## Agenda

### Thursday 27 February 2020

**10:25 – 12:45**

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Council meeting, 27 February 2020

Draft as of: 20 December 2019

To approve

Minutes of the meeting on 12 December 2019

Members present

Clare Marx, Chair
Steven Burnett
Christine Eames
Anthony Harnden
Deirdre Kelly

Paul Knight
Suzi Leather
Amerdeep Somal

Others present

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

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

2 Apologies were received from Philip Hunt and Denise Platt.

3 The Chair noted that Shree Datta has decided to stand down from Council as at the end of November for personal reasons. Council wished to record their thanks for Shree’s contributions to Council and its Committees over the last seven years and wished her well.

4 As there is an appointment process already in progress, we will recommend a replacement from that pool of candidates. The Privy Council will make their decision in due course.

Minutes of the meeting on 6 November 2019 (agenda item M2)

5 Save for a minor amendment on the attendee list Council approved the minutes of the meeting on 6 November 2019 as a true record.

Chief Executive’s report (agenda item M3)

6 Council received a report from Charlie Massey on the organisation’s updates and the progress on the Corporate Strategy.

7 Council considered the Chief Executive’s Report, noting that:

   a The independent review into the mental health and wellbeing of doctors was published during the pre-election period. This report provided organisations with recommendations on improving mental health and wellbeing in doctors. This report was largely well received by the healthcare sector.

   b The staff survey provided three key areas for improvement; change management, workload and being an open and inclusive organisation. Workshops have been set up with staff to explore these areas further.

   c A former MPT Associate has taken the GMC and NMC to an employment tribunal. This hearing is still ongoing. An update will be provided to Council in February.

8 During discussion, Council noted that:

    a The staff survey showed that homeworking was viewed positively in terms of work/life balance, but more work would be done to ensure homeworkers felt included within the organisation.
b Freedom to speak up champions were a welcome response to the staff survey results. As this is a new initiative, follow up work would be done in 2020 to ensure their roles were publicised and developed.

c Although none of the recommendations in the report of the Inquiry into Hyponatraemia-related deaths in Northern Ireland is directed at the GMC, we have made clear our commitment to learning lessons and protecting patients. However, we have voiced concern about the recommendation for an individual, statutory duty of candour to be introduced in Northern Ireland.

d A patient charter has been created which sets out six commitments to patients regarding the level of service they will receive when contacting the GMC. This would be sent out to Council via a circular.

9 Council also expressed their appreciation of the speed and detail that was done on the post-Alemi work programme, which was well received.

Review of Customer Complaints (agenda item M4)

10 Council received an update from the Corporate Complaints team regarding the complaints received by the organisation and the handling process

11 Council noted that:

a There was a trend in the report showing that the number of complaints received continued to decrease.

b An orchestrated campaign externally meant that complaints regarding the increase of the Annual Retention Fee spiked, these were discounted as part of the report.

c Complaints received are becoming more complex in nature, however the relevant teams are being more proactive in resolving them at first level or signposting to other organisation where the complaint falls outside the GMC’s remit.

d Recommendations made in previous reports were developed and implemented, which was well received.

12 During discussion, Council noted that:

a Although the majority of the organisation’s complaints came from the Registration and Revalidation directorate, this was due to the high level of interaction the directorate had with doctors and the public, and not down to performance.

b A doctor’s gender is currently displayed on the List Registered Medical Practitioners (LRMP), work is being carried out by the ED&I team to confirm the wording of a doctor’s gender on LRMP.
c The frequency of this external report will be reviewed, given the high level of assurance there is in this area of work.

d Feedback is provided to individuals via the continuous improvement programme which also allows for the identification of trends.

e There is a vulnerable caller toolkit available to all the teams who may have to deal with a vulnerable caller.

f 1439 compliments were received in this timeframe, which was an outstanding amount given the complex issues the organisation had to deal with this year.

13 A review of the processes and terminology which doctors face in order to leave the register for any reason will be undertaken early next year.

Review of UK Advisory Forum meetings (agenda item M5)

14 Council received an update summarising the latest round of UKAF meetings.

15 Council noted that:

a The meetings have been beneficial in providing the devolved offices with opportunities to develop relationships and discussion with stakeholders.

b While the formal meetings are needed, the informal reception afterwards is more beneficial to engage dialogue and allowing for a more fruitful discussion on the topics.

c The role and expectations of Council members from the devolved countries would be defined further.

16 During discussion, Council noted that:

a More effort would be made by all Council members to become more involved in UKAF meetings.

b The devolved office staff work hard to ensure these meetings are a success and should be thanked and congratulated.

c The structure of the UKAFs should be considered when restructuring the new seven region outreach teams in England.

d The patient perspective is an element of the UKAF meetings that requires further development.
**2020 Business Plan and Budget (agenda item M6)**

17 Council received a presentation on the 2020 business plan and budget.

18 Council:

   a. Approved the 2020 draft business plan.
   
   b. Approved the 2020 budget.
   
   c. Approved the use of the September ONS 12-month CPI rate as a standard baseline to inform future fee and salary decisions.
   
   d. Delegated authority to the Chair of Council to amend the GMC Registration Fees Regulations and GMC Certification Fees regulations.

19 Council noted that:

   a. The business plan was developed to assist the GMC with its priorities for the year ahead; namely efficient delivery of our regulatory functions, delivering the current corporate strategy and improving our current methods of working.
   
   b. Work is underway to transition from a 12-month planning cycle to a three-year cycle in order to set out the strategic pathway in line with the corporate strategy.
   
   c. It is the organisation’s current policy to maintain free reserves in the range of £25 million and £45 million, which equates to less than four and a half months of total annual expenditure.
   
   d. Current budget planning has forecast free reserves at £38 million by the end of 2020.
   
   e. As previously agreed, all fees would increase by 1.7% in line with the Consumer Price Index.
   
   f. The total expenditure budget for 2020 is £123.22 million, which is 5.7% higher than the 2019 budget.
   
   g. The Department of Health and Social Care will be providing funding as the GMC begins the process to regulate physician associates and anaesthesia associates, so has not been included in this budget.

20 During discussion, Council noted that:

   a. Each directorate has been set a 2% efficiency target which has been assessed to allow the organisation to save without having a detrimental operational impact.
b An announcement will be provided to doctors regarding the increase in fees and the complaints department has been briefed should the organisation receive an increase in complaints similar to last year.

**Report of the Medical Practitioners Tribunal Service Committee 2019 (agenda item M7)**

21 Council considered the update from the MPTS on the work done by the organisation.

22 Council noted that:

a The training for Legally Qualified Chairs (as discussed at the last Council update) was successfully implemented and the Chairs are now sitting.

b 94% of cases this year had a pre-hearing meeting to ensure the case was ready before it began. This will be rolled out to all cases for 2020.

c Support for self-represented doctors is one of the main objectives for the MPTS for 2020. An extension of the current process is in the pipeline.

d GMC referrals have been higher than expected; the implication of this is that, despite improvements in efficiency, expenditure for 2019 will be higher than expected.

e A working group consisting of members of staff MPTS and GMC has been created to review the sanctions guidance and implement a suite of standards guidance in 2020.

23 During discussion, Council noted that:

a Doctors from BME backgrounds were found to be at a slight disadvantage when considering insight and remediation in cases. Additional Equality and Diversity sessions for tribunal members were utilised to ensure this issue was considered.

b Restoration cases will be examined by the MPT team to explore the main themes of why doctors were removed and if lack of insight and remediation was a reason.

c Referrals of locum doctors to the MPT is still high as this is a high-risk recruitment area due to lack of continuity, mentoring and ownership.

d The change of the recent operational management of the MPTS created opportunities for the service to become more financially aware and more efficient in providing an excellent service to its users.

e Those who self-represent can have a worse outcome than those who have legal representation, this could be due to the fact lawyers are more aware of the legislation and guidance.
Report of the Audit and Risk Committee 2019 (agenda item M8)

24 Council received an update on the work of the Audit and Risk Committee in 2019 and confirmed that it was content with the assurance provided.

25 Council noted that:

a Crowe LLP were reappointed as the external auditor to the GMC, following a full procurement exercise.

b Dame Suzi Leather and John Morley stepped down from the Committee this year. Council expressed thanks to both members for their contributions.

c Ken Gill, independent member, succeeded John Morley and had his first meeting in September.

d An independent quality assurance report from EQA was commissioned to examine the organisations processes from an external perspective. The report was positive with minor learning points needing to be considered. Council thanked Lindsey Mallors, Assistant Director Audit and Risk Assurance for her work on this.

26 During discussion, Council noted that:

a The risk seminar was well received, Council agreed that it would benefit from a periodic risk seminar considering issues/risks that have had an impact on other organisations.

b A post committee summary of each of the sub-committees will be distributed to Council members highlighting the key themes of the meeting.

Report of the Remuneration Committee 2019 (agenda item M9)

27 Council considered the report of the Remuneration Committee on its work in 2019.

28 Council noted that:

a The base pay award for the Executive team would be 2.2% in line with the GMC staff base award.

b The Remuneration Committee reviewed its statement of purpose and, save for the removal of the Chief Operating Officer’s role, made no amendments.

c HMRC’s application of the rules on home to work travel expenses changed recently. The proposed handling of the tax liability is still being clarified with HMRC and Council will be notified once a resolution is confirmed.

d A benchmark review of remuneration for Council members will form part of the 2020 work programme.
During discussion, Council noted that:

a  An effectiveness review was completed but the uptake was low. Further work would be done on this to improve the response rate for the 2020 effectiveness review.

Any Other Business (agenda item M10)

Council noted that the next evening seminar and meeting would be on 26 and 27 February 2020 in London.

Council Forward work programme (agenda item M11)

Council agreed its forward work programme for 2020.

Committee membership 2020 (agenda item M12)

Council noted the process for reviewing Committee membership for 2020, and noted that a further process will be required when four members demit at the end of 2020.

