 13 March 2020, concluding right before lockdown restrictions were implemented as part of the UK’s response to the coronavirus pandemic. Our previous perceptions survey was conducted in the summer of 2018.

3. Although the fieldwork for this survey was conducted earlier this year, when the UK was just waking up to the gravity of the coronavirus pandemic, we believe the results still have value and that the current perceptions of our audiences are unlikely to have changed significantly in the intervening period.

4. Seven audiences were surveyed for the research: patients and the public, doctors, final year medical students, Responsible Officers (ROs), medical educators, providers and national-level stakeholders in the four UK nations.

5. While medical educators from both the postgraduate and undergraduate sectors were invited to participate in the research, the majority of those who responded were from the undergraduate community. Medical associate professionals were not surveyed, although they will be included next time. We plan to run the next survey around the time that we currently expect to bring these health professionals into regulation (2022).

6. The survey was comprehensive in its scope, asking questions about a broad range of issues, including:

   a. overall confidence in the GMC’s regulation of doctors; as well as, for the first time, trust in individual core functions (e.g. registering doctors, checking doctors are up to date and safe to practise, and dealing with concerns about doctors).

   b. our current working relationships with ROs, stakeholders and educators.

   c. new graduates’ preparedness for practice

   d. the fairness of education assessments

   e. the effectiveness and proportionality of our Education QA process

   f. the clarity, relevance and applicability of our professional guidance
g views of appraisal and revalidation
h our interventions with local providers.
i current work and study conditions.

7 The response rates that were achieved with audiences were in line with industry standards and with other, similar studies conducted by the research firm (IFF Research). The researchers confirmed that the number of responses for patients and the public, doctors, medical students and providers delivered robust base sizes for analysis, including some analysis by subgroups.

Main findings of the survey

8 We have worked with the researchers to make sure there is a simple, clear and useful narrative that we can apply to our thinking and work as an organisation. This narrative can be found below and in the background reading pack (where it appears together with supporting data):

a As reported to Council in the summer, levels of confidence in the GMC appear to be higher than what we saw in the previous survey conducted in the summer of 2018. That said, there is variation in the degree to which doctors have confidence in individual core functions and certain parts of the medical profession (e.g. GPs and, to a lesser extent, doctors on the specialist register) remain more negative towards us than positive. Disengaged doctors are likely to feel negative across a range of measures and feel unsupported by medical institutions generally.

b As an organisation we are heading in the right direction. Audiences who feel we are not focused on the right issues as a regulator want us to give more support to doctors, rather than just give them guidance, and address system failures. This supports our strategic ambition to enable professionals to provide safe care (which encompasses our work to support a profession under pressure).

c Building confidence could enable higher engagement with our professional standards and ethical content. The researchers found a ‘significant difference’ in levels of engagement between doctors who said they had confidence in the GMC versus those who did not.

d Improving the interactions that we have with our audiences could be an effective way of building confidence and improving perceptions. Ideally, these would be first-hand, positive experiences. However, direct
communication will play an important role among audiences with less direct interaction. *This reinforces the relevance and importance of the theme ‘making every interaction matter’ in our new Corporate Strategy.*

e Most audiences feel happy with the level of communications they receive. However, among some (in particular doctors, medical students and providers) there is an appetite for more.

**Equality, diversity and inclusion considerations**

9 The researchers’ analysis of the results reveals some interesting, though not unexpected, differences between different demographic groups within the medical profession:

a **Age**: doctors aged 50 years and over are less likely to feel supported by the GMC (29% compared to 32% average), and those in the 55-59 age group were least likely to feel supported (21%). Doctors under 25 are far more likely than any other age group (68% compared to 27% - 39% among other age groups) to think the GMC had a positive impact on the health sector over the previous 12 months.

b **Ethnicity**: Relations with the GMC are better among doctors who identify themselves as Black, Asian or another ethnicity compared to white doctors. Less than a quarter (23%) of white doctors feel supported by the GMC to deliver good safe care, compared to nearly half (49%) of doctors with other ethnicities; and non-white doctors are considerably more likely to express confidence in the way the GMC regulates doctors than white doctors (54% compared to 43%).

c **Gender**: Perceptions of the GMC are slightly more positive among female doctors. Female doctors are more likely than male doctors to express confidence in the GMC (51% compared to 44%), and slightly more likely to feel supported by the GMC than average (36% compared to 32%).

**Embedding the survey results**

10 The findings of this survey have informed and form part of our baseline understanding for our new Corporate Strategy. They are particularly relevant for two of our strategic themes – *enabling professionals to provide safe care* and *making every interaction matter*. They also inform our ambitions on equality, diversity and inclusion.
11 The results of this survey add to what we already know about our audiences, providing us with additional data and insights that can inform how we deliver our strategic priorities. We are keen to make sure that findings with ‘significance’ (i.e. findings that are based on an analysis of responses from audiences where robust base sizes were achieved) are embedded in our work where possible – particularly in future business planning considerations.

12 The research findings have been presented to senior managers within the organisation. Directors and their senior teams have received reports containing results that are relevant to their directorates, to assist them in applying findings to their external-facing services and policy work. The results have also been used to evaluate the progress we have made in achieving the ambitions of our current Corporate Strategy (2018-2020) – an evaluation that will be shared with Council ahead of the December meeting.

13 Directors have discussed the survey findings and agreed to action the following points:

   a. A significant proportion of providers (nearly a quarter) said they received too little communication from us as an organisation. In addition, around a third of providers said they had experienced some support from us, with three quarters of those providers describing that support as good. These are opportunities which we will address through the work of our Outreach teams.

   b. We will do more to help doctors and other audiences understand the important role that we play in the education and training of doctors. This will include making more of the positive action that we take to quality assure training environments, as a way of distinguishing ourselves from other bodies that have responsibilities in this area.

   c. We are already committed to improving the value of our communications for the medical profession through a programme of increased segmentation, delivering content that is more helpful and relevant to the needs of individual groups (such as locum doctors and doctors practising in particular specialties). Our work to build our understanding of doctors’ scope of practice will help us to identify these segments within the profession and target our communications effectively.

Next steps

14 We will publish the research (including a technical annex explaining the survey’s methodology) on our website after the Council meeting.
We plan to conduct the next perceptions survey in 2022. Between now and then we will work to ensure we have questions that reflect our priorities for the next five years. The survey will provide a source of evidence that will help us assess progress on our new Corporate Strategy. Council will receive an update on this evaluation approach in 2021.
Action: To consider

Purpose:
The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. This report outlines the Investment Committee’s work since its last report to Council in February 2020.

The Committee also uses its annual report to review the Investment Policy and its Statement of Purpose and to recommend any changes to Council.

Funds invested under management through CCLA were valued at £55,597,560 at the end of September.

This report is several months early due to the Chair demitting at the end of 2020.

Decision trail: This report has been approved by the Investment Committee

Annexes:
- Annex A: Investment Policy
- Annex B: Statement of Purpose
- Annex C: Effectiveness review results

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- 0161 923 6741

Sponsor: Dame Suzi Leather, Council Member and Chair of Investment Committee.
Report of the Investment Committee’s activities in 2020

1. The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. Since its last report to Council on 27 February 2020, the Committee has met six times in 2020-January, March, May, July, September and November. (Due to market volatility March and July’s meetings were extraordinary meetings to monitor the funds under management)

2. Asset Risk Consultants (ARC) continue to advise the Committee on all elements within the Committee’s remit (excluding GMCSI). In addition to this, a review session is led by ARC during each meeting examining the fund manager’s quarterly report providing expertise on the technical elements of the report.

3. The Chair and one Council member of the Committee will demit at the end of 2020. Steve Burnett has been appointed as Chair of the Committee from January 2021. The Chair of Council will also select two members to sit as Committee members.

Investment Policy

4. No changes to the Investment Policy were made during the year, However, our fund manager, CCLA has indicated that many of their clients are considering the impact of climate change on their investment strategies.

5. The Committee recommends that Council should consider its position in relation to investing in fossil fuels, although this should be considered alongside a broader consideration for ESG responsibilities.

Statement of Purpose

6. There have been no changes to the Investment Committee’s Statement of Purpose, however Council is asked to review it and consider if it is still meeting Committee’s needs.

GMC funds under management

7. The GMC has placed total funds of £50 million under investment through CCLA. Returns throughout 2020 were varied due to the Brexit negotiations and COVID pandemic, however the portfolio was valued at £55.60 million at the end of September.

8. The total return over the last twelve months is +3.26% against the target of +2.55%.
9 In light of this successful performance the Committee have been considering options for reinvesting or drawing down the investment returns generated and will bring a recommendation to Council in 2021.

10 CCLA’s performance is reviewed by the Committee on a quarterly basis and has been in the top quartile of their peer group comparators over the year.

11 The funds have all been managed within the agreed ethical criteria set out in our investment policy.

**GMC Services International**

12 The Committee have been updated on GMCSI’s activities throughout the year. However due to the pandemic many projects in the pipeline have been delayed. The Committee will continue to monitor the activities of GMCSI in 2021.

**Aggregate financial risk to investment**

13 The Committee have been considering the aggregate financial risk to investment with GMC investments and the GMC Defined Benefit pension scheme. A sub-Committee was created and considered different outcomes.

14 A seminar has been scheduled in December to offer Council the opportunity to discuss this further.

**Treasury management**

15 The Committee considered a report on the GMC’s in-house management of its cash balances at each meeting.

16 The GMC’s cash holdings outlook for the end of October 2020 were £47.5 million with a blended interest of 0.25%. The outlook interest income from cash holdings will be £179k against a budget of £256k.

**Investment Risk Register**

17 The Committee reviewed and updated the Investment Risk Register at each of its meetings. This included consideration of the potential investment risks relating to the UK’s withdrawal from the EU and the pandemic.

18 The Committee’s external adviser, Asset Risk Consultants Ltd, provide an external perspective on the risk register and have advised that it adequately addressed the risks and mitigations relating to its investments.

**Committee effectiveness review**

19 In November 2020, the Committee held an effectiveness review, which is attached at Annex C.
20 In response to the review in 2021 the Committee agreed that it was well supported and managed. Areas for development for the Committee were listed as training and diversity.

21 The Committee will work closely with both CCLA and Asset Risk Consultants to provide a bespoke training offer to members to ensure decisions made are fully reasoned.

22 The new GMC Corporate Strategy acknowledges that our workforce (including members) is not as diverse as it should be and commits the GMC to being a more diverse and inclusive organisation. The Committee will seek to act on opportunities to increase the diversity of perspectives on the Committee as they arise. In the meantime, the Committee should seek ways to hear and consider diverse perspectives in its decision making.
Investment Policy
Investment Policy

Introduction

1. As a matter of prudent financial management we must hold sufficient reserves to:
   a. Provide working capital to undertake our day to day business
   b. Provide funds to deal with any risks that materialise
   c. Provide funds to respond to new initiatives, opportunities and challenges that present themselves
   d. Cover the time period before any changes to fee levels takes full effect

2. This ensures that our regulatory independence is underpinned by a strong and stable financial base.

3. In addition to our reserves we typically hold significant cash sums during the year because our expenditure is broadly linear while our fee income is concentrated in the summer months.

4. This policy sets out the approach we will take with all of the funds that we hold. It supports our charitable aims and our statutory purpose as set out in the Medical Act 1983 and is in line with Charity Commission guidance on investments.

5. Our funds can be separated into four categories: those which are required as working capital for the normal day to day operation of the business; those which we may invest under management; those which we may invest in a trading subsidiary; and any residual cash balance.

Working Capital

6. The Investment Committee will ensure that we hold sufficient working capital for normal cash-flow purposes. The Committee will determine an appropriate amount from time to time which provides sufficient flexibility to avoid temporary borrowing and/or the need to liquidate investments to deal with short term variations in operational income and expenditure. Any changes to the actual amount of working capital held will be notified to Council through the report of the Chief Executive Officer to the Council.
7 Working capital will be held as cash in instant access interest-bearing accounts in UK banks which are subject to regulation by the Financial Conduct Authority.

8 As a minimum, the bank must hold at least two out of three of the following short term credit ratings:
   - Moody’s P-2
   - Fitch F1
   - Standard and Poor’s A-2

9 Working capital will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy. Funds may be moved between banks during the year to achieve this, but the primary requirements for working capital funds are security and liquidity.

**Funds invested under management**

10 After taking account of our working capital requirement we have determined that we will invest up to £50 million under management. This amount is reviewed annually by Council.

**Attitude to risk**

11 We have a low risk appetite. We wish to protect against volatility, capital loss and the erosion of asset value by inflation.

**Objectives**

12 When investing funds under management our objectives are: to provide protection against inflation; to generate a modest level of return; and to diversify our funds to reduce the risk of capital and/or revenue loss.

13 Our target rate of return on funds invested under management is inflation (CPI) plus 2% over a rolling five year period.

14 Funds under management will be invested in a broad range of quoted investments, bonds and other debt securities issued by public and corporate bodies, third party regulated funds, regulated and unregulated in-house funds, money market instruments, foreign exchange, private equity and cash (including deposits in pooled cash funds).

15 Asset allocation parameters will be determined by the Investment Committee, based on advice from fund managers and/or external advisers, to ensure that funds are diversified to reduce the risk of capital and/or revenue loss. The Investment Committee will monitor compliance with those parameters. The parameters will be reviewed periodically to ensure that they remain consistent with our low risk appetite. If more than one fund manager is used, the Investment Committee will monitor the aggregate asset allocation to ensure it provides sufficient diversification.
**Ethical considerations**

16 We have adopted a comprehensive ethical investment approach. We believe that investing in certain companies or sectors would conflict with our charitable aims, or may create reputational damage. We do not wish to profit directly from, or provide capital to, activities that are materially inconsistent with our charitable aims and so we specifically exclude investment in companies whose principal purpose involves: tobacco; alcohol; gambling; pornography; high-interest rate lending; cluster munitions and landmines; and the extraction of thermal coal or oil sands. We recognise that many large companies are involved in a broad range of business activities. Given this we do not invest in companies that derive more than 10% of their revenue from an excluded area. This allows us to invest in, for example, the retail sector while excluding tobacco companies.

17 We do not invest in companies that are under investigation for, or been found guilty of, tax evasion or money laundering in the last three years.