Confirmed:

Clare Marx, Chair

27 February 2020
Executive summary
This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:

- We are reflecting on the very serious findings of the Paterson inquiry report ahead of responding more fully;

- The UK Government has indicated an intention to introduce greater flexibility in medical education and training. We have welcomed this but are clear that it must not dilute standards;

- Clare and I are bringing together key stakeholders in the healthcare systems in each of the four countries to discuss the recommendations of the three independent reports we published in 2019, and build consensus on action to create environments that support healthcare professionals to deliver good patient care.

Recommendations
Council is asked to:

a  Consider the Chief Executive’s report.

b  Note the Council portfolio (Annex A), the Corporate Opportunities and Risk Register (Annex B) and the strategic lead and lag indicators for 2020 (Annex C).
Developments in our external environment

Paterson inquiry

The Paterson inquiry report, published on 4 February 2020, includes testimony from 211 patients and their relatives who have been affected by Ian Paterson’s crimes and malpractice. The inquiry’s findings and accounts from the many patients who suffered make extremely difficult reading.

The inquiry found that the whole system had failed patients. It found that all the regulators appeared to be waiting for someone else to act and missed opportunities to stop Paterson from practising. In the inquiry’s view problems still exist, and the system would not prevent another Paterson from harming patients today. It is of the view that the regulatory system needs better coordination and that regulators need to become more patient focused.

We are reflecting on what the inquiry report means for us ahead of responding more fully later in the Spring. We are in touch with our regulatory partners at the Nursing and Midwifery Council, the Care Quality Commission and the Professional Standards Authority to discuss how we can better coordinate our work to ensure safer care across all healthcare services. We are also considering the implications for local clinical governance arrangements, and what we should be asking of the Government in terms of legislation to strengthen these arrangements.

In light of the recommendation in the inquiry report for us around informed consent, we have deferred the forthcoming publication of our revised guidance on consent to make sure we have reflected on everything we need to.

The UK’s departure from the European Union

During the current transition period in the UK’s relationship with the European Union, there won’t be any changes to how we regulate doctors, or how non-UK doctors register with us. We will remain part of the European Commission’s Internal Market Information system, which allows all European medical regulators to inform each other about doctors who have been restricted from practising.

What happens after the transition period will depend on the outcome of the next stage of trade deal negotiations. We value the expertise and important contribution that doctors from the EEA and around the world make to our health services. We’ll continue to work closely with the four UK health departments to support the retention and flow of doctors into the UK. We will also continue to work with officials and our international medical regulatory counterparts to ensure that patient safety is recognised and protected in any future trade agreements signed between the UK and third countries.
UK Government healthcare priorities

7 The DHSC are continuing to develop a series of Section 60 Orders to implement changes to healthcare professional regulation covering fitness to practise, international registration, regulator governance and bringing Medical Associate Professionals (MAPs) into regulation by the GMC. We are very supportive of the direction of travel and continue to work with officials to clarify a number of points of detail.

8 The DHSC has highlighted that it will start to explore how medical education can be made more flexible now we have left the European Union. We welcome this move and see an opportunity to focus medical education more flexibly on the outcomes students should demonstrate in order to practise medicine, rather than the current ‘time-served’ approach. We have been equally clear that we will only support changes to medical education which meet and enhance the UK’s internationally renowned standards. We have emphasised that in the context of reform, the Medical Licensing Assessment (MLA) can play a valuable role in providing a common and consistent standard by which doctors have the knowledge and skills to practise safely.

9 I met with the Secretary of State for Health and Social Care, Matt Hancock MP, in January. Clare and I also met with the Minister Edward Argar MP earlier this month. Those meetings were an opportunity to reiterate our call for legislative reform to make medical regulation more streamlined and flexible to support workforce challenges, whilst maintaining standards.

Parliamentary reception and Select Committee

10 We held a reception at the House of Commons on Monday 3 February 2020, hosted by our former Council member Baroness Helene Hayman. The reception was attended by over 50 MPs and peers, as well as many of the healthcare leaders from across the UK. This was also an opportunity to showcase our data by parliamentary constituency.

11 The Rt Hon Jeremy Hunt MP, the new Chair of the House of Commons’ Health and Social Care Committee, spoke at the event alongside our chair, Dame Clare Marx. The remaining ten members of the select committee will be selected by their own parties, and we expect the membership to be confirmed by March or April 2020.

Northern Ireland

12 The Northern Ireland Executive was re-established on Saturday 11 January 2020, following a three-year suspension. The Ulster Unionist MLA Robin Swann was appointed to the role of Minister for Health. The new NI Executive’s priorities are set
out in the *New Decade New Approach* document. Five of the health-related priories are of interest to the GMC:

a. Restore pay parity for health care staff (this was achieved in the Minister’s first week in office which brought about the end of industrial action).

b. Develop an Action Plan on waiting times

c. Reconfigure hospital services to ensure more stable services and sustainable staffing

d. Build capacity in general practice through the ongoing rollout of multi-disciplinary teams

e. Establish a Graduate Entry Medical School at Ulster University’s campus in Derry/Londonderry

13 We have written to Minister Swann to congratulate him on his appointment and to provide an update on the progress of Ulster University’s application to become a new medical school. The University has said that for a commencement date of 2021, funding needs to be resolved by May 2020. We have been clear that if funding is clarified on the agenda that Ulster University has set, we are ready to complete the remaining stages of our quality assurance process which, if successfully navigated, would enable the school to take students from autumn 2021.

**Abortion law change in Northern Ireland (NI)**

14 In October 2019 abortion was partly decriminalised in NI. New abortion legislation is being drafted by DHSC, on behalf of the UK Government, and will come into force by 31 March 2020. We are committed to providing as much clarity and reassurance for doctors during this period of change. Our website will signpost doctors to interim guidance issued by the UK Government and after the 31 March 2020 we will write to all doctors in NI confirming their legal responsibilities and the professional standards they are expected to uphold.

**Delivering change together**

15 We are working collaboratively with our partners in each of the four countries of the UK to address the issues identified in the three independent reports that we commissioned in 2018 and published in 2019. These were:

- Caring for doctors, caring for patients: How to transform UK healthcare environments to support doctors and medical students to care for patients, by Dame Denise Coia and Professor Michael West
Fair to refer? Reducing disproportionality in fitness to practise concerns reported to the GMC, Dr Doyin Atewologun and Roger Kline

Gross negligence manslaughter and culpable homicide in medical practice, chaired by Leslie Hamilton

The themes are that common across all the reports include supporting the healthcare workforce through effective induction, compassionate and collective leadership, staff engagement, and fairness and inclusion.

At the time of writing we have hosted events in London, Belfast and Cardiff, and will be hosting one in Edinburgh later in February. The discussions have been tailored to the particular circumstances of the health system in each country, recognising the different priorities and wide range of work already underway in Wales, England, Northern Ireland and Scotland.

So far, levels of engagement have been excellent and there is a clear willingness to work together with others to create environments that support healthcare professionals to deliver good patient care.

Inquiries and Reviews

The Independent Medicines and Medical Devices Safety Review

We are continuing to support the IMMDSR review which is due for publication this Spring. Informed consent is a central theme to the inquiry and we anticipate there will be some further crossover with the recommendations arising from the Paterson inquiry.

Independent Neurology Inquiry

Anthony Omo and I attended a second oral evidence hearing on the 15 January 2020. The hearing focused on our handling of historical fitness to practise cases and our approach to seeking medical input on these, candour, supporting responsible officers and regulatory alignment across the sector. The inquiry has invited us to respond in writing on some further points including our view on the changes that we believe need to be made to reduce the likelihood of similar events occurring again.

Separately, the GMC’s primary case regarding the neurology patient recall, which relates to Dr Watt’s clinical skills, is being progressed. We have now written out to patients who have complained to us about Dr Watt to update them on the progress of our investigation.
Infected Blood Inquiry

22 We have been working closely with the inquiry team since late 2018 to provide any documents relevant to its terms of reference. The inquiry has formally asked us to submit three written statements to the inquiry. These were provided to the inquiry in the summer of 2019 and cover our governance, role, rules and procedures from the 1970s to the present day, as well as the disclosure of case files relevant to the inquiry. We expect these will be published by the inquiry in due course. Following a further request from the inquiry, we made a subsequent disclosure in February 2020.

Confidential medical services

23 In January 2020, the GMC attended a meeting convened by the Academy of Medical Royal Colleges to discuss unresolved issues arising from the currently suspended Memorandum of Understanding (MoU) between NHS Digital, the Department of Health and the Home Office, which was published in January 2017.

24 The Memorandum had set out the protocol for the disclosure by NHS Digital to Home Office staff of personal, identifiable, demographic information about individuals who have, or are suspected to have, committed immigration offences, and are not in contact with the Home Office. This was withdrawn in May 2018, following a critical report published in April 2018 by the House of Commons’ Health and Social Care Committee.

25 Our position is public and the basis of it is set out in our guidance Confidentiality: good practice in handling patient information. While confidentiality is not absolute, we believe the public interest in maintaining a confidential medical service sets a very high bar for disclosure of such information, and that the MoU in its original form undermines patient and public trust in doctors and healthcare services. We had the opportunity to explain our position in the meeting and will continue to monitor developments.

Progress on our strategy

Scope of Practice

26 Work is underway to establish how we can achieve a consistent and comprehensive understanding of GMC-licensed professionals’ scope of practice. This would enable us to improve clinical governance in the NHS and independent sectors; regulate more effectively, through tailoring our engagement and support, and directing resource where it’s most needed; and better support workforce planning in each UK country. The first step to achieving this is to develop an accepted and consistently used taxonomy which covers the full range of UK medical practice (both clinical and wider
professional activities). To this end, in January 2020 we commissioned researchers from the Newcastle University School of Medical Education to develop a systematic, inclusive taxonomy which reflects what doctors actually do, not what they are assumed to do because of qualification or job title. The project is due to conclude in July 2020.

Executive Board

27 The Executive Board met on 25 November and 16 December 2019 and 27 January 2020 to consider items on:

a 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 An update on the results of the public consultation on updated requirements for doctors to reflect on patient feedback for their revalidation. The Board approved the revised version of the guidance, which includes a more flexible approach to obtaining patient feedback and plans for implementation in the first quarter of 2020.

d Draft new guidance for medical practitioners’ tribunals on restoration following voluntary or administrative erasure. This guidance will be published shortly alongside earlier guidance for tribunals on restoration following disciplinary erasure.

e An update on the Health Provisional Enquiries pilot. The pilot was developed following a recommendation by Professor Louis Appleby that we should avoid full investigations whenever possible in cases that are (solely or primarily) about a doctor’s health. We’ve been piloting this approach since September 2017 and based on the evaluation the Board approved the pilot’s transfer to business as usual from 1 January 2020.

f The new public affairs strategy, which the Board endorsed as a fresh and proactive approach to our engagement with the new parliament, and a useful model for engaging with the devolved governments.

g The initial pay award framework for 2020 and future recruitment and resourcing options, including targeting both early careers and retaining staff who move into retirement. The Board agreed plans for an apprentice programme and internship programme in 2020, a graduate scheme in 2021 and committed to a further
programme of clinical fellows to maintain access to medical expertise from within our workforce. The Board noted that there will be further development of flexible approaches to retirement to increase our capacity and contingency cover for senior roles.

h The draft Executive Board report to Council, ahead of consideration by Council on 27 February 2020.

28 The Board also noted updates on:

a The work to deliver the action plan put into place following the review of historical child sexual abuse cases commissioned by Council in 2017 and the work being taken forward in the Embedded Learning from Sexual Abuse (ELSA) programme in 2019 and 2020.

b The programme to develop the new clinical assessment centre, which was delivered on time and within budget.

c The annual report of the GMC Group Personal Pension Plan Management Board, on which Council received a separate update at the meeting on 26 September 2019.

Corporate strategy reporting

29 In April 2018, Council agreed our new approach to monitoring and reporting on the 2018-2020 corporate strategy. We set indicators to tell us whether we are on track to deliver our key strategic benefits. For 2020, we have outlined the strategic lead and lag indicators in Annex C. These indicators help us to understand the context that we are working in and to establish a baseline from which improvements can be measured.
M3 – Chief Executive’s Report

Council portfolio

Working with doctors Working for patients
M3 – Annex A

Council portfolio

Data presented as at 31.12.2019 (unless otherwise stated)
Commentary as at 30 January 2020

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

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<th>Core regulatory objective</th>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
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<td>Core regulatory objective, continued, continued, continued, continued, continued, continued</td>
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<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>98%</td>
<td>On track</td>
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<td>Answer 80% of calls within 20 seconds</td>
<td>86%</td>
<td>On track</td>
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<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>98%</td>
<td>On track</td>
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<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>100%</td>
<td>On track</td>
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<td>We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.</td>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>90%</td>
<td>On track</td>
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<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>91%</td>
<td>On track</td>
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<tr>
<td></td>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>95%</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>No cases</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>On track</td>
</tr>
<tr>
<td>Business support area, continued, continued, continued, continued, continued, continued</td>
<td>Key Performance Indicator</td>
<td>Performance</td>
<td>Exception summary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>2019 Income and expenditure [% variance]</td>
<td>1.58%</td>
<td>1.25%</td>
</tr>
<tr>
<td>HR</td>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>8.81%</td>
<td>10.55%</td>
</tr>
<tr>
<td>Information systems</td>
<td>IS system availability (%)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Media monitoring</td>
<td>Monthly media score</td>
<td>1.545</td>
<td>2.448</td>
</tr>
</tbody>
</table>
Strategic delivery – overall view

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

Corporate Strategy 2018-2020

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

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

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

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

These RAGs are based on delivery of strategic benefits envisioned in the GMC Corporate Strategy. While they may be affected by external issues and challenges they will not, as a necessity, reflect in all cases external opinion at that point in time as they are future focussed on benefit delivery and the GMC contribution to that delivery.
Strategic aim 1: Supporting doctors in delivering good medical practice

Key benefit
Doctors are supported to deliver high quality care

Activities to deliver (by exception)
- Welcome to UK Practice (WtUKP) Expansion Project
- Medical Licensing Assessment

Lead indicators
- 80% of doctors new to practice or new to the country accessing the programme by 2020
- Consensus on proposals for the Applied Knowledge Test

Lag indicators
- a. NTS workload indicator - (%)
- 1. Perceptions Q - % public are confident in UK doctors
- 2. MORI poll

Exception commentary
We are at risk of missing our target of 80% of doctors new to UK practice attending the programme by 2020. This is caused by the need to routinely increase capacity to correspond to the significantly increasing number of doctors new to UK practice and the need for additional marketing to increase uptake among these doctors. Additional recruitment is taking place to help address this.

The programme remains amber due to the complex stakeholder environment, and as we work through some key issues which have a potential bearing on the overall programme plan.

Strategic aim 1: Supporting doctors in delivering good medical practice

Key benefit
Doctors are supported to deliver high quality care

Activities to deliver (by exception)
- Professional Behaviours and Patient Safety

Lead indicators
- Contribution towards a safer workforce who are better able to deliver good medical practice

Lag indicators
- 1. Perceptions Q - % public are confident in UK doctors
- 2. MORI poll

Exception commentary
We are continuing to deliver against existing commitments and evaluate the impact of progress to date. The amber status reflects that further planning is on hold whilst our future approach and resourcing are considered.
Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK

Activities to deliver (by exception)

- We are well prepared for and can influence legislative change
- Preparing for Brexit

Lead indicators

- More certainty on likelihood of scenarios

Lag indicators

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

Exception commentary

Our plans to prepare the business have been completed, meaning we are ready for EU exit on 31 January 2020. Policy, guidance and operations have been 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 completion of our planning. Trade talks between the UK and EU will commence in Q1 but there remains a high degree of uncertainty whether they will be completed and ratified by the end of the transition period on 31 December. If a new framework for the recognition of professional qualifications is not agreed by the end of the year, we risk a ‘no deal’ exit. In this situation, we will revive our ‘no deal’ planning and the new routes to registration for EEA qualified doctors that were adopted by Parliament in March 2019 will be enacted.
## Financial summary as at Dec 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget to Dec £000</th>
<th>Forecast Jan - Dec £000</th>
<th>Actual to Dec £000</th>
<th>Variance - budget v actual £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational expenditure</td>
<td>105,541</td>
<td>105,465</td>
<td>105,187</td>
<td>354</td>
<td>0%</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>3,500</td>
<td>2,959</td>
<td>2,453</td>
<td>1,047</td>
<td>0%</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>6,580</td>
<td>6,316</td>
<td>6,376</td>
<td>204</td>
<td>3%</td>
</tr>
<tr>
<td>Clinical Assessment Centre expansion</td>
<td>4,570</td>
<td>4,475</td>
<td>4,379</td>
<td>191</td>
<td>4%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>1,900</td>
<td>1,900</td>
<td>1,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>122,091</td>
<td>121,115</td>
<td>120,295</td>
<td>1,796</td>
<td>1%</td>
</tr>
<tr>
<td>Operational income</td>
<td>107,237</td>
<td>108,254</td>
<td>108,217</td>
<td>980</td>
<td>1%</td>
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<tr>
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<td>1,919</td>
<td>3,867</td>
<td>4,328</td>
<td>2,409</td>
<td>126%</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>109,156</td>
<td>112,121</td>
<td>112,545</td>
<td>3,389</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Surplus/ (deficit)</strong></td>
<td><strong>(12,935)</strong></td>
<td><strong>(8,994)</strong></td>
<td><strong>(7,750)</strong></td>
<td><strong>5,185</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Key drivers of expenditure - To date

<table>
<thead>
<tr>
<th>Key changes</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td></td>
</tr>
<tr>
<td>The churn cut incorporated into the budget was 75 roles. Headcount levels have been slightly over budget after adjusting for churn therefore there is an equivalent overspend. The churn assumption, in line with 2019 outcome, has been reflected in the 2020 budget.</td>
<td>(996)</td>
</tr>
<tr>
<td>Volume variance</td>
<td></td>
</tr>
<tr>
<td>The budgeted hearing days to date is 2,504 and the actual number is 2,579. We have held fewer PLAB 2 days as the budget assumed the new dual centre would open in July however it opened in the second week of August and fewer examiner training and pilot days than budgeted. The number of test of competence exams is under expectations and there are a number of other areas with reduced volumes, such as staff travel and expert reports commissioned to date. These reductions are partially offset by the direct costs of hosting significantly more PLAB 1 candidates.</td>
<td>615</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td></td>
</tr>
<tr>
<td>Some external venue hire costs are higher than budget and renewal costs of some IS contracts have increased higher than anticipated. The PSA fees have also increased.</td>
<td>(112)</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td></td>
</tr>
<tr>
<td>We received credit notes for prior year accommodation service charges due to the landlord's standard reconciliation procedure. We have also overachieved the efficiency saving target by £177k.</td>
<td>353</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td></td>
</tr>
<tr>
<td>The GNM review in Strategy &amp; Policy, external consultancy review of team working in Strategic Communications &amp; Engagement and a number of unplanned recruitment costs create the overspend to date.</td>
<td>(67)</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td></td>
</tr>
<tr>
<td>Significant areas of underspend are ad hoc maintenance for accommodation, travel and other staff related costs, fund manager investment fees and undertaking fewer Education visits. The amount of spend for the Human Factors work is significantly lower than expectations at this stage.</td>
<td>560</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>353</td>
</tr>
</tbody>
</table>
## Financial - Detail