18 We recognise that when fund managers invest through a third party or pooled funds, we cannot directly influence the selection of individual investments. In these circumstances we require the fund managers to ensure that the proportion of excluded investments in the pooled fund is less than 10%.

19 We may invest in companies whose activities are consistent with, or supportive of, our charitable aims. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious with regard to environmental and social issues, and to deal fairly with customers and the communities in which they operate. We may also use our position as an investor to actively engage with and influence the corporate behaviour of those companies we invest in.

20 We will invest only through fund managers who demonstrate the strongest environmental, social and governance (ESG) credentials. When appointing fund managers we will take into consideration how they incorporate an assessment of companies performance on ESG issues into their stock selection.

**Funds invested through a trading subsidiary**

21 Where we have the power to do so we may invest funds in a trading subsidiary of the GMC.

22 Investments in a trading subsidiary may take the form of loan capital and/or share capital.

23 Any funding provided to a trading subsidiary must be justifiable as an appropriate investment of the GMC’s resources, e.g. by means of specific investment advice and may take the form of:

- A financial investment to generate a financial return to be used to further our charitable objectives (requiring advice).

- A straightforward grant of money or a programme-related investment, to directly deliver one or more of our charitable objectives (not normally requiring advice).
A mixed-motive investment, combining elements of both financial and programme-related investments (requiring advice as far as appropriate).

Any investment in a trading subsidiary will be subject to the same ethical considerations as funds invested under management.

Any investment in a trading subsidiary will require specific approval by the Investment Committee and must comply with HMRC’s requirements for qualifying investments.

**Residual cash balance**

Any residual cash not held as working capital or invested will be held in medium term deposits and/or interest-bearing accounts.

Medium term deposits and interest-bearing accounts will be held in UK banks which are subject to regulation by the Financial Conduct Authority. As a minimum, the bank must hold at least two out of three of the following short term credit ratings:

- Moody’s P-2
- Fitch F1
- Standard and Poor’s A-2

No single deposit should exceed £5 million, with a maximum exposure of £40 million per bank (including any funds held as working capital in instant access interest-bearing accounts). Term deposits should be spread on a rolling maturity basis, and maturity dates for deposits should be no longer than 18 months.

Funds will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy.

**Management, reporting and monitoring**

Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns.

Council has delegated to the Investment Committee responsibility for implementing the investment policy, appointing and managing fund managers, monitoring performance and reporting to Council. Full responsibilities are set out in the Investment Committee’s statement of purpose.

Day to day investment decisions are delegated to investment fund managers in line with this policy and are accountable to the Investment Committee for performance. The Investment Committee may determine benchmarks against which to measure performance.

Investment fund managers are required to provide quarterly valuation and performance data.
Approval and review

34 The Investment Policy will be reviewed by Council annually, on the advice of the Investment Committee. This will reflect the Council’s overall financial position, its budgetary requirements, and any changes to the reserves policy.

This version was approved by Council on the 10 December 2020
Statement of Purpose
Statement of purpose of the Investment Committee

Purpose

1. The purpose of the Investment 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 Committee.

Duties and activities

3. The Investment 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 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.

j Meets with the investment fund managers at least biannually to discuss their performance, actions and future strategy.

k Considers and approves any investment by the GMC in a trading subsidiary.

l 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.

m Monitors and reacts to legislative, financial and economic changes affecting, or potentially affecting, the Investment Policy.

n 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 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 Committee approves the minutes at its next meeting.

6 Membership of the Investment Committee comprises:

   a Four members of Council, one of whom will be appointed as Chair of the Committee.

   b Up to three external, co-opted members, with extensive investment experience.

   c The Director of Resources and the Assistant Director of finance.

7 The role of the external co-opted members is to bring their experience and knowledge of investments to the work of the Committee. Co-opted members are not appointed as advisers to the Committee. They are expected to act as full members of the Committee, while recognising that they are not trustees or members of Council.
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.

The 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 Committee meetings as necessary.

Fund managers who are appointed to manage investment funds on behalf of the GMC will be expected to attend Committee meetings at least biannually.

The Chair and/or directors of trading subsidiaries will attend Committee meetings at least biannually.

Other staff may attend Investment Committee meetings as necessary.

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 Executive’s report. In addition, the 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 10 December 2020]
Effectiveness review results
## Results Summary

### Investment Committee-effectiveness survey 2020

### Page 1

1. The role of the Investment Committee is clearly defined in its Statement of Purpose

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strongly agree</td>
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</tr>
<tr>
<td>2 Agree</td>
<td>50.00%</td>
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<tr>
<td>3 Neither agree nor disagree</td>
<td>0.00%</td>
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**Statistics**

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<td>Maximum</td>
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Answered: 8  
Skipped: 0

### Page 2

2. Committee members understand the responsibilities of their role.

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<td>2 Agree</td>
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Answered: 8  
Skipped: 0

### Page 3

3. The Committee has an appropriate representation of members with skills, knowledge and experience to deliver the key responsibilities

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<tr>
<th>Response</th>
<th>Percent</th>
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<tr>
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**Statistics**

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Answered: 8  
Skipped: 0
### 4. The membership of the Committee is sufficiently diverse (Investment experience)

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<tr>
<th>Response</th>
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<tbody>
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<tr>
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<tr>
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**Statistics**
- Minimum: 1
- Mean: 1.5
- Std. Deviation: 0.5
- Satisfaction Rate: 12.5
- Answered: 8
- Skipped: 0

### 5. The membership of the Committee is sufficiently diverse (Protected characteristics)

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<tr>
<th>Response</th>
<th>Percent</th>
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<tr>
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<tr>
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**Statistics**
- Minimum: 2
- Mean: 3.5
- Std. Deviation: 0.25
- Satisfaction Rate: 62.5
- Answered: 8
- Skipped: 0

### 6. The Committee's work programme is proportionate and appropriate to the size, complexity and risk profile of the organisation.

<table>
<thead>
<tr>
<th>Response</th>
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<tr>
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<tr>
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**Statistics**
- Minimum: 1
- Mean: 1.62
- Std. Deviation: 0.48
- Satisfaction Rate: 15.62
- Answered: 8
- Skipped: 0
### 7. There are a sufficient number of meetings to discharge the responsibilities of the Committee.

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<thead>
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<th>Response</th>
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<tr>
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**Statistics**
- **Minimum**: 1
- **Mean**: 1.75
- **Std. Deviation**: 0.66
- **Satisfaction Rate**: 18.75
- **Maximum**: 3
- **Variance**: 0.44
- **Std. Error**: 0.23

- **answered**: 8
- **skipped**: 0

#### Comments: (1)

1 07/11/2020 11:52 AM The latest meetings have overrun slightly, but this is the virtual world

### 8. The Committee has a clear annual work programme

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Strongly agree</td>
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</tr>
<tr>
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<td>12.50%</td>
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**Statistics**
- **Minimum**: 1
- **Mean**: 1.88
- **Std. Deviation**: 1.27
- **Satisfaction Rate**: 21.88
- **Maximum**: 5
- **Variance**: 1.61
- **Std. Error**: 0.45

- **answered**: 8
- **skipped**: 0

### 9. There is sufficient time on the agenda to consider relevant issues

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<th>Response</th>
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<tr>
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<tr>
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**Statistics**
- **Minimum**: 1
- **Mean**: 1.75
- **Std. Deviation**: 0.43
- **Satisfaction Rate**: 18.75
- **Maximum**: 2
- **Variance**: 0.19
- **Std. Error**: 0.15

- **answered**: 8
- **skipped**: 0

Comments: (1)
### Page 10

<table>
<thead>
<tr>
<th>10. Outstanding &quot;matters arising&quot; are resolved in a timely manner</th>
<th>Response Percent</th>
<th>Response Total</th>
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<tr>
<td>1 Strongly agree</td>
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<tr>
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<td>0.00%</td>
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</tr>
<tr>
<td>5 Strongly disagree</td>
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**Statistics**
- Minimum: 1
- Mean: 1.5
- Std. Deviation: 0.5
- Satisfaction Rate: 12.5

- answered: 8
- skipped: 0

### Page 11

<table>
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<tr>
<th>11. The relevant representation from internal management is available to support discussion of agenda items.</th>
<th>Response Percent</th>
<th>Response Total</th>
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<tr>
<td>1 Strongly agree</td>
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<tr>
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<td>0</td>
</tr>
<tr>
<td>5 Strongly disagree</td>
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**Statistics**
- Minimum: 1
- Mean: 1.5
- Std. Deviation: 0.5
- Satisfaction Rate: 12.5

- answered: 8
- skipped: 0

### Page 12

<table>
<thead>
<tr>
<th>12. The Committee has an appropriate degree of secretariat support to enable its effective operation</th>
<th>Response Percent</th>
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<tr>
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<tr>
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**Statistics**
- Minimum: 1
- Mean: 1.12
- Std. Deviation: 0.33
- Satisfaction Rate: 3.12

- answered: 8
- skipped: 0

Comments: (1)
### 13. The Chair appropriately facilitates discussion within the committee meetings.

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<tr>
<th>Response</th>
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<tbody>
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<tr>
<td>5 Strongly disagree</td>
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**Statistics**
- Minimum: 1
- Maximum: 1
- Mean: 1
- Variance: 0
- Std. Deviation: 0
- Std. Error: 0
- Satisfaction Rate: 0
- Answered: 8
- Skipped: 0

**Comments:** (2)
1. 04/11/2020 17:31 PM Dame Suzi has been an excellent Chair
2. 05/11/2020 11:52 AM Suzi does a great job chairing the Committee, she will be sadly missed

### 14. Information and papers are provided for meetings in a timely manner that enables full and proper consideration of the issues.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
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</tr>
</thead>
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<td>0</td>
</tr>
<tr>
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**Statistics**
- Minimum: 1
- Maximum: 3
- Mean: 1.62
- Variance: 0.48
- Std. Deviation: 0.7
- Std. Error: 0.25
- Satisfaction Rate: 15.62
- Answered: 8
- Skipped: 0

### 15. The Committee has the required resources available to take independent advice when it reasonably believes it is necessary to do so.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>2 Agree</td>
<td>62.50%</td>
<td>5</td>
</tr>
<tr>
<td>3 Neither agree nor disagree</td>
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<tr>
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**Statistics**
- Minimum: 1
- Maximum: 3
- Mean: 1.62
- Variance: 0.48
- Std. Deviation: 0.7
- Std. Error: 0.25
- Satisfaction Rate: 15.62
- Answered: 8
- Skipped: 0
Page 16

16. There is access to sufficient training for Committee members

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<tr>
<td>Neither agree nor disagree</td>
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Statistics

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- Std. Error: 0.3
- Satisfaction Rate: 40.62

Comments: (1)

1 09/11/2020 11:36 AM More training could be made available as some of the topics are quite intense

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17. Register of interests/conflicts of interest are handled appropriately

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<tr>
<th>Response</th>
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<th>Total</th>
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<tr>
<td>Agree</td>
<td>25.00%</td>
<td>2</td>
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<tr>
<td>Neither agree nor disagree</td>
<td>12.50%</td>
<td>1</td>
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<tr>
<td>Disagree</td>
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<tr>
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Statistics

- Minimum: 1
- Mean: 1.5
- Variance: 0.5
- Std. Error: 0.25
- Satisfaction Rate: 12.5

Comments: (1)

1 09/11/2020 11:36 AM More training could be made available as some of the topics are quite intense

Page 18

18. Do you have any additional feedback or comment?

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Statistics

- Minimum: 1
- Mean: 1
- Variance: 0.5
- Std. Error: 0.25
- Satisfaction Rate: 12.5

Comments: (1)

1 09/11/2020 11:36 AM More training could be made available as some of the topics are quite intense
The Committee is run and supported very well and I feel proud to be apart of it

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Comment</th>
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Executive summary

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2020.

Key points to note:

▸ The MPTS hearing centre in Manchester reopened on 3 August, fully adhering to the UK Government’s COVID-19 Secure guidance.

▸ The MPTS is running hearings both in Manchester and virtually.

▸ External auditors carried out a learning review of our virtual hearings process, giving a ‘green’ risk rating.

Recommendation

▸ The Committee is asked to consider the report of the MPTS Committee.
**Governance**

1. The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament.

2. This paper is the MPTS Committee’s second report of 2020.

3. The MPTS Committee met on 16 September 2020 and considered our response to the pandemic and recovery planning, tribunal member resourcing, quality assurance, adjournments and case management.

4. The MPTS Committee met on 18 November 2020 and considered our continuing response to the pandemic, risk, finance, our staff survey results, the virtual hearings learning review conducted by BDO and the Committee’s work programme for 2021.

5. The MPTS annual report for 2019 was laid before Parliament on 11 September 2020.

**Operational update**

**Responding to the COVID-19 pandemic**

6. As previously reported to Council, on 17 March the decision was taken to close the MPTS hearing centre and to begin holding virtual hearings in order to meet our overarching objective to protect the public.

7. Our first virtual hearing was held on 19 March. From March to June, virtual hearings were used to hear new interim orders tribunal (IOT) cases and to review existing sanctions. Most reviews of interim restrictions continued to be considered ‘on the papers’ by a Legally Qualified Chair.

8. In June, we began relisting new medical practitioners tribunal (MPT) hearings that had been postponed in March. We did so on a prioritised basis, looking at criteria including whether a doctor had an interim restriction, whether a hearing was part-heard, how long it had been since an investigation began and how prepared parties were to proceed. Doctors, their representatives and the GMC had the opportunity to make relevant submissions to the MPTS as part of this process, to help us decide which hearings we could hold.

9. From the beginning of July, we began holding new MPT hearings virtually. Initially, we prioritised shorter hearings and those with fewer witnesses, as these were more likely to be able to run virtually.

10. Our hearing centre re-opened on 3 August, fully adhering to the UK Government’s COVID-19 Secure guidance. Working with our colleagues in
Facilities, we carried out a thorough risk assessment as well as a significant programme of work to put safety and hygiene measures in place throughout the building.

11. We planned for holding a maximum of three hearings per day in Manchester throughout August, rising to 6 per day in September and 9 per day in October.

12. At the same time, virtual hearings continued to be held each day. To ensure our decision-making is as open and transparent as it was before the pandemic, members of the public and press have been able to observe virtual hearings from a viewing gallery in our hearing centre.

13. In October, the UK Government introduced its tiered system of restrictions in England. Essential services, such as hearings, were able to operate in all tier categories and individuals were permitted to travel for such work. The MPTS therefore continued to run hearings in Manchester where that was the most appropriate format for the evidence being presented.

14. The whole of England came under new national restrictions on 5 November 2020. We decided that, for the duration of this period, all MPTS hearings would be held virtually unless there was a particular need for a hearing to be held at our hearing centre. For instance, if the needs of the participants cannot be met by a virtual hearing or the circumstances of the case make it unsuitable for a virtual hearing.

15. From 19 March to 31 October the MPTS concluded 1078 cases. Of these 589 took place virtually, 442 were considered ‘on the papers’ and 47 cases were heard at our hearing centre in Manchester.

16. Throughout the pandemic we have met our service level agreement to list and resource 100% of new interim referrals within 21 days.

Virtual hearings

17. We announced at the end of July that all new interim orders tribunals will continue to be held virtually until the end of 2021, unless holding one at the hearing centre is necessary due to its complexity or to facilitate reasonable adjustments. This will assist us with our recovery work and enable us to continue to assess the long-term viability of virtual hearings.

18. In September, the GMC’s auditors BDO carried out a Virtual Hearings Learning Review. The review gave the MPTS a ‘green’ risk rating, noting our “rapid and well-planned response to lockdown” and the quality assurance of all new guidance documents.

19. We are now working with our Information Systems colleagues on the procurement of a new platform for virtual hearings, which will provide us with greater functionality.
Other operational matters

Our Doctor Contact Service (DCS) continues to offer support to doctors during the current pandemic, particularly those attending hearings alone or without legal representation. The DCS aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of our staff unconnected to the doctor’s case can be available to talk by phone or Skype for Business.

Since 19 March, DCS has assisted 40 doctors on 115 separate occasions. We continue to receive positive feedback on the impact of this service. Users have highlighted the benefits of having processes explained to them and being signposted to the most relevant information.

Tribunal members

As of 28 October 2020, we had 289 tribunal members, of whom 52% were medical members and 48% lay members (including legally qualified chairs).

In total, 46% of tribunal members were female and 22% identified as coming from black, Asian and minority ethnic (BAME) backgrounds.

This compares favourably with the most recently published figures for courts in England and Wales (32% female and 7% BAME) and tribunals in England and Wales (50% female and 15% BAME). (Source: https://www.judiciary.uk/about-the-judiciary/who-are-the-judiciary/diversity/judicial-diversity-statistics-2019)

It also compares well with the UK population (51% female and 13% BAME). (Source: www.ethnicity-facts-figures.service.gov.uk)

Quality assurance

The MPTS Quality Assurance Group (QAG) meets monthly to review a proportion of written tribunal determinations. The purpose of these reviews is to make sure the determinations are clear, well-reasoned and compliant with the relevant case law and guidance.

QAG also identifies issues which can usefully be incorporated into future tribunal training sessions or included in tribunal circulars.

QAG has continued to meet virtually since the hearing centre closed in March. All learning points issued to tribunal members can be viewed at www.mpts-uk.org/learning_points
We have continued to receive referrals to medical practitioners tribunals from the GMC this year, though at a much lower rate than in previous years.

56 doctors were referred to an MPT in Q3 2020, compared to 104 in Q3 2019. Overall, there has been 17% decrease in comparison to 2019.

A large number of hearings were postponed because of the COVID-19 pandemic, all of which need to be relisted so those doctor’s cases can be heard as soon as possible.

We have now relisted nearly all the hearings that were originally scheduled to take place between March and June. We are also working to relist hearings that were scheduled from July onwards. We had relisted 83% of all postponed hearings by the beginning of October.
Hearing outcomes

33 We usually report to Council on recent hearing outcomes, offering a comparison with previous years. Clearly, far fewer hearings have concluded in 2020 than would normally be expected, so comparisons are difficult to make.

34 Hearing outcomes for the first three quarters of 2020 are set out in Annex A, alongside figures for the previous three calendar years.

35 In the first three quarters of 2020, 246 doctors appeared at new IOT hearings. 11% of those doctors were suspended from the medical register on an interim basis, 67% given interim conditions and no order made in 22% of hearings.

36 In the same period, 101 doctors appeared at new MPT hearings. 28% of those doctors had their name erased from the medical register, 36% were suspended and 9% given conditions. 12% were found not impaired and a further 12% found not impaired but issued with a warning. In two hearings (2%), the tribunal granted an application for voluntary erasure from the register.

37 If the GMC believes a doctor is consistently or explicitly refusing to comply with a direction to undergo a health, performance, or English language assessment, it may refer them to the MPTS for a non-compliance hearing.

38 Two new non-compliance hearings have been held in 2020, with a suspension imposed in both cases.

39 Nine restoration hearings have been held in 2020, with the doctor’s application being granted in five cases and refused in four.
Agenda item: M7

Report title: Report of the MPTS Committee 2020

Annex A

Hearing outcomes for 2017 – Q1-3 2020
Hearing outcomes 2017 – Q1-3 2020

Medical Practitioners Tribunals

<table>
<thead>
<tr>
<th>New MPT hearing outcomes</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Q1-3 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Cases</td>
<td>Cases</td>
<td>Cases</td>
</tr>
<tr>
<td>Impaired: Erasure</td>
<td>62</td>
<td>65</td>
<td>55</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>26%</td>
<td>21%</td>
<td>28%</td>
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<tr>
<td>Impaired: Suspension</td>
<td>76</td>
<td>101</td>
<td>120</td>
<td>37</td>
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<td></td>
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<td>41%</td>
<td>47%</td>
<td>36%</td>
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<tr>
<td>Impaired: Conditions</td>
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<td>25</td>
<td>14</td>
<td>9</td>
</tr>
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<td></td>
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<tr>
<td></td>
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<td>1%</td>
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<td>Not impaired: Warning</td>
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<td>17</td>
<td>12</td>
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<td></td>
<td>7%</td>
<td>4%</td>
<td>7%</td>
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<tr>
<td>Not impaired</td>
<td>27</td>
<td>41</td>
<td>44</td>
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<td>Cases</td>
<td>Cases</td>
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<td>Application refused</td>
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## Interim orders

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<td>Total</td>
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<td>388</td>
<td>100%</td>
<td>359</td>
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## Number of review hearings

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<th>2019</th>
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<tr>
<td></td>
<td>Cases</td>
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<td>Medical practitioners tribunal review hearing</td>
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<td>Non-compliance review hearings</td>
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<td>This report updates Council on the work of the Audit and Risk Committee since June 2020.</td>
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<td>Annex A: Responding to COVID-19 final learning report</td>
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<tr>
<td>Author contacts</td>
<td>Lindsey Mallors, Assistant Director Audit and Risk Assurance <a href="mailto:lindsey.mallors@gmc-uk.org">lindsey.mallors@gmc-uk.org</a>, 020 7189 5188</td>
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Introduction

1  This report provides an update to Council on the Audit and Risk Committee’s activities since May 2020. It notes:

- the assurance the Committee continues to receive in the operation of the Risk Management Framework
- there is a good control framework in place across the organisation which has continued to be evidenced through the organisation’s response to the pandemic
- internal audit recommendations have appropriate actions in place to address them
- continued satisfaction with the work of external and internal auditors
- transition arrangements for the smooth handover to the next chair at the end of the year are complete,

2  The Audit and Risk Committee has met three times remotely since its last report to Council, in formal session 15 July, 15 September and 11 November. A seminar was held the evening before the September and November meetings. These provided an opportunity for the Committee to consider the assurance it would like to seek through the 2021 internal audit programme with the publication of a new Corporate Strategy and the current corporate threats and opportunities.

3  Committee meetings continue to be supported by the Executive Team and have included the attendance of relevant directors, assistant directors and teams when reports relating to their area of business have been presented. The Committee continues to be impressed and assured by the depth of knowledge and professionalism of colleagues across the business. In particular the response to the pandemic has highlighted the organisation’s resilience and ability to adapt quickly to changing external circumstances.

4  At the meeting on 11 November 2020, the Committee undertook its annual review of the Statement of Purpose and considers this remains relevant for its assurance role.

5  Areas to bring to Council’s attention arising from the Committee’s responsibilities and activities are outlined below.
Committee update

6 In line with good governance practice, annual appraisals for independent members, conducted by the Chair, will be taking place before she demits office.

Integrity of the financial statements and performance of the external auditor

7 In June, following the work of the external auditors, Crowe LLP, Council approved the financial statements and Annual Report 2019. The external audit fee, terms of engagement, external audit plan and audit scope for 2020 were discussed in preparation for the 2020 external audit at the November meeting. The Committee noted areas where Crowe will focus in ensuring appropriate changes in response to the pandemic are properly reflected and where they may rely on internal audit work to maximise the benefit of resources.

8 The Committee has also met privately with the external auditor since the last report to Council providing an opportunity to discuss any issues without the presence of senior management.

Governance and risk management

9 The Committee continues to use risk as the basis for its approach to oversight and scrutiny. The last six months has required the Committee to be flexible, balancing the need for assurance with delivery of business activities and management’s organisational response to the pandemic outbreak.

10 The high level strategic risk discussion which forms the first section of every meeting continues to provide an important backdrop to the Committee’s understanding of the challenges and opportunities the GMC faces and the work that goes on across the organisation to mitigate and enhance risks. The insight from the CEO and other Executive members is particularly welcomed and the discussions have covered a wide range of external and internal threats and opportunities in responding to the pandemic and thinking about for the future.

11 Since March there have been many new risks to be considered and managed. The Committee remains assured that there is good understanding of the threats and challenges both in the external environment and in the complexity of the GMC’s internal operations carried out during the pandemic and in planning for a post COVID world. It is also pleased to note the ongoing attention which is paid to opportunities and in particular the strategic thinking looking ahead to what changes might now be more possible both externally and internally in the future as the pandemic comes under control.
12 This year’s internal audit review of risk again concluded that our risk management arrangements are mature and continue to capture all significant business risks. The introduction of the new integrated risk reporting platform, MS Teams, is embedding and providing further avenues for continuous improvement. The Risk Management Framework has also been refreshed to reflect the changes in the new system and is considered by the Committee to be an excellent policy framework.

13 To maintain independence from the responsibilities for risk which sit with the Assistant Director of Audit and Risk Assurance, the scope and report for this review were agreed directly with the Chair of the Committee.

Systems of internal control

14 As previously reported, the internal audit programme agreed in November 2019 was redirected in March and audit resource has been focused on assurance and learning in adapting to the globally challenging circumstances of COVID19. The Committee felt able to take this decision because it was satisfied with the historic assurances it has that there is a good control framework in place. This was reinforced by findings from assurance work around temporary registration and remote hearings, which concluded that new systems and controls which were put in place for these activities were strong.

15 Three additional pieces of work focused on what worked well and less well covering governance and decision making at the start of and through the first few months of the crisis emerging, strategic and tactical activities to recover regulatory and operational activities (including the GMC’s approach to taking opportunities to renew its approach and ways of working) and changes in working arrangements to support workforce remote working with a focus on health and safety and colleague well-being.

16 A final summary learning report was considered at the last Committee meeting. It concludes that the GMC is widely regarded by its staff, senior management and Council as handling the pandemic crisis well. The key learnings identified relate to ways of working and the organisation’s culture. How the organisation has worked to respond to the pandemic has given momentum to some of the cultural shifts it has been seeking. These include a sharper focus on prioritisation of activities with corresponding resource allocation decisions, agility and empowerment with governance and decision-making, and flexibility of approach in adapting activities to address external risks at speed. Given the importance of this work, the final summary learning review is attached at Annex A.
17 As well as work by BDO, the Committee separately commissioned through the Assistant Director of Audit and Risk Assurance, an independent review of the GMC’s BS 10008 (the standard for Legal Admissibility and Evidential Weight of Electronic Information) to which the GMC became fully accredited in 2016. The independent reviewer was again complimentary about the work of the team concluding that the information management system at the GMC is effective in ensuring the trustworthiness of electronic information. They were also impressed with the GMC’s response to the pandemic and the organisation’s ability to maintain standards through recent months, some of which they observed remotely when a GMC colleague was working on site.

18 This year’s cyber security review, in the form of two phishing campaigns, was conducted by the specialist team from BDO. The campaigns focused only on the cyber security awareness amongst GMC employees and did not test any of the central technical and operational controls which were deliberately not activated.

19 The test led to a much higher number of staff clicking on the link within the phishing email than during previous exercises. This has provided the IS team with additional useful information on which to continue building phishing education and awareness. The Committee suggests that phishing awareness training should also be provided to all Council members.

20 At each meeting, the Committee has received a progress report from the Assistant Director Audit and Risk Assurance, including an update on the status of actions arising from internal audit work. The pandemic has affected the usual high closure rate of actions within agreed timeframes and we have been pragmatic in acknowledging the need to extend some timeframes. The Committee remains cognisant of extended due dates and is monitoring them carefully. At the time of this report, there is one recommendation overdue and two more which have been extended. The Committee is satisfied with the arrangements in place and timeframes to address these.

**Significant event reviews**

21 Since the last report to Council the Committee has not considered any significant event reviews. However, it is aware of one which will be considered at its January meeting which relates to the case of Teodora Crisovan. Ms Crisovan fraudulently applied for full specialist registration as an EEA national and an internal investigation established that her primary medical qualifications (PMQs) were fraudulent. She has since been erased from the register.
Internal audit management arrangements

22 The enhanced co-sourcing model continues to bring value to the internal audit work programme maximising the benefit of in-house knowledge with technical audit capability. Working with an external provider allows the Assistant Director Audit and Risk Assurance (ADA&RA) to tailor resources for the individual needs of each piece of work. This model has been in place for some time now and the Committee will be considering a review in 2021 to ensure that co-sourcing remains the best fit for the GMC's assurance requirements.

23 The Committee has regular private discussions with the internal audit team without management present. In addition, it has held a private session with BDO without the ADA&RA. This provides an important opportunity for the Committee to assure itself of the independence of the ADA&RA.