### Expenditure as at Dec 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget to Dec</th>
<th>Forecast Jan - Dec</th>
<th>Actual to Dec</th>
<th>Variance - budget v actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000 %</td>
</tr>
<tr>
<td>Staff costs</td>
<td>62,877</td>
<td>64,029</td>
<td>63,873</td>
<td>(996) (2)%</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>4,142</td>
<td>3,902</td>
<td>3,970</td>
<td>172 4%</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,900</td>
<td>1,931</td>
<td>1,874</td>
<td>26 1%</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>3,554</td>
<td>3,548</td>
<td>3,606</td>
<td>(52) (1)%</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>7,403</td>
<td>7,234</td>
<td>7,326</td>
<td>77 1%</td>
</tr>
<tr>
<td>Legal costs</td>
<td>4,254</td>
<td>4,262</td>
<td>4,288</td>
<td>(34) (1)%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>2,961</td>
<td>3,073</td>
<td>2,966</td>
<td>(5) (0)%</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>422</td>
<td>410</td>
<td>401</td>
<td>21 5%</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>17,093</td>
<td>16,286</td>
<td>16,094</td>
<td>999 6%</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>758</td>
<td>790</td>
<td>789</td>
<td>(31) (4)%</td>
</tr>
<tr>
<td>Over-achievement of efficiency savings</td>
<td>177</td>
<td>0</td>
<td>0</td>
<td>177 (100)%</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>105,541</strong></td>
<td><strong>105,465</strong></td>
<td><strong>105,187</strong></td>
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</tr>
<tr>
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<td><strong>122,091</strong></td>
<td><strong>121,115</strong></td>
<td><strong>120,295</strong></td>
<td><strong>1,796</strong> 1%</td>
</tr>
</tbody>
</table>

### Income as at Dec 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget to Dec</th>
<th>Forecast Jan - Dec</th>
<th>Actual to Dec</th>
<th>Variance budget to actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000 %</td>
</tr>
<tr>
<td>Annual retention fees</td>
<td>87,831</td>
<td>88,306</td>
<td>88,299</td>
<td>468 1%</td>
</tr>
<tr>
<td>Registration fees</td>
<td>4,418</td>
<td>4,731</td>
<td>4,723</td>
<td>305 7%</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>10,305</td>
<td>10,403</td>
<td>10,357</td>
<td>52 1%</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,660</td>
<td>2,656</td>
<td>2,680</td>
<td>20 1%</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>915</td>
<td>1,157</td>
<td>1,163</td>
<td>248 27%</td>
</tr>
<tr>
<td>Interest income</td>
<td>475</td>
<td>423</td>
<td>442</td>
<td>(33) (7)%</td>
</tr>
<tr>
<td>Other income</td>
<td>633</td>
<td>578</td>
<td>553</td>
<td>(80) (13)%</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td><strong>107,237</strong></td>
<td><strong>108,254</strong></td>
<td><strong>108,217</strong></td>
<td><strong>980</strong> 1%</td>
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<td><strong>3,389</strong> 3%</td>
</tr>
</tbody>
</table>

**Surplus / (deficit)**

(12,935) (8,994) (7,750) 5,185
GMCSI summary and investments summary

### Finance - GMCSI Summary

<table>
<thead>
<tr>
<th>GMCSI summary as at Dec 2019</th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>%</th>
<th>Budget Jan - Dec £000</th>
<th>Forecast Jan - Dec £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>707</td>
<td>494</td>
<td>(213)</td>
<td>(30)%</td>
<td>707</td>
<td>500</td>
<td>(207)</td>
<td>(29)%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>602</td>
<td>483</td>
<td>119</td>
<td>20%</td>
<td>602</td>
<td>467</td>
<td>135</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Profit/ (loss)</strong></td>
<td>105</td>
<td>11</td>
<td>(94)</td>
<td></td>
<td>105</td>
<td>33</td>
<td>(72)</td>
<td></td>
</tr>
</tbody>
</table>

### Investment Summary 2019 to date

<table>
<thead>
<tr>
<th>Value as at Dec 2018 £000</th>
<th>Current value £000</th>
<th>Increase in investment £000</th>
<th>2019 returns £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCLA managed funds</td>
<td>£20,578</td>
<td>£54,765</td>
<td>£30,000</td>
</tr>
</tbody>
</table>

### Investments summary as at 30 September 2019 (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>28.0%</td>
</tr>
<tr>
<td>Bonds and Cash</td>
<td>20% - 80%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Alternatives</td>
<td>0% - 45%</td>
<td>20.2%</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>3.31%</td>
</tr>
<tr>
<td>CCLA performance</td>
<td>10.52%</td>
</tr>
</tbody>
</table>
The table below provides a summary of appeals and judicial reviews as at 20 January 2020:

<table>
<thead>
<tr>
<th>Open cases carried forward since last report</th>
<th>New cases</th>
<th>Concluded cases</th>
<th>Outstanding cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>14</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>PSA Appeals</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Explanation of concluded cases**

- **s.40 (Practitioner) Appeals**: 5 dismissed, 1 successful
- **s.40A (GMC) Appeals**: 1 successful
- **Judicial Reviews**: 1 successful – dismissed, 1 unsuccessful

**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 has been one new application in the High Court challenging the imposition of interim orders since the last report; and therefore a total of 1 application 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, 2014 - 2019

Graph 2: Applications received for first registration from European Economic Area graduates, 2014 - 2019
Trends in registration applications

Graph 3: PLAB 1 & 2 assessments taken 2013-2019
(Showing volume each year, 1 January to 31 December, percentage figures show year on year change)

Graph 4: Number of doctors on the register with a licence to practise
(End of year 2014 - 2019)
OST1 – The GMC’s regulatory effectiveness, credibility and reputation may erode over time if we don’t keep abreast of and fail to engage with widening political agendas, legislative and policy change at UK and European levels, and developments in the UK health environment at national and local levels.

OST2 – The volume and complexity of the programme of work we seek to undertake may exceed our capacity to successfully deliver.

T2.1 – In cases where there are high profile patient safety issues and potentially unsafe environments for doctors and doctors in training, there are challenges in working effectively and collaboratively with other regulatory partners causing an adverse reputational impact for the GMC.

Key updates

The threat T4.1 has been updated in relation to developments with Brexit and pending decisions affecting the Recognition of Professional Qualifications (RPQ)

These have been a number of updates to several threats and opportunities within the Corporate Opportunities and Risk Register (CORR), but there are no major changes. The exercise to refocus current risks is underway and the refreshed version of the CORR will be presented to Council once this is complete (reflecting these wider changes).

The threat T2.1 has been updated in relation to key mitigations and further action detail.
Key to risks coding

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

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

2. Business risks and how we manage them:
   • Operational risks we are actively managing AOP1, etc. for opportunities and AT1, etc. for threats
   • Inherent risks in our business of being a regulator IOP1 etc. for opportunities IT1, etc. for threats
M3 – Chief Executive’s Report

CORR Strategic
## Strategic risks and how we manage them

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OSOP1 Opportunity</td>
<td>If we clearly articulate our strategic direction to partners and the profession, we have an opportunity to build a platform from which to start moving ‘upstream’ in our work and be seen to actively support doctors at all stages of their careers.</td>
<td>Paul Buckley</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Finalisation of Corporate Strategy 2021-2025 and future engagement with stakeholders</td>
<td>Continued focus on ‘local first’ principles</td>
<td>In January and February 2020 we will internally programme of engagement and promote our Supporting a Profession under Pressure Programme (SAPUP), to follow the publication of Caring for doctors, caring for patients (CDCP) review. We also plan to hold a key stakeholder events, to officially launch the three independent SAPUP reports published in 2019 and to gain a shared commitment to delivery of the recommendations.</td>
<td>Development of the model for regulation of medical associate professions – an opportunity to implement ‘upstream regulation’ approach</td>
</tr>
<tr>
<td>OSOP2 Opportunity</td>
<td>We use our reputation for operational excellence to further enhance collaboration with our stakeholders, enabling us to identify new opportunities to deliver our statutory functions and contribute to patient safety within the UK’s healthcare systems.</td>
<td>Paul Reynolds</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>We will run our annual tracking survey in the first quarter of 2020. As part of this we will seek stakeholder views about our ability to work in partnership with them.</td>
<td>Following the realignment of our outreach teams in January 2020, work will continue to embed and evolve our processes for engaging effectively with regulatory partners at national and local levels.</td>
<td>We continue to engage closely with our regulatory partners, such as the Care Quality Commission and the Nursing &amp; Midwifery Council, as we develop our next corporate strategy to ensure regulatory alignment in our operations and ambitions in coming years.</td>
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<tr>
<td>OSOP3 Opportunity</td>
<td>To enhance our engagement across all of our activities, we empower and develop members of staff to build strong and mutually beneficial relationships with stakeholders. This helps us achieve the full impact of our ambition to be a collaborative regulator.</td>
<td>Paul Reynolds</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>We will run our annual tracking survey in the first quarter of 2020. As part of this we will seek stakeholder views about our ability to work in partnership with them.</td>
<td>Following the realignment of our outreach teams in January 2020, work will continue to embed and evolve our processes for engaging effectively with regulatory partners at national and local levels.</td>
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### Overarching opportunities and risks in delivering the Corporate Strategy

- Development of the next Corporate Strategy 2021-2025
- Strategic Relationships Unit in place to support articulation of strategic direction
- Engagement plans in place for major new ‘upstream’ strategic initiatives such as Supporting a Profession under Pressure and Local First
- Outreach teams – contact with multiple stakeholders including Responsible Officers (ROs), NHS-Trusts, doctor groups etc.
- Visits and Monitoring teams in regular contact with students, trainees and educators during QA visits.
- Opportunity to share messages.
- Collaboration with medical schools in relation to student Fitness to Practise and the graduation process
- State of Medical Education and Practice Workforce report published on 24 October 2019. Shared it with key stakeholders and continue to influence partners and other stakeholders (such as the bodies involved in NPS, People Plan in England)
- Patient and Public Engagement Plan (PPE), including a live engagement strategy, with our outreach teams and Directors linking up to ensure the work we are doing within the business is promoted to external partners and stakeholders.