Audit programme 2021

24 At its meeting in November, the Committee approved the overall audit programme for 2021. Whilst this will return to the structure and format of previous years, the work will specifically include a focus on where activities, systems and controls have changed as a result of responding to the pandemic. Following the seminar discussions, the Committee will also be building in other opportunities to garner assurance and understanding of the GMC’s risks and how they are being managed in key activities. This will include ‘show and tell’ sessions with selected teams, risk deep dives and more insight and learning sessions from the internal and external auditors. As ever, the audit programme will remain flexible and include the capacity to adapt quickly to emerging risks if needed.

The Committee’s 2020 review of its effectiveness

25 The Committee has undertaken its annual review of effectiveness earlier this year to be able to include the feedback of demitting members. The review has included seeking views from Council, the Executive and assistant directors through a short survey. As in previous years, overall satisfaction remains high and the Committee is well regarded. It is seen as effective with thought provoking observations and diverse perspectives offered through the different experiences of its members.

26 This year we specifically reflected on how effectively the Committee has conducted its business in relation to the arrangements during the pandemic. We note that virtual meetings have worked well and that we have been able to continue conducting business as usual. The earlier circulation of papers and
flagging significant issues in advance without precluding matters being raised at
the meetings was welcomed. On the downside, we have missed the social
interaction and following the last two meetings had ‘virtual’ informal time which
we will continue to build around our meeting arrangements.

27 The review also highlighted the importance of an effective induction programme
for new members, both on arrival but ongoing as new members start to build
their knowledge of the GMC. We will be providing new members proactive
access to the Assistant Director Audit and Risk Assurance to seek clarification on
complex issues and papers to aid their understanding. We will also be more
proactive around sharing technical updates and access wider to support from
other organisations, such as the GMC’s auditors, Institute of Chartered
Accountants in England and Wales or the Institute of Internal Auditors.

Adding value

28 By continually improving its knowledge of the business and seeking assurance
through audit and risk activity, the Committee believes it is improving its own
performance and consequent value to the business. Auditees attending the
Committee regularly report that the audit reviews have provided useful findings
and learning which enables them to continually improve local processes and
activities. A recent example from the working arrangements learning review
was the introduction of a formal checklist to ensure that the latest Government
guidance (which is regularly updated at short notice) in relation to safe office
working arrangements was taken account of and shown to have been
implemented. Identifying gaps where decisions needed to be formally
documented in relation to system changes responding to the pandemic is
another. More broadly, the Committee adds value through:

- Being clear on its role and purpose and continuing to check that this is still
  appropriate for the business’s needs.

- Developing agendas and a programme of work which are pertinent to
  regular business and emerging issues so that meetings are relevant and
  focused.

- Holding seminars which focus on continual development of the Committee’s
  knowledge and understanding of the business and specific risk areas.

- Providing scrutiny of the Corporate Opportunities and Risk Register and
  Corporate Issues Log.
Council meeting, 10 December 2020
Agenda item M8 – Report of the Audit and Risk Committee 2020

- Holding management to account by calling directors and senior staff to meetings to respond to the findings from audit reviews and following through on the implementation of audit recommendations.

- Meeting internal and external auditors without management present.

- Regular dialogue between the Chair and Assistant Director of Audit and Risk Assurance between meetings.

- Dialogue between the Chair of Council and Chair of the Committee on emerging issues and sharing of key issues from each meeting with Council members.

- Inviting auditors to provide broader insight from global and national risk and audit trends in the financial, political and health environments.

- Providing a significant amount of time on agendas to reflect on broader opportunity/risk issues and horizon scanning.

29 By proactively exploring its remit and testing the level of assurance Council is receiving via the Committee to underpin all aspects of its decision-making, the Committee is able to tailor its activities to ensure maximum value is achieved.

Transition arrangements to the new Chair

30 Over the last three months the demitting and incoming Chair have had regular contact, including shadowing arrangements as agendas and meetings are developed, delivered and followed up, with the Governance Team and Assistant Director Audit and Risk Assurance working closely to support this. All parties have welcomed the arrangement and believe it will provide a smooth transition into the new year.
Responding to COVID-19 final learning report
## Summary of COVID-19 learning reviews

<table>
<thead>
<tr>
<th>Review sponsor</th>
<th>Charlie Massey, CEO</th>
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<tbody>
<tr>
<td>Review team</td>
<td>Work performed by:</td>
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<tr>
<td></td>
<td>Bill Mitchell, BDO, Lindsey Mallors, Assistant Director</td>
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<tr>
<td></td>
<td>Audit and Risk Assurance, GMC</td>
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<td>Report reviewed by:</td>
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<td>Sarah Hillary, Partner BDO</td>
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<td>Distribution</td>
<td>Senior Management Team</td>
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<tr>
<td>Review schedule</td>
<td>Scope agreed: 30 June 2020</td>
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<td></td>
<td>Fieldwork completed: 8 October 2020</td>
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<tr>
<td></td>
<td>First draft report issued: 15 October 2020</td>
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<td>Final report issued: 26 October 2020</td>
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Executive summary

Introduction

1. The GMC has been a critical component enabling the health sector’s response to the COVID-19 pandemic and, like all largely office-based organisations, had to adapt quickly to the Government’s lock down in March 2020 for its own workforce. All activities were affected and had to respond.

2. To understand how well the organisation responded to the crisis and in line with its culture of continuous improvement, the organisation took a comprehensive look back to understand and learn what worked well and less well as it adapted to globally challenging circumstances with a focus on:
   - governance and decision making at the start of and through the first few months of the crisis emerging
   - strategic and tactical activities to recover regulatory and operational activities and the GMC’s approach to taking opportunities to renew its approach and ways of working
   - changes in working arrangements to support workforce remote working with a focus on health and safety and colleague well being
   - set up and management of the temporary register
   - set up and management of remote MPTS hearings.

3. This overarching report summarises the key strategic messages, presented through the lens of a ‘rethink’ model with three phases - react, resilience and realise. The model is shown below and overleaf, with Appendix A giving more detail.
• React - The way in which organisations respond to the initial impact of the COVID-19 crisis, minimising the catastrophic effects on its business operations, employee safety, supply chain and ongoing financial viability

• Resilience - Maintaining business operations during ‘lockdown’ disruption using techniques that allow people, processes and information systems to adapt to changing patterns. The ability to alter operations in the face of changing business conditions preserving the continuity of the provision of “critical functions” to a firm’s customers.

• Realise – Applying the learnings from key ‘React’ and ‘Resilience’ activities and continuing to adapt. Successfully adapting to new business models and ways of working needed to address essential and obligatory political, economic, socio-cultural, and technological changes.
## Conclusions Summary

### POSITIVE FINDINGS

<table>
<thead>
<tr>
<th>REACT</th>
<th>RESILIENCE</th>
<th>REALISE</th>
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| - Incident Management Team & BCP invocation  
- Rapid move to effective home working  
- Rapid formation of temporary register  
- Swift move to remote hearings.  
- Good collegiate working and leadership from senior management  
- Staff empowerment.  
- Good internal & external comms & engagement.  
- Staff well-being prominent & recognised | - GMC & MPTS Recovery Taskforces start work  
- Scenario planning for next steps built from good analysis and reasonable assumptions  
- Reprioritisation assessment begins  
- Early consideration of opportunities for new ways of working  
- Daily work sustained  
- Staff receive display screen equipment & office equipment for continued home working  
- Positive staff survey with high levels of engagement | - Formation of gateway and reprioritisation processes to aid recovery & redeployment  
- Exploration of new ways of working & regulating – ID checks, remote hearings, FtP thresholds, royal colleges specialist applications  
- Reflections on responses to the pandemic |

### LEARNING & IMPROVEMENT ACTIONS

<table>
<thead>
<tr>
<th>REACT</th>
<th>RESILIENCE</th>
<th>REALISE</th>
</tr>
</thead>
</table>
| - Think ahead more about how to unwind emergency response decisions | - Ensure scenario planning is balanced to include likely elements of pessimistic scenario such as second wave of pandemic  
- Maintain regular comms to staff  
- Re-prioritisation challenged by reluctance to stop some existing activities | - Ensure sustaining of collegiate working & pragmatic approach to working tasks  
- Ensure opportunities realised |
React

4 The GMC is widely regarded by its staff, senior management and Council as handling the pandemic crisis well. In the early stages of the crisis, Council felt well informed and staff felt empowered. The Senior Management Team (SMT) and the Incident Management Team operated collegiately, quickly and decisively. Lessons have genuinely been learned from previous crises and both the Business Continuity Plan and Crisis Management Plan were well effected.

5 Decisions were made based on good evidence and sound assumptions, stretching risk appetite moderately, but guided by clear principles laid down early as the pandemic took hold. Operationally, the transition to home working was quick and effective, thanks to a combination of good emergency response planning over previous months (including a history of investment in appropriate equipment, training and guidance) and good support from the IT and Facilities teams. Establishment of the temporary register and the swift move to remote MPTS hearings were robustly managed with patient safety their primary risk focus. Overall, decisions taken were generally well documented either at the time they were taken or a short time afterwards. External engagement was very effective, evidenced through feedback from a number of key stakeholders.

6 However, with the benefit of hindsight:

- the GMC might have benefitted from spending more time considering the broad steps it would need to take to unwind from the decisions as it was making them in the early days

- in some cases, decisions could have been documented more formally

- for some Council members even though they felt well informed, their role during the crisis amplified more general questions about their role.

Resilience

7 The GMC proved to be able to sustain many of their activities remotely and retained good staff morale seen in both the Pulse Survey and annual Staff Survey which have run between May and July. Office equipment and display screen H&S assessments were carried out quickly and a priority was put on staff communications and enabling staff to adapt their working day and working arrangements to fit in with caring commitments and schooling. SMT’s placing of staff wellbeing alongside patient safety as the two key principles to inform strategic decision-making has ensured that colleagues across the business have felt well supported and engaged in GMC’s purpose and activities.

8 The early mobilisation of a Recovery Taskforce addressed effectively both the regulatory and internal operations giving the GMC a strong foundation for recovery. The MPTS’ own Recovery Taskforce group is overseeing the transition out of
lockdown, including the reopening of the Hearing Centre and forward planning for virtual and in person hearings into 2021.

Based on data and insight, the organisation has developed a good set of scenarios, for what is still an uncertain future, on which the recovery plan is being based. Reprioritisation of work has been started to clear all GMC backlogs estimated to equate to around 60 staff, peaking in 2021 and 2022. There has been consideration of bringing back staff into the office, balancing the priorities of delivery with staff health, safety and wellbeing. The decision to retain staff at home has been flexed to allow for those who had difficulties working from home to return, starting with a small pilot to enable the COVID measures in the office arrangements to be tested.

MPTS is aiming to replace its current systems with the Kinly platform, thus allowing hearings to be conducted remotely in the medium to long term and reduce manual processes.

However, there have been some issues that are currently being worked on, including:

- getting PLAB2 testing operating has been slower than some had hoped
- challenges in prioritising resources and ensuring the GMC deprioritises activities to address the FtP and other operational backlogs
- a form of problem-solving or decision gateway, cross-organisational forum being beneficial for the longer term, akin to the Recovery Taskforce
- keeping a close eye on staff well-being and good communication.

The GMC recognises that it has an opportunity to change the way it works and how it can influence the wider health system. Examples include remote hearings in MPTS, changes in registration ID checks, revisiting FtP thresholds, all of which will increase efficiency and impact. The GMC is also looking at the role of, and exploring possible new ways of working, with the royal colleges with particular regard to the specialist applications process.

Culturally, the pandemic and the need to make quick decisions has forced the GMC to apply a more pragmatic approach to the level of detail applied to much of its work – reserving the priority effort where it is necessary and the risk is highest. The importance of prioritisation is a cultural change that the GMC should 'bank’. It needs to ensure it is disciplined in stopping activities that are less relevant or important since March 2020. It also needs to ensure its collegiate working and empowerment of staff is retained.

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6
Appendix A – Detailed findings from the individual reports

React

The way in which organisations respond to the initial impact of the COVID-19 crisis, minimising the catastrophic effects on its business operations, employee safety, supply chain and ongoing financial viability.

- Beginning of the downturn. Initial risks are assessed
- Immediate crisis management actions are required to ensure services are maintained as far as possible, employees are safe and healthy, funds are adequate, and stakeholders, suppliers and registrants are closely connected with the organisation
- Planning is based on Government policy, guidelines and support.

15 The learning review on governance and decision making, working arrangements and key parts of the temporary registration and remote hearings audits covered the GMC’s ‘react’ phase.

Governance and decision making and working arrangements

16 It is clear from the evidence available that the GMC, as a regulator and employer, had good oversight of its business continuity and crisis management. The lessons learnt from previous crisis helped to galvanise the GMC’s response to the pandemic effectively. In particular, this review has highlighted improvements in collegiate working, decision making, communicating with the health system and working with the profession empathetically.

17 SMT met more regularly and worked collegiately to make decisions quickly. It acted as a ‘funnel’ through which recommendations, decisions and actions taken by colleagues were highlighted. Clear principles underpinned decisions so it was possible for staff to interpret SMT’s broader intentions which enabled decisions to be made below SMT at speed. Staff therefore were empowered and felt trusted, appreciating this flexibility of approach. Good information flows from SMT were reported back by assistant directors and others down through the business.

18 The appointment of a director lead for the Steering Group set up for co-ordinating and managing the GMC’s response to the crisis worked well. This allowed a focus on the practical emergency response at an SMT level and the ability to bridge the practical responses undertaken by the Steering Group to the full SMT.

19 Similarly, having a director lead for the Incident Management Team with authority for enacting the GMC’s business continuity arrangements worked well, with regular updates back to SMT providing appropriate checks and balances when needed.
Council also felt they were kept informed. Members universally consider that the GMC responded quickly and effectively. The regular contact from the Chair was appreciated as were the briefings and extraordinary meeting which were put in place to keep them up to speed as the crisis unfolded in addition to the regular scheduled Council meetings. Routine governance committee meetings continued remotely, including the Audit and Risk Committee which adapted its work programme quickly to respond to emerging risks.

The learning review of working arrangements underlined the above findings. The GMC managed the impact and recovery from the pandemic very well in comparison with other organisations. The pandemic response plan and business continuity plan provided a flexible guide.

The transition to home working for almost 1500 people was managed without any major problems reflecting good planning (which had begun as early as January), long term investment in IT, cross-functional collaboration and mutual support between different teams, and co-ordinated leadership across the business. Office equipment and display screen equipment assessments were also supplied swiftly.

**Temporary registration**

The GMC had a pandemic response plan already in place which provided the foundation on which to develop its response to COVID-19. In line with the observations above on the broader strategic governance and decision-making arrangements during the early stage of the crisis, work to establish the temporary register also demonstrated:

- governance structures were established to allow policy and operational decisions to be taken swiftly, with sufficient authority and at the appropriate level
- decisions regarding which doctors to temporary register were based on robust data analysis and evidence with patient safety as the key risk driver
- the system controls established to register the various cohorts were robust.

**Remote hearings**

MPTS management and operational staff had a clear understanding of public safety priorities in advance of the Government instruction to work from home, and its comprehensive and well thought through Business Continuity Plan (BCP) reflected this. MPTS responded promptly after the Government instruction to work from home in implementing virtual hearings and prioritised new Interim Orders Tribunals (IOTs) and Medical Practitioner Tribunal (MPT) review hearings which were the most critical to patient safety.
Hearings resumed remotely three days after the start of lock-down. The approach was tested before it went live and Information Security (IS) were closely involved throughout to ensure the delivery platform was reliable and secure.

Additional operational staff were assigned to hearings to support their smooth running and enable staff to get up to speed with the new processes. Management oversight was provided by the MPTS Senior Management Team (SMT), and strategic matters were referred to the GMC SMT for approval. The MPTS also established a Recovery Taskforce group to oversee the transition out of lock down, including the reopening of the Hearing Centre and forward planning for virtual and in person hearings into 2021.

Working arrangements

The organisation reacted promptly using the Pandemic Response Plan – issued in 2017 and updated every year – and the Business Continuity Plan (BCP) as flexible guides and created effective emergency governance and decision-making processes.

The transition to home working for almost 1500 people was managed smoothly reflecting good planning (which had begun as early as January), long term investment in IT, cross-functional collaboration and mutual support between different teams, and co-ordinated leadership across the business. The GMC built exceptional goodwill among its staff, going above and beyond to support the organisation’s efforts to respond to the pandemic. Much equipment was supplied to staff at home.

The review suggested that the pandemic response plan review and update should incorporate lessons learnt. It also suggested the introduction of a compliance tracker for each facility and undertaking Covid response related inspections to assess the steps taken to meet government guidance.

React - Areas for future learning

At a strategic and operational level, it is easier to go into a lockdown mode and respond to the enactment of emergency powers than it is to unwind from the lockdown position. More thought on how to ‘normalise’ again would have been useful from the start of the crisis, including the temporary register and handling the backlog of FtP cases.

Ideally, more work needs to be done upfront in the business continuity planning when decisions are reached in crisis, to signpost the likely method of unwinding those decisions at the appropriate time. Part of the risk assessment when making the decision is the long-term implication.

It will be important going forward for SMT to consider how to maintain collegiate working and empowering staff, to decide on an appropriate level of flexibility and responsibility in decision-making down through the business whilst retaining...
accountability and appropriate oversight and how to continue the application of the more ‘proportionate to risk’ approach to decision making and resource prioritisation.

33 Some Council members consider that the crisis brought to the forefront again questions about Council’s role. Experience in other organisations during crisis suggest that ‘being kept informed’ is a reasonable substitute for ‘having the power to decide’ on tactical matters, but the wider strategy direction could be an area for greater Council input. Nonetheless, the overall view from Council members interviewed was that they were comfortable and trusting of SMT’s approach.

34 In the event, the numbers of doctors made available through the temporary register far outnumbered the demand from the NHS. However, the types of skills needed was not so well matched, which may have a wider implication for doctors’ education going forward – the readiness in adapting to a range of national emergency situations. The situation also emphasises the value of having up-to-date information on registrants’ scope of practice.

35 With regard to the register, the pandemic highlighted the need to ensure alerts on a doctor’s file are reviewable electronically and used appropriately. For the set-up of the temporary register, the alerts needed manual review to ensure serious FtP-related alerts were identified.
Resilience

Maintaining business operations during ‘lockdown’ disruption using techniques that allow people, processes and information systems to adapt to changing patterns. The ability to alter operations in the face of changing business conditions preserving the continuity of the provision of “critical functions” to a firm’s customers.

- Running the business in ‘lockdown’ / changes to demand and supply.
- Operations are adjusted and optimised based on stakeholder demand.
- Business is under control and employees are safe. Financial structure is solid.

37 The recovery and renewal and elements of the temporary registration and remote hearings covered the theme of resilience.

Recovery and Renewal

38 The GMC is making a concerted effort to recover from and continue to manage the impact of the Covid-19 pandemic, which has had a profound impact on the health system, the profession and itself as a regulator and employer.

39 A key aspect of the recovery phase has been the work of an especially-formed, focussed and energised Recovery Taskforce, led by two directors, addressing both the regulatory and internal operations of the GMC. The early mobilisation of the taskforce has given the GMC a strong foundation for recovery.

40 It has developed a good set of scenarios in what is still an uncertain future, on which the recovery plan is being based. The work has been based on good data and insight. The focus was on bringing on-line more categories of fitness to practise cases for investigation, hearings and case management, restarting registration and fully restart the PLAB testing programme. Good work had been done to assess the backlog of FtP cases and the implication on resources – estimated to be around 60 full time equivalent staff over the next 18 months.

41 Further work has been carried out to re-prioritise plans across the organisation, partly to redeploy staff, or at least budgets for vacant posts, for clearing FtP backlogs in particular. There have been some challenges with this, in particular because of the different skills required in FtP compared to the rest of the organisation and a reluctance to stop some activities. However, a ‘gateway’ process has been set up to ensure resource allocation is better prioritised on current, agreed needs.

42 Similarly, there was consideration of bringing back staff into the office and balancing the priorities of delivery with staff health, safety and wellbeing. Like many employers, the GMC is taking a phased approach to returning to office working, with priority given to work where it is essential for normal operations, such as PLAB 2 testing and
MPTS hearings. Work is continuing to plan for further phases of return to the offices with a focus on providing opportunities for staff that may have found working remotely more challenging. All return to office arrangements are being planned and considered in line with monitoring of the most recent government guidance.

Temporary registration and remote hearings

43 Those involved with registration held a lessons learnt workshop in July which has helped to inform the handling of future crisis situations. The importance of staff commitment, culture and values played an important aspect of the success of the temporary registrations work.

44 The MPTS also established a Recovery Taskforce group, which coordinates with the GMC’s taskforce, to oversee the transition out of lockdown, including the reopening of the Hearing Centre and forward planning of virtual and in person hearings into 2021.

45 MPTS is in the final stages of reviewing a replacement delivery platform, Kinly, with IS, which would provide enhanced meeting management capability and reduce manual processes. The MPTS Committee hold quarterly meetings and MPTS SMT receives weekly case management reports to provide oversight and assist with decision making.

Resilience - Areas for future learning

46 Some interviewees highlighted a tension in considering the restarting of PLAB2 testing. This appeared to stem from differing standpoints about the urgency of getting the Clinical Assessment Centre running back at capacity, versus the safety implications of doing so, which took several weeks to resolve. Going forward the establishment of the gateway process which has recently borne from the work of the Recovery Taskforce and has full representation from across the business, should be a useful way in future for contentious and challenging issues. Something akin to the Recovery Taskforce is being considered here.

47 The planning assumptions of the Recovery Taskforce focus on the midrange scenario. However, it is important to make sure that there is some preparatory work on key elements of the pessimistic scenario (or a significant number of elements in it). The pessimistic scenario depicts a slower recovery and a second major wave of the pandemic.

48 There have been challenges in what and how best to prioritise activities in recovery. The GMC has a strong culture with regards to starting new projects and activities but, as has been noted in previous reviews, is not as strong at stopping them, if needed. This is exacerbated by an historic lack of understanding of the internal resource requirements for policy and other work. Work is being done to provide consideration of resource input required for projects in the current work of the Taskforce, both in terms of quantity and skills/expertise of the personnel required.
49 Regular surveying of staff well-being remains critical during the resilience phase. It also includes maintaining clear communication about plans to return to the office. The risk assessment work conducted at organisational and individual level was robust and thorough, comparable to the best across the organisations we have noted.

50 With regard to temporary registration, capacity has not yet allowed for a post review check of records changes in Siebel made in response to the temporary registration process. This is being incorporated into the recovery work.
Realise

Applying the learnings from key ‘React’ and ‘Resilience’ activities and continuing to adapt. Successfully adapting to new business models and ways of working needed to address essential and obligatory political, economic, socio-cultural, and technological changes.

- Future state and business needs are anticipated.
- The ‘new normal’ of demand and supply is established in the business.
- Areas for transformation are clear and adaptation is underway.
- Business is meeting or exceeding expectations

51 There are some themes emerging from across the reviews which are specifically about what the GMC’s operating model might now be which may be different than before the pandemic. The findings suggest the GMC recognises that there are several key changes and opportunities arising from the pandemic. These fall into the following key areas:

- discharging regulatory responsibilities and working differently – smarter, more efficiently and challenging established norms
- engaging with stakeholders differently, exploiting the enhanced credibility of the GMC in the health system to take a more influence and leading role
- retaining the shift in culture of collegiate working, empowerment towards taking the 80:20 approach to lower risk and priority activities and becoming more nimble
- prioritising workloads and better resource planning.

52 Following the pandemic outbreak, the GMC has been forced to take a different approach in the way that it regulates and conducts its work. The crisis has also shifted opinion about the medical profession and the way organisations manage themselves. The GMC is taking the opportunity the pandemic has given to re-evaluate its approach, ways of working and organisational behaviours. Small scale changes have already been undertaken such as the stopping of detailed work on sanctions guidance, given the enhanced legislative reform timetable which has now emerged.

53 A number of new ways of working are emerging, such as remote hearings in MPTS, and others are being explored, for example, changes in registration ID checks, which will increase efficiency and impact. The GMC is also looking at the role of and exploring possible new ways of working with the royal colleges in particular with regard to the specialist applications process. There is also close consideration being
given to the way in which fitness to practise cases could be handled. For example, a different response to cases that clearly do not relate to a doctor’s impairment to practise.

54 Perhaps one of the most significant changes noted during this review is that the GMC’s cultural tendency of ensuring everything it does reaches the highest standards, has been challenged. The pandemic has required decisions to be made more quickly. We have observed a subtle change in approach with some of the recent changes to move to getting work complete to a faster timescale and reach a sufficient level of quality for the purpose required. For example, key policy decisions on FtP during the crisis were properly taken at SMT level without all of the detail worked out. Local decisions were then made on the exact detail of the policy interpretation.

55 Whilst the path has been challenging, the approach to prioritisation and resource mapping for recovery has produced a more cross organisational way of working which has the potential to be further developed. There has been feedback that SMT are working more collegiately on the medium to longer term decisions on resources and the empowerment colleagues have reported could be further explored and capitalised on for future ways of working.

56 With respect to other external stakeholders, we note that the collaboration with other regulators and the Department of Health witnessed during the initial height of crisis, is being continued. The goodwill and credibility enhancement the GMC has received during the crisis appears to be being capitalised.

Realise - Areas for future learning

57 One important risk going forward is that the GMC loses the momentum on making improvements to the way it manages its resources and the way it thinks and works. Opportunities for step change need to be actively retained – there was some evidence beginning to emerge that the momentum was slowing down and some old ‘bad habits’ were resurfacing. That work ranges from re-thinking policy development priorities to engagement with stakeholders, supporting developments in the healthcare system, doctors’ education and revalidation, etc.

58 Change may also require ‘ripping up’ work that was nearly or recently completed pre-crisis. The different approach to business planning, including the very recent introduction of a gateway process should help to ensure the GMC fully exploits the opportunities that a restart and re-set gives it.
### Action
To Consider

### Purpose
The Remuneration Committee is required to report to Council on its activities at least annually. The report summarises the work undertaken in 2020. The Committee is also required to review its Statement of Purpose, included at Annex A. It has done so and does not propose any changes at this time, but noted the potential implications of legislative reforms for the committee.

### Decision trail
Received by Remuneration Committee on 22 October.

### Recommendation(s)
To consider the report of the Remuneration Committee to Council at its meeting in December.

### Annexes
Annex A: Statement of purpose of the Remuneration Committee

### Author contacts
**Melanie Wilson**, Head of Corporate Governance/Council Secretary, melanie.wilson@gmc-uk.org, 0161 240 8331

### Sponsoring director/Senior Responsible Owner
**Denise Platt**, Council Member and Chair of Remuneration Committee
Background

1. The Committee has met twice in 2020. It has the scope to consider issues on email circulation where action was required to be taken between meetings, but this has not been required in the current year. The Committee is satisfied that in undertaking its work programme for 2020 it has fulfilled its responsibilities under its terms of reference. The Remuneration Committee’s Statement of Purpose is at Annex A.

2. For reference, Council members can access the Remuneration Policy on the ‘Useful documents’ shelf in Board Intelligence.

Membership changes

3. Amerdeep Somal has been a member of the Committee for the last four years and as Council is aware, has now stepped down from Council to take up a new role. The Committee put on record its gratitude to Amerdeep for her contribution over the last four years.

4. Alison Wright was welcomed to the Committee at the October meeting as a new member to fill the vacancy created when Shree Datta demitted in late 2019. This leaves one vacancy, created when Michael Marsh demitted.

5. Both Denise Platt and Christine Eames come to the end of their second terms of office at the end of 2021. The Committee will miss their wise counsel and expertise in its meetings.

6. This was the last meeting of the Committee under Denise Platt as the Committee Chair. Members thanked her for her leadership through some challenging circumstances and for ensuring that the Committee delivered its purpose in a fair and rigorous manner.

7. It was suggested that in 2021, filling two of the three vacant positions would allow the committee to fulfil its purpose and would leave flexibility to add an additional member as required.