### Operational excellence tracked through:
- Monitoring and reporting on the performance of our core functions to Council, Executive Board, Audit and Risk Committee (ARC)
- Professional Standards Authority (PSA) Performance Review Internal audit activities in relation to our core functions
- Annual report to the Charity Commission and Office of the Scottish Charities Regulator (OSCR) on how we have met our core statutory objectives. Collaboration with regulatory partners: Strategic approach agreed for growing and managing our relationships with regulatory partners, to bring about greater degree of alignment and cooperation on patient safety issues. Regular evaluation of our relationships with regulatory partners and other key stakeholders to understand levels of collaboration and opportunities for improving them. Active sharing of research, insights and good practice between us and our regulatory partners through cross-organisational networks. Realignment of our outreach teams over the lifetime of the 2018-2020 corporate strategy, enabling us to provide a greater degree of support within local health economies across UK.

### Strategic risks and how we manage them

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<tbody>
<tr>
<td>OSOP1 Opportunity</td>
<td>• Development of the next Corporate Strategy 2021-2025</td>
<td>Paul Buckley</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Finalisation of Corporate Strategy 2021-2025 and future engagement with stakeholders</td>
<td>Continued focus on ‘local first’ principles</td>
<td>In January and February 2020 we will internally programme of engagement and promote our Supporting a Profession under Pressure Programme (SAPUP), to follow the publication of Caring for doctors, caring for patients (CDCP) review. We also plan to hold a key stakeholder events, to officially launch the three independent SAPUP reports published in 2019 and to gain a shared commitment to delivery of the recommendations.</td>
<td>Development of the model for regulation of medical associate professions – an opportunity to implement ‘upstream regulation’ approach</td>
</tr>
<tr>
<td>OSOP2 Opportunity</td>
<td>• Development of the next Corporate Strategy 2021-2025</td>
<td>Paul Reynolds</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
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<td>We will run our annual tracking survey in the first quarter of 2020. As part of this we will seek stakeholder views about our ability to work in partnership with them.</td>
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<tr>
<td>OSOP3 Opportunity</td>
<td>• Development of the next Corporate Strategy 2021-2025</td>
<td>Paul Reynolds</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>We will run our annual tracking survey in the first quarter of 2020. As part of this we will seek stakeholder views about our ability to work in partnership with them.</td>
<td>Following the realignment of our outreach teams in January 2020, work will continue to embed and evolve our processes for engaging effectively with regulatory partners at national and local levels.</td>
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<tr>
<td>AOP1 Opportunity</td>
<td>Overlapping themes across the major reviews within the Supporting a Profession Under Pressure (SAPP) programme, and interdependencies with work by external stakeholders such as the NHS Long Term Plan, give the opportunity to work with our partners to make a real difference to patients and the environments in which doctors work.</td>
<td>Anthony Choo</td>
<td>Highly Likely</td>
<td>Moderate</td>
<td>CRITICAL</td>
<td>Engagement update: public affairs (June 2018)</td>
<td>Development and management of stakeholder relationships in each country of the UK and in Europe and interdependencies with work by external stakeholders such as the NHS Long Term Plan, give the opportunity to work with our partners to make a real difference to patients and the environments in which doctors work.</td>
<td>Further analysis of recommendations and immediate actions following publication of Caring for doctors, caring for patients report in Autumn (published in December 2019)</td>
<td>Engagement events with stakeholders (Feb 2020)</td>
<td>Yes</td>
<td>Further analysis of recommendations and immediate actions following publication of Caring for doctors, caring for patients report in Autumn (published in December 2019)</td>
<td>Engagement events with stakeholders (Feb 2020)</td>
<td>Low</td>
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<td>OST1 Threat</td>
<td>The GMC’s regulatory effectiveness, credibility and reputation may wane over time if we don’t keep abreast of and fail to engage with widening political agendas, legislative and policy change at UK and European levels, and developments in the UK health environment at national and local levels.</td>
<td>Paul Reynolds</td>
<td>Low</td>
<td>Low</td>
<td>SIGNIFICANT</td>
<td>Engagement events with stakeholders (Feb 2020)</td>
<td>Engagement events with stakeholders (Feb 2020)</td>
<td>We continue to engage with the Department of Health and Social Care on potential Section 60 orders that will inform aspects of fitness to practise investigations, our governance, and the requirements of international registration.</td>
<td>Implementation of our new public affairs strategy, following its approval by Executive Board in December 2019.</td>
<td>In early January 2020, the Chief Executive met with the Secretary of State for Health and Social Care Matt Hancock MP and following this meeting has written to the Secretary of State setting out the immediate areas of reform, especially those that require legislative change, that would drive change and enhance patient safety.</td>
<td>Yes</td>
<td>Implementation of our new public affairs strategy, following its approval by Executive Board in December 2019.</td>
<td>Implementation of our new public affairs strategy, following its approval by Executive Board in December 2019.</td>
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<td>ID</td>
<td>Threat / Opportunity</td>
<td>Opportunity/risk detail</td>
<td>Owner</td>
<td>Likelihood</td>
<td>Impact</td>
<td>Action</td>
<td>Risk appetite</td>
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<td>OST2 Threat</td>
<td>The volume and complexity of the programme of work we want to undertake may exceed our capacity to successfully deliver</td>
<td></td>
<td>Paul Buckley</td>
<td>Possible</td>
<td>Likely</td>
<td>Mitigation</td>
<td>Low</td>
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<td>Strategy and Policy Directorate – Regulatory Policy Teams &amp; Policy Leadership Group – more evidence led policy • HR/Learning and Development/Talent teams – more resource in these teams to identify develop talent within the business and attract external talent into the business in data – related roles • Centralised data team established within the Strategic and Policy Directorate • Development of data protection and policy protection • Annual business planning &amp; budget setting process • Trained and skilled staff in project management • FPM methodology and reporting: update on risks and project delivery every month via highlight reports with weekly availability of progress for all including Portfolio Lead, Sponsor, Project Manager &amp; PMO • Revised process for New Initiative Fund bids and in year projects requiring new resource/budget • Collective SMT scrutiny of growth and new initiative bids for additional resource • HS Project Online implemented to enable reporting within full portfolio approach • Regular review of the business plan and re-assessment of priorities by SMT</td>
<td>Quite Likely</td>
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<td>OST3 Threat</td>
<td>If our external partners do not share our strategic priorities and vision, or have different standards and approaches, and/or have insufficient resources to commit to working with us, we won’t secure the support and traction needed to make the progress envisaged on our strategic aims. This could impact the speed at which we are able to develop and provide collective assurance</td>
<td>Paul Reynolds</td>
<td>Possible</td>
<td>Likely</td>
<td>Mitigation</td>
<td>CRITICAL</td>
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<td>• Active management of our key relationships by teams within the Strategic Communications and Engagement directorates (in particular our Devolved Offices), to ensure our stakeholders understand and support our work • Implementation of new strategic approach to relationship management, with relationship plans developed for our most strategically valuable relationships to achieve growth and identify opportunities for greater partnership working • Management of participation in stakeholder networks and fora, using these opportunities to communicate our priorities, explain our regulatory approach, and build support for our work. Examples include our UK Advisory Forums in Scotland, Wales and Northern Ireland, and the National Joint Strategic Oversight Group in England • Implementation and management of agreements with other organisations, to streamline the sharing of regulatory intelligence • Regular evaluation of our relationships with key stakeholders, checking they understand and support our direction of travel and priorities • Re-alignment of our outreach teams in January 2020 to enhance our engagement with regulatory partners at a regional and local level (particularly within England)</td>
<td>Significant</td>
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<td>OST5 Threat</td>
<td>There may be circumstances when our profession or the public find our actions, decisions or views contentious. This may damage the confidence in the organisation resulting in stakeholders becoming less willing to work with us to deliver our priorities.</td>
<td>Paul Reynolds</td>
<td>Possible</td>
<td>Likely</td>
<td>Mitigation</td>
<td>MEDIUM</td>
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<td>• Active management and evaluation of our reputation and relationships in our external environment by teams in the Strategic Communications and Engagement directorates, with insights and intelligence shared and escalated as required. • Fitness to practice cases which are likely to be high profile routinely discussed by media relations team and FTP. • Risk assessment of key announcements, publications and issues routinely conducted as part of communications planning process to understand and mitigate how key stakeholders and audiences could respond. • Proactive communications with stakeholders in advance of key announcements, publications and issues to ensure they understand our position and background, securing their support where possible. • Monthly report to CEO on Rule 12, complaints, correspondence from high profile figures or organisations and other high profile issues. • SMT standing agenda item on complex and contentious decisions being made • Council receive a six-monthly complaints analysis and trend briefing note.</td>
<td>Significant</td>
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<td>• Control on sensitive issues each meeting by CEO and General Counsel and Director of PMO • Council circulates between meetings on key matters • Learning reviews of our actions in the Dr Babu-Garba/Jack Adcock case presented to Council in late 2018 • Paper: Section 40A appeals update (September 2019) • Paper: ‘Update on supporting a Professional under Pressure workshops’ (November 2019)</td>
<td>Significant and Risk Committee</td>
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<td>• Learning reviews of our actions in the Dr Babu-Garba/Jack Adcock case presented to ARC in late 2018 • Significant Event Review: Fraudulent doctor Zheni Akent (November 2019)</td>
<td>Significant</td>
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**Council and/or Board Review**

- Internal Audit
- Transformation Programme Review (July 2019, amber)
- Managing change (August 2019, amber)
- Risk Management (June 2019, green-amber)
- Review of 2019 business planning (February 2019, green-amber)
- Review of Change Programme Benefits Realisation (June 2017, green-amber)
- Paper: Update on Supporting a Professional under Pressure workshops (for Q1 2020)
- Paper: Section 40A appeals update (for Q1 2020)

**Further Action Required?**

- Yes
- No

**Further action detail**

- Design and implementation of a rolling three year budgeting and planning process to support the new Corporate Strategy from 2021 (Jan 2020)
- Principles have been developed to support policy resource model. Review of current policy resource and development of a more flexible model has been initiated
- Initial findings of ‘Change Management’ workshops, involving focus groups, in response to one of the key themes from the Staff survey and future activity of ‘Workflows’ working group formed in response to Staff survey results.
- In the first quarter of 2020 we will run our annual perception survey with stakeholders. This will ask whether they understand our direction of travel and support where we are heading.
- As we develop our next corporate strategy (starting in 2021), we will continue to engage with our regulatory partners to ensure alignment of our ambitions and identify opportunities for closer working in the future.
- We will continue to enhance the existing processes followed by our outreach teams, following their realignment to the geographies of the UK in January 2020.
- Following the publication of our review of support for doctors’ mental health and wellbeing, we are working with stakeholders in the four countries of the UK to consider how we take forward the recommendations from this and the other SNAP reviews published in 2019. Stakeholder events will be held in the first quarter of 2020.
OP1.1 Opportunity

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

Paul Reynolds

Quite Likely

Quite Likely

Quite Likely

SIGNIFICANT

• Use of PLAB (and, in due course, the Medical Licensing Assessment) to reinforce the standards and ethics required to practise safely and successfully in the UK and to promote our regulatory offer to doctors taking this assessment.
• Promoting and expanding the number of Welcome to UK practice sessions delivered to international and European doctors.
• Development and promotion of content relevant to IMG and EEA doctors on our websites, social media favoured by these doctors, other digital channels, and the media.
• Evaluation of these doctors' perceptions and experiences of the GMC through our annual survey and routine monitoring of our communications channels.