Home to work travel

8. Since early 2019, the Committee has been aware that there may be a tax liability in relation to home to work expenses paid to one director and all Council members. This has been kept under review as a matter arising for the committee, and Council has been briefed periodically.
9 Our team has sent a number of chaser emails throughout 2020. The most recent response from HMRC, received on 1 October, still has not concluded the matter, nor do we have any indication of when this might be able to be concluded. The positive we take from this is that we have not been forgotten entirely and we will update members as soon as we are able. We are aware that five members demit from office this year and will undertake to let them know as soon as we understand if this will be applied retrospectively and therefore impact upon them. Unfortunately, it remains out of our hands. In the meantime, we have incorporated the tax liability in our annual PAYE settlement agreement for 2019/20 and made payment to HMRC, so there is no impact on members pending a formal response from HMRC.

Reviewing the remuneration of Council members

10 In line with the committee’s statement of purpose, a review of the remuneration rates for Members was undertaken. This concluded that the GMC’s current rates were at about the right level and no changes was indicated at the current time.

11 It was agreed that this process would be undertaken every two years and that independent advice would be engaged before any future changes are considered.

Reappointment of the Chair of the MPTS

12 The Committee agreed to recommend that Council should re-appoint Dame Caroline Swift as the Chair of the Medical Practitioners’ Tribunal Service for a further two years.

Market review and 2020 Pay award

13 The Committee considered the annual pay award for the Chief Executive, Directors and Chair of the Medical Practitioners Tribunal Service.

14 The Committee considered the available options, which included making no annual base award, applying the base award as agreed for all other GMC staff, and recognising performance by applying a variable non-consolidated element. This discussion was helpfully informed by a report from Croner undertaking an evaluation of roles and undertaking a review of the market for senior management team roles.
15 The Committee agreed:

a That the base pay award for roles within its remit would be 1.7%, in line with the award made to the GMC’s staff at the relevant rate for the role performing at the level expected.

b That the non-consolidated awards would be at 1.3% for those assessed as ‘Highly Accomplished’ and 2% for those assessed as ‘Exceptional’

c In principle, to maintain the alignment of all director roles.

Talent and succession planning

16 The Committee considered talent and succession planning for roles within its remit, including capacity and potential at Assistant Director level to cover the roles within the Committee’s remit. The Committee considered a half year interim review in March, with the annual review being reported to the Committee in October.

17 The overall position remains stable at a senior level, with the exception of the retirement of the Director of Strategy and Policy at the end of 2020. The Committee noted that Shaun Gallagher has been appointed and commences in post on 1 December 2020.

18 The Committee noted that the position on contingency and cover for senior roles remained positive.

Review of Statement of Purpose

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

20 The Committee was content that the Statement of Purpose accurately reflects the role of the committee and did not wish to make any changes.

21 The committee noted that changes which may be introduced as part of the expected legislative changes being made as part of the new s60 could change the scope of this Committee, and that this will be factored into the wider governance work programme for 2021.

22 More widely, the Committee noted that the Governance Handbook appoints the Chair of the Remuneration Committee to oversee the management of any complaint or issue pertaining to a Council member. Reflection on this duty has
indicated that there are elements where clarification would be useful. This again will be factored in as part of the wider review of the handbook that will take place in early 2021.

2021 Work programme

The Committee reviewed and agreed the proposed work programme for 2021, with the addition of a ‘watching brief’ on the legislative changes to identify implications for the work of the Committee.
Statement of purpose of the Remuneration Committee
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 and directors.

   d The appointment and suspension/removal process for the Chair of the Medical Practitioners Tribunal Service (MPTS) and members of the MPTS Committee.

   e Remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee.

Duties and activities

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  Directors.

c  The Chair of the MPTS and members of the MPTS Committee.

d  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.
### Council meeting - 10 November 2020

**Agenda item M11**  
**Closing report on the 2018-20 corporate strategy**

<table>
<thead>
<tr>
<th>Action</th>
<th>To note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>To report on the progress made in the GMC’s corporate strategy 2018-2020.</td>
</tr>
<tr>
<td><strong>Decision trail</strong></td>
<td>Executive Board and Council have seen annual progress updates of the corporate strategy. Council has approved the new corporate strategy at their September meeting.</td>
</tr>
<tr>
<td><strong>Recommendation(s)</strong></td>
<td>a To note the progress made on meeting the commitments in the 2018-20 corporate strategy</td>
</tr>
<tr>
<td><strong>Annexes</strong></td>
<td>Annex A: progress against 2018-20 strategy commitments and lag measures</td>
</tr>
</tbody>
</table>
| **Author contacts** | **Iona Twaddell**, Senior Strategy Adviser  
iona.twaddell@gmc-uk.org, 020 7189 5054  
**Tim Aldrich**, AD Strategy  
tim.aldrich@gmc-uk.org, 020 7189 5282 |
| **Sponsoring director** | **Paul Buckley**, Director of Strategy and Policy  
paul.buckley@gmc-uk.org |
Background

1 The GMC Corporate Strategy 2018-2020 had four strategic aims:
   - Supporting doctors in maintaining good practice
   - Strengthening collaboration with our regulatory partners across the health services
   - Strengthening our relationship with the public and the profession
   - Meeting the changing needs of the health services across the four countries of the UK

2 This paper covers the progress we have made over the three years of the strategy towards reaching these aims and some lessons we are taking forward for the next strategy.

Progress on 2018-2020 Corporate Strategy

3 We have made progress on many of our corporate strategy ambitions as well as successfully managing unprecedented increases in operational areas such as Fitness to Practise and Registration, and opened a new Clinical Assessment Centre, doubling the capacity for PLAB2 exams.

4 Due to the coronavirus pandemic, many of our commitments have been paused to next year and led to additional work, for example granting temporary registration or a licence to practise to 35,000 doctors. We are also working through recovery, having paused revalidation and fitness to practise investigations. A key development not mentioned in the corporate strategy was the decision for the GMC to take on regulation of physician associates and anaesthesia associates in 2021, which we have begun preparing for.

5 We measured progress on our corporate strategy by tracking indicators under several strategic benefits. The effects of the 2018-20 corporate strategy will be felt for many years in the future, so we would not expect to have met all the outcomes we set out in the strategy by now. Many of the ambitions will be continued in the new corporate strategy 2021-25. In addition, many of our indicators will be influenced by external factors outside our control, and measuring progress is not an exact science. In particular, the 2018 baseline for the Perceptions survey, which is the main source of the trends we report on below, was set in the midst of the Jack Adcock/Dr Bawa-Garba case. The 2020 perceptions survey was conducted from 5 February to 13 March 2020, so before the coronavirus pandemic.
6 For each strategic aim below, we set out progress against benefits, as measured by the lagging measures from the IFF perceptions survey (as opposed to the leading measures published in regular exception reporting to Council). Narrative around progress is taken from the IFF report, which will be published in December 2020. Trends from the perceptions survey are RAG rated – green for a statistically significant improvement, amber for no significant change and red for a significant decrease. Some of the amber rated changes appear quite large but are not statistically significant due to smaller sample sizes.

7 Progress against our ‘what we expect to see by 2020’ commitments and full details of ‘lag’ measure indicators across all strategic benefits can be found in the annex.

**Aim 1: Supporting doctors in delivering good medical practice**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>Doctors have fulfilling / sustained careers</td>
<td>78%</td>
<td>73%</td>
</tr>
<tr>
<td>Enhanced trust in GMC’s role</td>
<td>34%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Most doctors still find their careers fulfilling, although there has been a small decline since 2018. But increasing numbers of doctors feel supported by the

---

1 NB the question changed from ‘high quality care’ in 2018 to ‘good safe care’ in 2020
2 Though this is still much lower than 75% in 2014 and 58% in 2016
GMC to deliver good care, and there is increased confidence in GMC regulation. There is a reduced effect of the GMC’s handling of the Jack Adcock/Dr Bawa Garba case since 2018, although for some it has had a lasting impact. Audiences other than doctors have high confidence in GMC regulation and those with the most interactions with the GMC have the most positive view.

9 Due to the pandemic, we only have NTS data from 2019, not 2020, but figures for supportive training environment, workload and satisfaction (for trainers and trainees) were similar in both years.

Aim 2: Strengthening collaboration with our regulatory partners across the health services

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced perception of regulation</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Smarter regulation</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>Right response, by the right organisation at the right time</td>
<td>77%</td>
<td>69%</td>
</tr>
</tbody>
</table>

of stakeholders feel that their overall working relationship with the GMC is good.

of stakeholders agree that the requirements the GMC places on them are reasonable and proportionate requests for advice, feedback and information which the GMC makes of us are manageable.

of stakeholders agree the GMC takes early
The proportion of doctors and patients/members of the public who believe the GMC takes early action to protect patients has significantly increased since 2018. The proportion has also increased (but not significantly) for ROs and educators. The decrease in this score for stakeholders (see above) is not statistically significant. Most audiences feel positive about GMC’s monitoring of doctors’ skills and safety, but perceptions are notably lower for doctors when thinking about trust in GMC to make fair and appropriate decisions in response to concerns about a doctor. Most audiences agree the GMC’s requirements placed on them or their organisation are reasonable and proportionate.

Perceptions of the GMC’s impact within the health sector are mixed: providers and educators overall feel the GMC had more of a positive than a negative impact in the last 12 months, but the inverse was true for doctors. Similar patterns were seen in relation to whether the GMC focuses on the right issues, although there were consistent themes mentioned across audiences around areas they felt the GMC should increase focus on, namely addressing systemic failures and providing more support for doctors.

**Aim 3: Strengthening our relationship with the public and the profession**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

3 The proportion of doctors, ROs, educators and patients/members of the public agreeing with this has increased (with the increases for doctors and patients/members of the public being statistically significant).
Confidence in doctors and the way they are regulated remains high amongst patients and the public, medical students, and providers in 2020. Public awareness of the GMC remains reasonably high, although specific knowledge remains low. Most doctors do not agree that the GMC promotes public confidence in the medical profession, however agreement rates have increased in the last two years.

**Aim 4: Meeting the changing needs of the health services across the four countries of the UK**

<table>
<thead>
<tr>
<th>2018</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>63%</td>
</tr>
</tbody>
</table>

of stakeholders agree that ‘the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK’

68% → 76% of stakeholders have at least a fair amount of knowledge about legislative reforms

Most stakeholders agreed that the GMC takes the right approach to responding to needs across individual parts of the UK and had strong levels of knowledge.
Council meeting, 10 December 2020
Agenda item M11 – Closing report on the 2018-20 corporate strategy

about legislative reform. These measures have increased since 2018, although not statistically significantly.

Lessons learned from the corporate strategy

There are several lessons from this strategy that we will take forward in implementing the new strategy 2021-25. These include:

▪ Ensure that colleagues from across the GMC are able to ‘see themselves’ within the strategy and understand its relevance for their work, so everyone feels they play a role in delivering our strategy.

▪ Make explicit the alignment between the strategy and our statutory purpose and functions, so our strategy is not seen as separate from the operational work of the organisation.

▪ More closely aligning the strategy with the business planning process to ensure strategy commitments are deliverable and delivered. Ensuring this process allows clear prioritisation of commitments so it is clear what the most important things are to be delivered.

▪ Develop our approach to monitoring and evaluation of the strategy before publication to develop baseline and clear measures of progress. Recognise that many of our goals include influencing issues not directly within our control, so when measuring progress, we need to consider external stakeholders’ views and aim to develop a more detailed narrative of why we have/haven’t been successful.

▪ As part of this, do more to ensure we fully understand the environment we are operating in including actively listening to the views of the profession (which itself is highly differentiated), patients and the public, other stakeholders and users of our services. Increasing effectiveness and impact of our horizon scanning capabilities will support this.

▪ Make changes where necessary to how we work and interact with others, in the spirit of being a learning organisation, in order to have be most effective at our influencing and convening role.

▪ Embed ED&I in the corporate strategy so it has greater prominence and accountability. Council received an update on progress on the 2018-20 ED&I strategy in September 2020. Ensure all organisational initiatives/plans align with the corporate strategy, rather than being a separate programme of work.
M11 – Annex A

Progress against 2018-20 strategy commitments and lag measures

Working with doctors Working for patients
About this annex

For each strategic theme this annex shows:

- Progress on the ‘What we expect to see by 2020’ commitments in the 2018-20 corporate strategy
- Updated ‘lag’ measures based on the strategic benefits
# Strategic aims and aligned benefits

## 4 Strategic aims within the Corporate Strategy

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

## 14 benefits aligned to the four Strategic aims

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

### Key:

- **Primary lag indicator** drawn from perceptions survey
- **Secondary lag indicator** drawn from perceptions survey
- **No lag indicators** from perceptions survey

*Renamed from ‘reducing regulatory burden’*
## 1. Supporting doctors in delivering good medical practice

<table>
<thead>
<tr>
<th>What we expect to see by 2020 strategy commitment</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| Participation in the WTUKP Programme by doctors new to UK practice will have increased from 33% to 80%. | • We more than doubled attendance at WTUKP over the first two years of the strategy, to 3,692 doctors in 2019. However, the number of international doctors predicted to join the register increased from 5,118 in 2017 to 13,980 by 2020.  
• Initially for 2020, we planned our most ambitious expansion with almost 14,000 workshop places when COVID-19 paused face-to-face delivery in March. In April 2020, Council agreed new success criteria for the project that focus on engagement and collaboration with employers and aims to grow attendance by 37% per year vs the previous year. From March 2020 we pivoted to online delivery, designing, testing and rolling out a virtual pilot session in July that has already been accessed by over 2,800 doctors. |
| Plans for the introduction of MLA will be confirmed. | • All UK medical students graduating from the academic year 2024–25 onwards will be required to pass the MLA as part of their degree. This also forms part of the new strategic theme *Developing a sustainable medical workforce*. |
| We will have scoped, developed and put in place a process that helps us identify and better understand how, when and why patients or doctors come to harm. We will have piloted regulatory intervention on three themes of identified harm, such as doctor-patient communication failure. | • We've completed our harms reduction project on communication – which included a literature review, an analysis of relevant fitness to practise and a stakeholder event delivered in collaboration with the Scottish Government.  
• We have begun implementing additional harms-related projects such as piloting the *Professional Behaviours and Patient Safety* programme which aims to support positive culture change in organisations through collaboration, communication and development of training/support to identify, challenge and escalate unprofessional behaviours.  
• Our *Supporting a profession under pressure* programme focusing on improving healthcare environments and cultures to reduce harm and this will be taken forward in the new *Enabling professionals to provide safe care* strategic theme. |
## 1. Supporting doctors in delivering good medical practice

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
<th>Date</th>
<th>Latest.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>1. Perception Question (Drs) - % Drs feel supported</td>
<td>22%</td>
<td>10/18</td>
<td>32%</td>
<td>06/20</td>
</tr>
<tr>
<td></td>
<td>2. NTS Supportive Environment</td>
<td>72.66%</td>
<td>07/18</td>
<td>72.37%</td>
<td>07/19</td>
</tr>
<tr>
<td></td>
<td>3. NTS Workload Indicator</td>
<td>48.19%</td>
<td>07/18</td>
<td>49.22%</td>
<td>07/19</td>
</tr>
<tr>
<td>Doctors have a fulfilling / sustained career</td>
<td>1. Perception Question (Drs) - % Drs found career fulfilling</td>
<td>78%</td>
<td>10/18</td>
<td>74%</td>
<td>06/20</td>
</tr>
<tr>
<td>Enhanced trust in our role</td>
<td>1. Perception Question (Drs) - % Doctors confident in way regulated</td>
<td>34%</td>
<td>10/18</td>
<td>45%</td>
<td>06/20</td>
</tr>
<tr>
<td></td>
<td>2. Number - negative notions submitted at BMA Conference</td>
<td>46</td>
<td>2018</td>
<td>1*</td>
<td>09/20</td>
</tr>
<tr>
<td></td>
<td>3. RLS measure (Has this session improved your impression of the GMC)</td>
<td>85%</td>
<td>12/17</td>
<td>86%</td>
<td>02/20</td>
</tr>
<tr>
<td></td>
<td>4. (National) Media Monitoring</td>
<td>10.9% positive, 63.5% neutral, 25.7% negative</td>
<td>2018 average</td>
<td>20.21% positive, 64.89% neutral, 14.89% negative</td>
<td>07/20</td>
</tr>
<tr>
<td>Increased confidence in the Quality of training environments</td>
<td>1. NTS Satisfaction - Trainers (Annual)</td>
<td>71.13%</td>
<td>07/18</td>
<td>71.88%</td>
<td>07/19</td>
</tr>
<tr>
<td></td>
<td>2. NTS Satisfaction - Trainees (Annual)</td>
<td>79.01%</td>
<td>07/18</td>
<td>79.45%</td>
<td>07/19</td>
</tr>
<tr>
<td>Improved identification of risk</td>
<td>Maturity model currently in development to improve measurement of risk identification</td>
<td>We carried out an MRIT assessment but concluded it was not suitable for us as a regulator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*2020’s conference is a different, virtual, format with only 10 motions.*
## 2. Strengthening collaboration with regulatory partners

<table>
<thead>
<tr>
<th>What we expect to see by 2020 strategy commitment</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will have piloted a complaints handling approach based on the ‘local first’ principle.</td>
<td>• The local first project has been put on hold due to reprioritisation, but pilots are currently planned to finish 2022/23, and we will consider what might best be done locally under the <em>Making every interaction matter</em> theme in the new strategy.</td>
</tr>
</tbody>
</table>
| We will have piloted a protocol for how organisations will work together when serious concerns are raised about training environments. | • We have launched the emerging concerns protocol to share and escalate information about areas of risk (not limited to training environments) at an early stage with regulatory partners in England and have been working with partners in Scotland and Wales to see how it could apply there. We carried out a review of ‘Collective Effect’ and how we best work with others in the system. We are now members of the JSOG and the regional JSOGs in England, we have reconfigured our outreach function in England to map to NHS footprints and we are pursuing analogous mechanisms in the other UK countries.  
• For training environments specifically, we have made our thresholds for enhanced monitoring much clearer. We’ve also begun to roll out our new proactive quality assurance process, which was piloted in 2019. This improves the way in which we check that medical schools and postgraduate training organisations meet our standards.  
• We will take this forward in *Enabling professionals to provide safe care*  
See comments under aim 1 |
## 2. Strengthening collaboration with regulatory partners

<table>
<thead>
<tr>
<th>What we expect to see by 2020 strategy commitment</th>
<th>Progress update</th>
</tr>
</thead>
</table>
| Our feedback surveys, such as our annual survey of 50 key partners, record year on year improvements in perceptions of our collaborative working. | • According to the 2020 perceptions survey, 71% of stakeholders agree we are collaborative. While we don’t have a 2018 baseline for stakeholders, the proportion of doctors and patients/public agreeing that the GMC is collaborative has increased since 2018.  
  
• The perceptions survey shows that: ‘Most stakeholders feel their working relationship with the GMC is positive. This has remained steady from 2018. The proportion of stakeholders indicating their relationship with the GMC had improved in the last 12 months has increased from 2018, and fewer stakeholders feel their relationships have worsened, suggesting GMC are successfully doing more to build their stakeholder relationships since 2018... Whereas in 2018 suggestions for improving stakeholder relationships centred around improving communication, by far the most commonly mentioned suggestion in the 2020 survey is to provide more relationship building opportunities (including increased collaboration/discussion), with over half of stakeholders indicating this would improve their relationship with the GMC.’  
  
• We have developed a relationships framework to provide some clarity on priority stakeholder relationships. We have a new Strategic Relationships Unit who maintain strategic relationships with key partners which has helped improve our relationships. |
## 2. Strengthening collaboration with regulatory partners

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Measure (Lag)</th>
<th>Baseline</th>
<th>Date</th>
<th>Latest</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smarter Working</td>
<td>1. Perceptions Question - The requirements the GMC places on me are reasonable and proportionate (% Yes)</td>
<td>Stakeholders 83%</td>
<td>10/18</td>
<td>Stakeholders 80%</td>
<td>06/20</td>
</tr>
<tr>
<td></td>
<td>2. Provisional Enquiries KPI (but Drs) - in year figure - % within 84 days</td>
<td>63-day SLA – 59% 84-day SLA – 77%</td>
<td>07/18</td>
<td>63-day SLA – 33% 84-day SLA – 50%</td>
<td>07/20</td>
</tr>
<tr>
<td>Right response right organisation at right time</td>
<td>1. Emerging Concerns KPI - RRPs held (since launch)</td>
<td>2</td>
<td>11/18</td>
<td>9</td>
<td>09/20</td>
</tr>
<tr>
<td></td>
<td>2. Perceptions question - The GMC takes action to protect patients before they are put at risk</td>
<td>Doctors 40%, ROs 56%, P&amp;P 53%, Stk 77%</td>
<td>11/18</td>
<td>Doctors – 48%, ROs 65%, P&amp;P 56%, Stk 69%</td>
<td>06/20</td>
</tr>
<tr>
<td>Enhanced perception of regulation (amongst regulatory peers)</td>
<td>1. Perceptions Question - 50 key stakeholders % felt relationship good</td>
<td>91%</td>
<td>10/18</td>
<td>80%</td>
<td>06/20</td>
</tr>
<tr>
<td></td>
<td>2. PSA Assessment - % standards met</td>
<td>100%</td>
<td>2017</td>
<td>100%</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>3. Trade media coverage - medical trades</td>
<td>18.9% positive, 48.0% neutral, 33.1% negative</td>
<td>07/18</td>
<td>32.89% positive, 64.47% neutral, 2.63% negative</td>
<td>07/20</td>
</tr>
</tbody>
</table>
## 3. Strengthening our relationship with the public and the profession

<table>
<thead>
<tr>
<th>What we expect to see by 2020 strategy commitment</th>
<th>Progress update</th>
</tr>
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</table>
| There is strengthened perception of the fairness and effectiveness of our regulatory processes across all groups of doctors. | • According to the perceptions survey, the proportion of doctors agreeing that the GMC is fair has increased from 18% in 2018 to 31% in 2020.  
• The 2020 perceptions survey asked about trust in regulation of specific regulatory processes: ‘When asked about specific areas of GMC regulation – registering doctors with the right qualifications and skills, checking a doctor is up to date and safe to practice, taking action to protect patients before they are put at risk – levels of trust and confidence were high (75%, 66% and 48% respectively). There are, however, issues of low trust around fitness to practise investigations and the MPTS, as well as the way in which the GMC regulations are applied in the workplace: doctors are substantially more likely to disagree that the GMC’s approach to regulation is sensitive to the context in which doctors work than to agree that this was the case (45% compared to 29%).’ |
| Our campaigns have delivered against ambitious and clear targets that support good practice and safe training environments. | • While we haven’t run campaigns as such, we have commissioned three independent reports as part of our Supporting a profession under pressure programme to better understand issues in working environments and cultures and make recommendations for change.  
• We also published annual The state of medical education and practice in the UK reports, as well as a standalone workforce report in 2019 which explored challenges and called on stakeholders to take action. We also supported doctors to deliver our standards, for example through developing our online ethical hub, and speaking up hub which contain a range of learning materials, resources and tools to help doctors put our guidance into practice. New and ongoing outreach training programmes also support this aim.  
• We will be continuing these goals as part of the Enabling professionals to provide safe care theme of the new strategy. |
### 3. Strengthening our relationship with the public and the profession

<table>
<thead>
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<th>What we expect to see by 2020 strategy commitment</th>
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</table>
| Our feedback surveys, such as our annual survey of 50 key partners, show year on year improvements in trust in regulation across all groups. | • The perceptions survey shows high confidence in GMC regulation for most groups: 73% for medical students; 70% for ROs; 77% for educators and 92% for stakeholders. These are similar to the baseline.  
• Confidence has increased for doctors from 34% in 2018 to 45% in 2020, but this is lower than 75% in 2014 and 57% by 2016.  
• SAS/LED doctors and doctors in training have significantly higher confidence in the way GMC regulates doctors than the average. Specialists and GPs have significantly lower confidence.  
• We also ran a survey of parliamentarians in 2020, showing that 85% of those surveyed were confident in the way that we regulate doctors, with levels of confidence highest among politicians in the devolved nations. |
| Increased engagement with digital content and mobile apps that support good practice | • As part of our digital transformation, we launched new GMC and MPTS websites. For the ethical guidance pages on our website, page views increased from 153,953 in May 2018 to 197,651 in July 2020 (it was up to 265,578 in January 2020). In the same time the average time on page increased from 1.44 to 2.05.  
• We have discontinued mobile apps on good practice as we’ve targeted our digital investment in the areas where it will have the biggest positive impact on the online customer experience – ie the GMC and MPTS websites. Compared to our websites, both the MyGMP and MyCPD had low usage figures. Both apps would have required significant investment to bring them up to date and enable them to provide a good user experience. The low usage figures, and our strategic focus on the websites, meant that this investment would not be justified.  
• Through the Making every interaction matter theme in the new corporate strategy we will develop our use of technology to ensure that our users have a positive, accessible and personalised experience. |
### What we expect to see by 2020 strategy commitment

<table>
<thead>
<tr>
<th>Participation in our WTUKP programme rises to 80% over the lifetime of the strategy.</th>
</tr>
</thead>
</table>

### Progress update

- We have run several consultations to gather and take on feedback, for example on *Decision making and consent* guidance, *Welcome and valued* guidance on supporting disabled doctors in education and training, and *Patient feedback for revalidation*.
- We have delivered the better signposting project, which included developing a new factsheet for patients and the public on our role relating to raising a concern and revising our local help webpages on other organisations who may be able to help patients with a concern.
- We have developed a medical student engagement plan, set up patient a roundtable and developed a patient and public engagement plan for 2020. Through our customer service strategy, we have continued to embed our customer service vision and principles into the way we work. We also published the *Charter for patients, relatives and carers* in November 2019.
- In 2018, our contact centre was successful in achieving ServiceMark accreditation from the Institute of Customer Service. The accreditation is based on survey feedback from both external customers and staff members. The Contact Centre was re-tested in April 2020 and achieved a score of 85% (against an external industry benchmark of 76.9%) in response to the customer surveys. The staff survey also scored highly, achieving 84.9% (benchmark: 82.7%).
- The principles of our customer service approach will be taken forward in the new corporate strategy, under *Making every interaction matter*. In particular, we will address the feedback that we need to be more empathetic and human in our interactions.
### 3. Strengthening our relationship with the public and the profession

<table>
<thead>
<tr>
<th>Benefit</th>
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<th>Latest</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Public confidence in GMC</td>
<td>1. Perceptions Q - % public confident in way Drs are regulated.</td>
<td>84%</td>
<td>10/18</td>
<td>82%</td>
<td>06/20</td>
</tr>
<tr>
<td>Enhanced Customer Service (Customer Service Strategy dependency)</td>
<td>1. ICS Customer Effort - Call Centre</td>
<td>3.6</td>
<td>2018</td>
<td>3.3</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>2. ICS Net Promoter Score - Web</td>
<td>55.9</td>
<td>2018</td>
<td>56.2</td>
<td>2020</td>
</tr>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>1. Perceptions Q - % public are confident in UK doctors</td>
<td>88%</td>
<td>10/18</td>
<td>87%</td>
<td>06/20</td>
</tr>
<tr>
<td></td>
<td>2. MORI poll</td>
<td>91%</td>
<td>11/17</td>
<td>93%</td>
<td>11/19</td>
</tr>
</tbody>
</table>
## 4. Meeting the change needs of the health services across the four countries of the UK

<table>
<thead>
<tr>
<th>What we expect to see by 2020 strategy commitment</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of a suite of data packages relevant to each country’s needs.</td>
<td>• We have created new data products which are tailored to each of the four countries. We can also now provide data at regional levels, for example by the new NHS regions in England or by constituency. We have incorporated these into the publicly available GMC Data Explorer as well as our internal data dashboards.</td>
</tr>
<tr>
<td>Increased provision of GMC services in the four countries.</td>
<td>• We have extended the range of services in the four countries, successfully running Welcome to UK Practice in all four countries of the UK, and held PLAB 1 exams in England, Scotland and Wales, and Northern Ireland. ID checks and meetings with patients and complainants have taken place across the UK.</td>
</tr>
<tr>
<td>Re-alignment of our outreach teams.</td>
<td>• We have reviewed our outreach teams and have implemented a new structure from January 2020, establishing our regional model for England which will work alongside our national offices in Wales, Scotland and Northern Ireland.</td>
</tr>
</tbody>
</table>
## 4. Meeting the change needs of the health services across the four countries of the UK