Council

Welcome to the UK Practice (April 2020)

Yes

• In 2020 we will increase our marketing of the Welcome to UK practice programme to drive greater attendance at welcome to all doctors (including those who qualified outside the UK).
• A research project has been commissioned which will review existing evidence and data to identify motivations for international doctors wanting to practise in the UK, and UK doctors wanting to practise in other countries of the world. This research should be delivered in the second half of 2020.
• Our annual tracking survey in the first quarter of 2020 will update our understanding of the perceptions and experiences which international doctors have of the GMC.

T1.2 Threat

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

Anthony Omo

Quite Likely

Quite Likely

Quite Likely

SIGNIFICANT

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

CEO provides regular update to Council on pressures in the external environment in his report and verbal briefings

Yes

• The MLA assessment blueprint will be based on revised Outcomes for Graduates, GPCs and other sources with strong emphasis on MDTs. In the development process we are talking with clinical practitioners and assessors so could share any insight from those conversations. Views of the Medical Schools Council (MSC) being taken into account in development of the Applied Knowledge Test

STRATEGIC AIM 1 - Supporting doctors in maintaining good practice

Residual risk with controls in place

Council and/or Board Review Assurance

Further action required?

Further action detail

Risk appetite

Probability

Impact

Assessment

Mitigation (for threats)

Enhancement (for opportunities)

OP1.1

Quite Likely

Quite Likely

Quite Likely

SIGNIFICANT

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

Paul Reynolds

Quite Likely

Quite Likely

Quite Likely

SIGNIFICANT

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Anthony Omo

Quite Likely

Quite Likely

Quite Likely

SIGNIFICANT

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STRATEGIC AIM 1 - Supporting doctors in maintaining good practice

Residual risk with controls in place

Council and/or Board Review Assurance

Further action required?

Further action detail

Risk appetite
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<tr>
<td>T2.1 Threat</td>
<td>In cases where there are high profile patient safety issues and potentially unsafe environments for doctors and doctors in training, there are challenges in working effectively and collaboratively with other regulatory partners causing an adverse reputational impact for the GMC</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Major</td>
<td>CRITICAL</td>
<td>• Information sharing agreement in place with Care Quality Commission (CQC) which was last reviewed in 2018, and is again under review with outreach teams and (CQC) lead. Agreements with Healthcare Improvement Wales (HIW) and NES (for education in Scotland) are also in place.</td>
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| OP3.1 Opportunity | If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession | Paul Reynolds | LOW | • Champion for patients established at SMT level to ensure senior-level overview of our engagement.  
• Patient and public engagement plan rolling out clear objectives developed and refreshed every year.  
• Perceptions of patients and the public regularly assessed through annual research.  
• Roundtable with patient leaders from all four UK countries established, to explore policy issues and initiatives at an early stage of their development, supplemented by twice-yearly UKAF meetings in Scotland, Wales and Northern Ireland plus ongoing engagement with patient organisations.  
• Strategic Relationships Unit within SC&E directorate established, with objective to improve our engagement with national-level patient bodies.  
• Policy and operational teams developing new initiatives, services and products to routinely consider how they can involve patients and the public in their development. | Council | Yes | • Corporate strategy and stakeholder perceptions baseline survey (published March 2019) | | | |
| OP3.2 Opportunity | We have the opportunity to be a more proactive regulator and influence the support given to the medical profession by publicly demonstrating our understanding of the environment in which doctors are working and training and spreading about the issues facing them. | Paul Reynolds | LOW | • 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 workplace 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.  
• In early January 2020 we will publish the results of our survey with SAS and locally employed doctors, highlighting issues faced by this cohort within the medical profession. | | Yes | • Following the publication of Caring for Doctors, Caring for Patients, we are in the process of planning a series of launch events with stakeholders in each of the four UK countries to discuss how we can work together in partnership to deliver the recommendations made by this review and other reports published as part of the Supporting a profession under pressure programme. | | | |
### STRATEGIC AIM 4 - Meeting the changing needs of the health services across the four countries of the UK

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<tr>
<th>ID</th>
<th>Opportunity/risk</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Controls in place</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
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<th>Risk appetite</th>
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**If we successfully extend our regulatory framework to cover AAs and PAs, this could enhance stakeholder confidence in the GMC as an effective multi-professional regulator and demonstrate the benefits of more flexible legislation.**

**We have worked with the other professional regulators to refresh our 2015 joint statement on regulating in a national emergency. This describes how we would regulate in a proportional way in an event of workforce shortages or other undesirable impact of a no-deal exit from the EU.**

- **As a result of general elections in December 2019, the UK’s exit from the EU on 1 January 2020 is all but confirmed. The uncertainty around the detail of a future Trade Agreement remains.**
  - On the event that a new framework for the RPQ is not agreed by the end of December 2020, risking a ‘no deal’ exit, we may need to revisit our ‘no deal’ planning and enact the new routes to registration for EEA qualified doctors that were adopted by Parliament in March 2010 will be enacted.

- We have worked closely with the UK Department of Health and Social Care and the devolved governments to work together to ensure that new framework for the RPQ is not agreed by the end of the transition period.

- We have been working on the flexibility project, some of the outcomes of this review will help mitigate the issues arising from training pathways. Executive Board have approved the initial recommendations on this and we will now work with partners to implement them.

- We are reviewing the CESR(CP) route that will enable doctors joining an approved training programme partway through to gain a CCT which is important for worldwide recognition.

- **As we design our approach, we should seize opportunities to build in ‘upstream regulation’ from the start – e.g., more streamlined PIP processes, risk-based QA of education.**

- We have worked with the other professional regulators to refresh our 2015 joint statement on regulating in a national emergency. This describes how we would regulate in a proportional way in an event of workforce shortages or other undesirable impact of a no-deal exit from the EU.

- Continuous to make the case for reform to the RPQ framework during the forthcoming negotiations on a trade agreement between the UK and EU. This would enable us to check the competency of EEA doctors and to establish a common threshold for entry to practice for all doctors, regardless of where they qualified.

- As a result of successful elections in December 2019, the UK's exit from the EU on 1 January 2020 is all but confirmed. The uncertainty around the detail of a future Trade Agreement remains.

- In the event that a new framework for the RPQ is not agreed by the end of December 2020, risking a ‘no deal’ exit, we may need to revisit our ‘no deal’ planning and enact the new routes to registration for EEA qualified doctors that were adopted by Parliament in March 2010 will be enacted.
M3 – Chief Executive’s Report

CORR Operational
### Active Operational Risks

#### AT2 Threat
**Risk pre-controls**
- Monitoring and forecasting of fitness to practice case loads
- Monitoring of Centre for Workforce Information on NHS staff shortages and skills gaps, and other external sources of qualitative and quantitative data, through horizon scanning (Data, Research and Intelligence teams)
- Ongoing engagement with Department of Health and Social Care (DHSC), Health Education England (HEE), and other stakeholders
- Monitoring external environment
- Active engagement with doctors about potential situations which may put patients at risk
- Enhanced monitoring processes in place
- Chair’s annual letter to the profession

**Opportunity**
- Reduced as a result of shared budgets
- Pushed and potentially training opportunities result in the Education agenda not being

**Owner**
- Paul Buckley

**Likelihood**
- Quite Likely

**Impact**
- Major

**Assurance**
- Council

**Residual risk**
- Low

**Mitigation (for threats)**
- • Be proactive in developing and sharing actions
- • Engage with Health Education England (HEE) & NHS Improvement (NHSI) through various forums to support the introduction of GMC regulated credentials
- • Chair’s annual letter to the profession
- • We published a frequently asked questions document in December 2019 that was co-branded with Excellence by Design
- • During the policy development, we worked with colleges, departments and other stakeholders to develop a comprehensive EDI strategy
- • We published our own ‘Welcomed and valued’ document, replacing ‘Gateways to the profession’, as a guide for supporting disabled doctors and students
- • During September 2018 – January 2019 we engaged on the proposals and draft framework. Engagement mainly took the form of presentations to groups, circulating the draft to key stakeholders for comment, and a mechanism for stakeholders (both individual and organisations) to respond on our website
- • We also engaged with teams, via workshops and meetings including at the GMC, Doctors in Training roundtable, and a bespoke credentialing doctors in training workshop
- • During the policy development, we worked with colleges, departments and other stakeholders to explore the range and type of credentials needed to deliver the requirements of Shape, Flexibility and Excellence by Design
- • A formal internet project board co-chaired with cross-directorate representation, to fully consider the potential operational and reputational impact
- • Council considered the framework and supporting documentation at their meeting in April and June 2019, and approved, to the introduction of GMC regulated credentials
- • We published a frequently asked questions document in December 2019 that was co-branded with UKMERG (UK Medical Education Reference Group).