<table>
<thead>
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</table>
| Feedback from the four countries demonstrates that our regulatory offering is appropriately tailored to meet their needs. | • According to the perceptions survey, the proportion of stakeholders who agree that ‘the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK’ has increased from 55% in 2018 to 73% in 2020 (though this is not statistically significant). There are no significant differences in findings between the four countries of the UK.  
• UKAF members are regularly surveyed on quality and usefulness of the meetings. In 2019, more than three-quarters of respondents agreed the topics discussed were relevant and timely.  
• The GMC has a strong reputation amongst parliamentarians across the four countries. Of the 212 total respondents to our survey of parliamentarians in 2020:  
  • 85% expressed confidence in the way doctors are regulated by the GMC.  
  • Just 7% believe we do not anticipate and respond to the needs of individual parts of the UK.  
  • Furthermore, more than half of members of the devolved legislatures (22 respondents) believe we are focussing on the right issues as a regulator  
• Encouragingly, levels of confidence in the way we regulate doctors is shared equally across the major parties. 83% from Labour and 83% from the Conservatives expressed confidence in the way the GMC regulates doctors. YouGov told us that it was particularly unusual for a regulator to receive such confidence from Conservative politicians. |
4. Meeting the change needs of the health services across the four countries of the UK

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>UK workforce needs better met</td>
<td>UKAF – qualitative feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg. model and interventions are relevant, effective and appropriate and better meet needs of 4 countries</td>
<td>Perceptions Question - % agreement as to whether regulatory model and interventions are relevant, effective and appropriate and better meet needs of the 4 countries</td>
<td>55%</td>
<td>10/18</td>
<td>63%</td>
<td>06/20</td>
</tr>
<tr>
<td>We are well prepared for and can influence legislative change</td>
<td>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”</td>
<td>68%</td>
<td>10/18</td>
<td>76%</td>
<td>06/20</td>
</tr>
</tbody>
</table>
Council meeting – 10 December 2020

Agenda item M12
Report of the GMC Group Personal Pension Plan Management Board 2020

<table>
<thead>
<tr>
<th>Action</th>
<th>To note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To note the work of the GMC Group Personal Pension Plan Management Board undertaken during 2020.</td>
</tr>
<tr>
<td>Decision trail</td>
<td>This report was approved by GMC Group Personal Pension Plan Management Board and the Executive Board.</td>
</tr>
<tr>
<td>Annexes</td>
<td>N/A</td>
</tr>
<tr>
<td>Author contacts</td>
<td><strong>Samuel Curtis</strong>, Corporate Governance Manager, <a href="mailto:samuel.delaney-curtis@gmc-uk.org">samuel.delaney-curtis@gmc-uk.org</a>, 0161 923 6741</td>
</tr>
<tr>
<td>Sponsoring director</td>
<td><strong>Neil Roberts</strong>, Director of Resources <a href="mailto:neil.roberts@gmc-uk.org">neil.roberts@gmc-uk.org</a>, 0161 923 6230</td>
</tr>
</tbody>
</table>
Background

1 The GMC Group Personal Pension Plan Management Board is an advisory forum which monitors and reviews the operation of the GMC Group Personal Pension Plan. This is the Board’s sixth annual report to Council.

2 The Board met three times during 2020, 25 February, 17 June and 13 October. At each meeting the Board received advice from the GMC’s pension advisers, Aon and were provided with an update on performance and investment from the scheme’s managers, Aviva. The Board is supported on an on-going basis by our pensions team.

3 The Board comprises of four employer nominated members and four Scheme member nominated members; and is chaired by the Director of Resources. Changes in membership during 2020 included the appointment of two new Board members; Liam Conlon and Helen Sinclair. Paul Shannon was re-elected for a second term.

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

4 The Board receives regular updates on Aviva’s investment performance and administration, including advice from Aon on its assessment of Aviva’s performance. Investment performance has been within expectations and no concerns have been raised by Plan members regarding the administration service. An established monthly procedure is also in place to meet the GMC’s auto-enrolment requirements and a triennial procedure in place to meet the GMC’s auto re-enrolment requirements.

5 The investment market has been volatile this year due to the US-China trade dispute, Brexit and COVID-19. The investments have been actively managed by Aviva, monitored by Aon and reviewed by the Board.

6 A membership modelling exercise is currently being undertaken by Aon to provide the Board with a report on the impact of the changes that Aviva intend to make to the Diversified Growth Fund which forms part of the default investment fund. This is a substantial piece of work and will be monitored by the Board in 2021.

7 Both Aon and Aviva have provided the Board with their crisis plans and Business Continuity documents; there have been no issues to report and the Board are satisfied that both organisations will continue their business as usual approach.
8 As at 31 August 2020 the number of active members of the DC scheme was 1442. At 10 September 2020 the total value of scheme members’ assets under management was £29,875,556.51.

9 At the Board’s meeting on 13 October 2020, it was noted that Aon was content with Aviva’s management of all of the investment funds as they have been generally been performing in line with benchmarks.

**Change of benefit platform**

10 In June 2020 the Board commissioned a provider review; requesting their third-party adviser, Aon, to complete a high-level review of providers offering a similar service to Aviva, to review if the Plan remains fit for purpose and members are still receiving the most appropriate arrangement.

11 The GMC currently sponsors a Group Personal Pension Plan with Aviva, which has an annual management charge of 0.33%. This scheme was established in 2013 for new joiners, with members of the Council’s DB plan being admitted for future accrual from April 2018.

12 Aon conducted a review from an approved panel of providers which Aon considered to meet the needs of GMC employees and created a scoring system based on price, service, administration and flexibility and provided the Board with the highest scored providers-Legal & General, Fidelity and Aviva MyMoney.

13 The Board confirmed that Aviva’s MyMoney platform was the most suitable and agreed to make this recommendation to the Executive Board. The Executive Board agreed to begin the transfer to Aviva’s MyMoney and will begin the rollout early in 2021.

**Communications and Member Engagement**

14 Member engagement continues to remain a focus for the Board. A communications schedule for 2020 was agreed by the Board which included seminars, newsletters and drop-in sessions. COVID-19 restricted the ability to hold physical drop-in sessions, but webinars were provided by Aviva in May and June, via WebEx.

15 On 15 September 2020 was the second ‘national pensions awareness day’, correspondence was sent to members and this was highlighted in an InsideInfo article. Members were invited to review their pension arrangements and book a 1-2-1pension chat with our pensions team.
‘Myaviva’, a monitoring app from Aviva is one of the recommended methods of communication between members and the provider. Two thirds of the membership have registered for on-line access via the app, and work is ongoing to increase the usefulness of the app and ensure all members are registered on it.

Aviva have noted an increase in member engagement over the year noting more registrations and returning log ins on the MyAviva app and mini site in comparison to other pension plans.

Aviva have also consistently exceeded their customer service targets and have provided an excellent and proactive service to GMC employees.

Aviva have continued to work with the GMC and Aon to find ways to improve engagement with members.

**Board Effectiveness review**

In line with the principles of Good Governance for Boards and Committees, the Board undertook an effectiveness review in September of 2020. Members were surveyed anonymously with feedback being requested in three main areas; working arrangements, Board support and diversity.

The Board have agreed a list of actions to improve the Board effectiveness and increase both training and diversity.

**Risk Register**

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

**Keeping up to date with legislative change**

The Board receives updates at each meeting from Aon on legislative changes effecting DC pension schemes.
### Council meeting - 10 December 2020

**Agenda item M13**

**Council forward work programme 2021**

<table>
<thead>
<tr>
<th>Action</th>
<th>To note</th>
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</table>
| **Purpose**     | The Council forward work programme for 2021 has been developed to reflect the strategic aims of the GMC’s Corporate Strategy, the Business Plan and statutory requirements and to enable the effective conduct of Council’s work.  

The proposed work programme is not a static document, and will be continuously reviewed to ensure it continues to meet Council’s needs throughout 2021.  

Council is asked to note the proposed work programme. |
| **Decision trail** | N/A |
| **Recommendation(s)** | a  To note the 2021 work programme |
| **Annexes** | Annex A: 2021 Council Work Programme |
| **Author contacts** | **Melanie Wilson**, Council Secretary/Head of Corporate Governance  

[melanie.wilson@gmc-uk.org](mailto:melanie.wilson@gmc-uk.org), 0161 240 8331 |
## Council forward work programme 2021

*Draft as of: 20 November 2020*

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>Wednesday 24 February (evening seminar) and Thursday 25 February 2021 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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</tbody>
</table>

**Evening seminar 16:00-17:30**
- Update on MLA programme [Judith Chrystie/John Carr et al]

**Confidential items**
- Review of Corporate Risk Register [Lindsey Mallors]
- 2021 Council Effectiveness review proposal [Melanie Wilson]

**Meeting**
- Chief Executive’s report [tbc]
- Equality, diversity and inclusion Update [Rob Scanlon/Claire Light]
- Update on legislation reform [Richard Marchant] including programme for regulation of MAPs [Clare Barton]
- Quality Assurance update [Martin Hart]

**Below the line**
- Report of Executive Board [Charlie Massey/Dale Langford]
- 2022 meeting schedule [Melanie Wilson]

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>Wednesday 28 April (evening seminar) and Thursday 29 April 2021 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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</table>

**Evening seminar (tbc)**

**Confidential items**

**Meeting**
Council meeting, 10 December 2020
Agenda item M13 – Council forward work programme 2020

- Chief Executive’s report [tbc]
- Equality, diversity and inclusion update [Rob Scanlon/Claire Light]
- PSA annual review of our performance [Shaun Gallagher/Rob Scanlon]
- Human Resources report 2020 and gender pay gap reporting [Neil Roberts/Andrew Bratt]
- Update on implementation of GMC-regulated credentials [Phil Martin/Jessica Lichtenstein]
- Biannual s40a appeals update [Jim Percival/AD Corporate]
- Four countries update [Robert Khan/devolved office heads]

Below the line
- Council members’ register of interest [Melanie Wilson] (DN: update at April & Sept meetings)

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
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<tbody>
<tr>
<td>Tuesday 8 June (evening seminar) and Wednesday 8 July 2021</td>
<td>Council</td>
</tr>
<tr>
<td>(Meeting) 09.00 – 13.00</td>
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</table>

**Evening seminar tbc**

**Confidential items**
- Formal proposal for a university-led MLA applied knowledge test in UK medical schools

**Meeting**
- Chief Executive’s report [tbc]
- Equality, diversity and inclusion update [Rob Scanlon/Claire Light]
- Report of the MPTS Committee [Dame Caroline Swift/ Gavin Brown]
- Trustee’s Annual Report and Accounts 2020 [Neil Roberts/Steve Downs]
- Fitness to Practise Statistics Report 2020 [Anthony Omo/Joanna Farrell]
- Report of the Audit and Risk Committee [Paul Knight/ Lindsey Mallors]
- Education policy update (follow up from November ’20 summit) [Phil Martin]
- Complaints report
- Annual update on communications [Paul Reynolds]
- Update on legislation reform/MAPs update [Richard Marchant/Clare Barton]

**Below the line**
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<table>
<thead>
<tr>
<th>Date and time:</th>
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<tbody>
<tr>
<td>Tuesday 6 and Wednesday 7 July Council Away Day</td>
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<tr>
<td>Venue tbc</td>
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</tbody>
</table>

**Date and time:**
Wednesday 29 September (evening seminar) and Thursday 30 September 2021 (Meeting) 09.00 – 13.00
**Meeting**
- Confidential items
  - Corporate Risk Register [Lindsey Mallors]
  - Outline draft Business Plan and Budget 2021 [Shaun Gallagher/Neil Roberts]
  - SoMEP report 2020 [Shaun Gallagher]
  - Council effectiveness review [AD Corporate/Melanie Wilson]
- Meeting
  - Chief Executive’s report [tbc]
  - Equality, diversity and inclusion update [Rob Scanlon/Claire Light]
  - Biannual s40a Appeals Update [Jim Percival/AD Corporate]
- Below the line
  - Annual report on DC pension scheme [Neil Roberts/Andrew Bratt]
  - Council members’ register of interest [Melanie Wilson]

**Date and time:**
Tuesday 2 November (evening seminar) and Wednesday 3 November 2021 (Meeting) 09.00 – 13.00 in Edinburgh
**Meeting**
- Scottish office to lead
## Confidential items
- Update on the staff survey [Andrew Bratt ]

## Meeting
- Chief Executive’s report [tbc]
- Equality, diversity and inclusion update [Rob Scanlon/Claire Light]
- Update on legislative reform programme including MAPs [Richard Marchant/Clare Barton]
- SOMEP report [Shaun Gallagher]
- Complaints report [Jenny Broadley]
- GMCSI [Andrew McCulloch/ Paul Reynolds]
- Four countries update [Robert Khan/Devolved office heads]
- Three-year business plan (activities, monitoring/reporting, evaluating) [Shaun Gallagher/Rob Scanlon]

## Below the line

### Date and time:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Wednesday 8 December (evening seminar) and Thursday 9 December 2020 (Meeting)</td>
<td><strong>Meeting:</strong> Council</td>
</tr>
<tr>
<td>09.00 – 13.00</td>
<td></td>
</tr>
<tr>
<td>Evening seminar 17:00 – 19:00 to be followed by dinner</td>
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### Private session

### Confidential items
- Draft Business Plan and Budget 2021
- Council Effectiveness review 2020 – progress report

### Meeting
- Chief Executive’s report [tbc]
- 2021 Business Plan and Budget [Neil Roberts/ Steve Downs]
- Report of the Medical Practitioners Tribunal Service Committee 2021 [Dame Caroline Swift/Gavin Brown]
- Report of the Audit and Risk Committee 2021 [Paul Knight/Lindsey Mallors]
Below the line

- Council forward work programme 2022 [Melanie Wilson]
- Committee membership 2022 [Melanie Wilson]

Other items, timing to be confirmed

- Inquiry responses if needed