**Residual risk with control in**
- Low

**Further action required**
- Yes

**Further action detail**
- Implementation of Supporting a Profession Under Pressure (SAPUP) review

**Business risks and how we manage them**

#### AT3 Threat
**Risk pre-controls**
- Skilled and fully resourced ED&I team to lead and guide all ED&I activity across the directorates
- ED&I Steering Group (internal) together with Strategic EDI Advisory Forum (external) provides senior oversight and guidance to inform and refine ED&I priorities
- Equality analysis undertaken as a component of all major project and policy activity
- Mentorship EDI training for all staff and associates and further work to develop this to incorporate inclusion. Improvement opportunities have been identified and an EDI curriculum scope defined.
- Inclusive leadership reflected in management and leadership development programmes.
- Three year work plan owned by education to address: fairness in medical education and training highlighted by patterns of differential attainment
- We published our own ‘Welcomed and valued’ document, replacing ‘Gateways to the profession’, as a guide for supporting disabled doctors and students

**Opportunity**
- Education England (HEE) & NHS Improvement (NHSI) will work jointly with
- Paul Buckley

**Likelihood**
- Likely

**Impact**
- Significant

**Assurance**
- Council

**Residual risk**
- Low

**Mitigation (for threats)**
- • Equality, Diversity and Inclusion (EDI) team linked into key strategic forums and key transformation boards, i.e. new Policy Leadership Group and Research Forum
- • Update via CEO report (ongoing)
- • Formal Internal and External Publication and launch of the EDI Strategy for 2019-2021

**Residual risk with control in**
- Low

**Further action required**
- Yes

**Further action detail**
- ED&I team completed team quality assurance map and undertaking quality audit of both equality analysis processes (Nov 2019) and ED&I training (Q2 2020).
- EDI related activities in directorate business.
- During 2020 we will be undertaking a legal compliance review of human rights legislation against the EDI legislative framework and full training needs analysis.
- Inclusion gap analysis independently completed and now developing implementation proposals across a 3-5 year planning timescale in consultation with key groups of internal staff.
- Development of continued cycle of fairness auditing through 2020, starting with FFP. Currently in the early stages and will report later in the year.

#### AT4 Threat
**Risk pre-controls**
- As we are moving towards the implementation of GMC regulated credentials in 2020, stakeholders may not react positively to it potentially causing challenges with its introduction.
- Colin Neville

**Opportunity**
- Compliance and efficient regulation of the profession
- Compliance with our regulatory obligations
- Compliance with our requirements for governance
- Compliance with our obligations under the Equality Act 2010
- Compliance with our requirements for gender pay gap reporting
- Compliance with our requirements for the Modern Slavery Act 2015
- Compliance with our requirements for the Access to Justice Act 2013
- Compliance with our requirements for the Education Act 2010

**Likelihood**
- Likely

**Impact**
- Significant

**Assurance**
- Council

**Residual risk**
- Medium

**Mitigation (for threats)**
- • Exception based reporting to Executive Board and Council through corporate updates
- • External decision made by Council in April 2019 and final decision in June 2019 to the introduction of GMC regulated credentials
- • Executive Board considered a paper on credentialing in July 2019

**Residual risk with control in**
- Medium

**Further action required**
- Yes

**Further action detail**
- Continue to work closely with a number of teams internally, including our curriculum approval team, colleagues in communications, the devolved offices, and registration and regulation.
- The implementation is phased and we are working with a small number of early adopters. In 2020, we will launch a process for GMC-regulated credentials. This includes running task and finish groups for each of the early adopters that will run through 2020/early 2021.

#### AT5 Risk
**Risk pre-controls**
- Following the announcement that Health Education England (HEE) & NHS Improvement (NHSI) will work jointly with NHSI, there is a risk that the change in leadership and the reporting structure, could result in the Education agenda not being pursued and potentially training opportunities reduced as a result of shared budgets
- Colin Neville

**Opportunity**
- Engagement with Health Education England (HEE) & NHS Improvement (NHSI) through various forums to promote the training and education agenda and influence all early stage
- Be proactive in developing and sharing actions

**Likelihood**
- Likely

**Impact**
- Significant

**Assurance**
- Council

**Residual risk**
- Medium

**Mitigation (for threats)**
- • Exception based reporting to Executive Board and Council through corporate updates
- • Executive Board considered a paper detailing the potential impact of the new arrangements, including risks and opportunities, in December 2018

**Residual risk with control in**
- Medium

**Further action required**
- No

**Further action detail**
- • Exception based reporting to Executive Board and Council through corporate updates
- • Executive Board considered a paper detailing the potential impact of the new arrangements, including risks and opportunities, in December 2018.
### Risk Appetite

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Speed</th>
<th>Assessment</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action Required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOP1 Opportunity</td>
<td>Credentialing would provide some opportunities for doctors to move more quickly to areas of practice where there is greatest need to better meet patient and service need. This flexibility will allow doctors to have a clear way to develop, plan or re-focus their careers to ensure they use their skills and experience to the greatest effect. Credentialing will also give employers a mechanism to develop their medical workforce relatively quickly in areas where there are local service gaps that won’t be met by training alone.</td>
<td>Colin Melville</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>• The framework was developed working closely with the UK Medical Education Reference Group (UKMERG) and an agreed four-country consensus on the direction of travel.</td>
<td>• Formal engagement with external stakeholders on the framework ran from September 2018 until end of January 2019 and provided an opportunity to promote the benefits of credentialing.</td>
<td>• The implementation is phased and we are working with a small number of early adopters in 2019 and 2020 to continually learn from and test the process for GMC-regulated credentials. This includes running task and finish groups for each of the early adopters.</td>
<td>• Executive Board considered an update on credentialing in February and July 2019.</td>
<td>Yes</td>
<td>• A phased implementation is planned that will initially address key safety concerns, whilst enabling us the opportunity to develop further over time.</td>
</tr>
<tr>
<td>AOP2 Opportunity</td>
<td>Following the announcement that Health Education England (HEE) will work jointly with NHS Improvement (NHSI), there could be an opportunity to develop longer term planning and promote training to be more central to workforce planning.</td>
<td>Colin Melville</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>• Engage with HEE &amp; NHSI through various forums to promote the training and education agenda.</td>
<td>• Partner with external stakeholders to develop shared agendas to influence HEE &amp; NHSI medium-long term planning.</td>
<td>• Executive Board and Council through corporate updates.</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>
### INHERENT OPERATIONAL RISKS

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Severity</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Residual risk</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further action required?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>IT1</td>
<td>Threat</td>
<td>Application of key controls and processes lead us to reach the wrong conclusion in investigating a doctor’s fitness to practise with an impact on patient safety, registrants, witnesses and/or the reputation of the GMC</td>
<td>Anthony Omo, Una Lane</td>
<td>Quite Likely</td>
<td>Medium</td>
<td>Documented process and procedures</td>
<td>Rules and processes</td>
<td>Unlikely</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT2</td>
<td>Threat</td>
<td>We revalidate an individual who is not properly qualified and/or fit to practise with an impact on patient safety and our reputation</td>
<td>Una Lane</td>
<td>Low</td>
<td>Low</td>
<td>Documented process and procedures: UK graduates EEA, EAA, Specialist GP applications</td>
<td>Revalidation process</td>
<td>Low</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT3</td>
<td>Threat</td>
<td>We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation</td>
<td>Una Lane</td>
<td>Moderate</td>
<td>Low</td>
<td>Documented process and procedures</td>
<td>Revalidation process</td>
<td>Moderate</td>
<td></td>
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</table>

### Risk Management
- **Operational KPIs**: Each month, the Council and/or Board Review focus on key performance indicators (KPIs) to monitor the organization's performance and identify areas for improvement.
- **Local Quality Assurance**: Regular reviews of local processes and performance to ensure compliance with regulatory requirements.
- **Trainers with Fitness to Practise Issues**: Ensuring that trainers are competent and in compliance with fitness to practise standards.
- **Provisional Performance Review**: Conducted for doctors who do not meet performance standards.
- **Trained and Available Staff**: Ensuring that there are sufficient trained staff to handle the workload.
- **Local Clinical Governance Systems**: Identifying and addressing performance concerns.
- **Daily Downloads of the Register**: Sent to primary and secondary healthcare organizations to ensure up-to-date information.
- **Activity Volumes and Service Performance**: Monitored to ensure service targets are met.
- **Provisional Reviews**: Conducted for cases with potential fitness to practise concerns.
- **Internal Audit**: Reviews of key processes and procedures to ensure compliance with standards.
- **Revising Our Policy on Breaks in Practice**: Adjusting policies to ensure appropriate oversight.
- **Evaluation of Taking Revalidation Forward**: Reviewing the effectiveness of the programme.
- **Publication and Disclosure**: Revised written reports provided to stakeholders.
- **Mitigation (for Threats)**: Strategies to reduce the impact of threats.
- **Enhancement (for Opportunities)**: Actions to capitalize on opportunities.

### Assumptions
- The Taking Revalidation Forward (TRF) programme has now been completed.
- The issue around Zholia Alemi's fraudulent registration to practise within the UK has prompted an action which supports further mitigation against the threat of revalidating an individual who is not properly qualified.
- Risk and data-driven approach used to identify doctors with high-risk of not having a genuine PMQ. Verification of this cohort's PMQs is underway, our contracted Pre-Source Verification provider, Dataflow, is assisting with this task.
- Policy work is being conducted following our reflection and learning from the issues that arose in the Alemi case: Verification of evidence for registration; Potential triggers for review of documentation of registered doctors; Further assurance around Responsible Officers and designated bodies in relation to their clinical governance systems including managing local concerns and understanding patterns of poor performance & wider assurance around periapatic locum.
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<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT4</td>
<td>Threat</td>
<td>Our quality assurance processes fail to identify a lack of compliance with standards for education, training and curricula with a potential impact on patients and below expectation educational outcomes for doctors</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>• Documented process and procedures to investigate and monitor concerns</td>
<td>• Checklists and thematic quality assurance enable short focused visits to explore specific issues</td>
<td>Council</td>
<td>• Operational Key Performance Indicators (KPIs) reported each meeting</td>
<td>Yes</td>
<td>November 2019 audit on enhanced monitoring: indicated general improvement, with an amber/green rating</td>
</tr>
<tr>
<td>IT5</td>
<td>Threat</td>
<td>Low awareness and use of our ethical guidance by doctors limits the impact on raising standards of medical practice with a consequent impact on patient care</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>• Internal standards and ethics oversight group</td>
<td>• Established, documented procedures</td>
<td>Internal audit review ISO 15634-4:2010 (June 2017), healthcare with expertise in ethical guidance, in line with the policy framework. Major consultations are audited by independent auditors</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT6</td>
<td>Threat</td>
<td>Patient safety is impacted and/or reputational damage is caused by not providing an effective and timely adjudication process</td>
<td>Gavin Brown</td>
<td>Unlikely</td>
<td>Major</td>
<td>CRITICAL</td>
<td>• Case Review Team - documented processes and skilled resources</td>
<td>• Sanctions are listed on the List of Registered Medical Practitioners</td>
<td>MPTS formal report to Council (5 months)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT7</td>
<td>Threat</td>
<td>Doctors under conditions or undertakings do not comply with their sanctions and patients are harmed as a consequence</td>
<td>Anthony Onye</td>
<td>Unlikely</td>
<td>Major</td>
<td>CRITICAL</td>
<td>• Case Review Team - documented processes and skilled resources</td>
<td>• Sanctions are listed on the List of Registered Medical Practitioners</td>
<td>MPTS formal report to Council (5 months)</td>
<td>No</td>
<td></td>
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<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Likelihood Summary</th>
<th>Mitigation (for threats)</th>
<th>Enhanced risk with controls in place</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT8 Threat</td>
<td>Our anti fraud procedures and process may not prevent internal or external parties from committing fraud against the GMC, resulting in monetary loss</td>
<td>Neil Roberts</td>
<td>Low</td>
<td>Low</td>
<td>• Business planning &amp; budget setting process to ensure funds are allocated appropriately</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT9 Threat</td>
<td>Difficulties in the recruitment and retention of staff and associates with the required skills and experience may challenge our ability to deliver our functions effectively</td>
<td>Neil Roberts</td>
<td>Low</td>
<td>Low</td>
<td>• Talent and leadership programmes build capacity</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT10 Threat</td>
<td>An external or internal incident may affect our infrastructure, security systems and/or staffing levels may prevent us from delivering our key functions</td>
<td>Neil Roberts</td>
<td>Low</td>
<td>Low</td>
<td>• Business continuity plans in place with annual testing for SHT and Incident Management Team (SMT).</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT11 Threat</td>
<td>Economic events create a significant deficit in the Defined Benefit (DB) Scheme which the employer needs to cover, and/or a fall in the value of the GMC's investments</td>
<td>Neil Roberts</td>
<td>Low</td>
<td>Low</td>
<td>• Future liabilities restricted by scheme closure and benefits changes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT12 Threat</td>
<td>Due to operating a global trading subsidiary, there is a risk GMSCL activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of our core regulatory services</td>
<td>Charlie Massey</td>
<td>Low</td>
<td>Low</td>
<td>• Governance framework in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IT13 Threat</td>
<td>A cyber incident affecting our infrastructure and security systems may lead to lack of access to, or disclosure of our data and may prevent us from delivering our key functions.</td>
<td>Neil Roberts</td>
<td>Low</td>
<td>Low</td>
<td>• Antivirus, malware and threat protection, firewall and regular patching</td>
<td></td>
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</tr>
</tbody>
</table>

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**Risk appetite**

- Low
- Medium
- High

---

**Assurance**

- Internal Audit
- Financial Performance Review
- Further action required?
- Further action detail

---

**Council**

- Annual Report & Accounts
- Auditing and Financial Performance Review meeting

---

**High**

- Anti-fraud and corruption arrangements (May 2016, green)
- Procurement review (May 2016)
- Business Continuity Working Group (2 monthly)

---

**Moderate**

- Internal Audit
- HR conducting annual review of succession planning

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**Low**

- Business Continuity Working Group to Executive Board
- Annual report to Executive Board for review
- Annual update from Business Continuity Working Group to Executive Board

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**No**

- No further action required.

---

- Yes
- Trustee and Council will continue to balance risk as part of the triennial valuation cycle

---

- No
- No critical findings

---

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## Strategic lead and lag indicators 2020

### Lead indicators (projects and primary indicator)

<table>
<thead>
<tr>
<th>Aim</th>
<th>Benefit</th>
<th>2020 projects</th>
<th>Lead indicators for 2020 (primary)</th>
<th>Measure (Lag)</th>
<th>Base- line</th>
<th>Date</th>
<th>Latest (timeframe – date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supporting a Profession under Pressure – Programme [DN – to be renamed by Feb 2020]</td>
<td></td>
<td>Stakeholders are supportive of plans and agree to contribute to delivery of recommendations. External governance is in place. Feedback from stakeholders that GMC is acting on findings - as ascertained through media coverage, and perceptions survey.</td>
<td></td>
<td>a. Perception Question (Drs) - %</td>
<td>22%</td>
<td>Oct-18</td>
<td>Annual</td>
</tr>
<tr>
<td>2. Medical Licensing Assessment (MLA)</td>
<td></td>
<td>We publish a statutory determination of the GMC’s requirements of UK medical schools in relation to the MLA. We have an outline of what activity and materials we will develop to support medical schools in introducing the MLA.</td>
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<tr>
<td>3. Review of end of life care guidance</td>
<td></td>
<td>We have scoped and initiated a review.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Welcome to UK Practice Expansion Project (WtUKP)</td>
<td></td>
<td>Increase attendance of WtUKP to 80% of IMG and EEA doctors with a LIP</td>
<td></td>
<td>b. NTS Workload Indicator</td>
<td>48.19 %</td>
<td>Jul-18</td>
<td>Annual</td>
</tr>
<tr>
<td>*5. Technology monitoring and engagement</td>
<td></td>
<td>We develop an agreed understanding of the nature of the problems and our scope for influencing mitigations.</td>
<td></td>
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</tr>
<tr>
<td><em>6. Recognition and approval of trainers’ programme evaluation (p)</em></td>
<td>Options for improvement and change have been developed. The trainer recognition framework has been developed to improve on greater clarity and likelihood of enhanced value of trainers’ role in education and training.</td>
<td></td>
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<tr>
<td><em>7. Lifelong Learning (CPD) (p)</em></td>
<td>We have obtained a better understanding through both engagement and research of how lifelong learning (CPD) is used by doctors, valued by employers and impacts on patient care. A scoping survey of doctors has been carried out in order to establish a baseline to measure if our interventions have an impact over time. Engagement with some groups of doctors, employers, ROs and other stakeholders to discuss what doctors would value as part of their learning and development as well as understand better the opportunities and barriers faced by doctors in undertaking CPD.</td>
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<tr>
<td><strong>8. Credentialing</strong></td>
<td>Remaining early adopters have entered our approvals processes during 2020 A plan is agreed for the evaluation of the early adopters, to consider how well the framework, our processes, and implementation plans are working. Processes for prioritisation of future credentials, maintenance and recognition have been agreed internally.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>9. Review of remote prescribing guidance</strong></td>
<td>We have co-ordinated and evaluated a call for evidence on remote prescribing.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctors have a fulfilling/sustained career</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implementation of Flexibility Review Programme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced trust in our role</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Embedding Learning from Sexual Abuse Cases (ELSA) (p)</td>
</tr>
</tbody>
</table>
### Increased confidence in the QA of training environments

1. QA review: phase 2

The process for proactive QA of management and delivery of medical education and training has been rolled out.

Pilots of new quality assurance approaches (including visits) and public consultation on emerging and developing proposals have taken place.

### NTS Satisfaction - Trainers (Annual)

- **NTS Satisfaction - Trainers (Annual)**
- **Jul-18**
- **71.13%**

### NTS Satisfaction - Trainees (Annual)

- **NTS Satisfaction - Trainees (Annual)**
- **Jul-18**
- **79.01%**

### Provisional Enquiries KPI (but Drs) - in year figure - %

- **84-day closure** 77%
- **59%**
- **Jul-18**

### 84-day closure 76%* 63-day closure 56%*

### Smarter working (smarter regulation)

1. Expand the use of Provisional Enquiries

We will have completed and evaluated our pilot by May 2020, after which we expect the provisional enquiries process to become fully Business-as-Usual.

### Developing Corporate Strategy 2021-2025 (Programme) (P)

- **A clear vision for the organisation has been developed.**
- **The organisation has a more joined up approach working towards achieving common goals.**
- **The organisation has moved towards having a three-year business plan, a 5-year Corporate Strategy and a ten-year vision.**

### Smarter working (safer regulation)

1. Strategic Relationships: Delivering Siebel interface

- **Siebel interface ready for IS testing (Jan 2020).**
- **Siebel interface ready for internal deployment by April 2020.**
- **Q3 - Agree solutions for all viable priorities generated by the 2019 project**

### 2. Strengthening collaboration with regulatory partners

1. Local first - pilot with ROs

We have developed a suite of support tools for local systems so they can collect evidence more suitable for GMC purposes such as standards, guidance and evidence toolkits.

### Right response - first pilot organisation at right time

1. **Local first - pilot with ROs**

We have developed a suite of support tools for local systems so they can collect evidence more suitable for GMC purposes such as standards, guidance and evidence toolkits.

### Emerging Concerns KPI - RRP held (since launch)

- **2**
- **Nov-18**
- **6 (Jan-19)**
| 2. Better Signposting | GMC and external organisations are supporting members of the public in gaining the most effective and efficient resolution to their concerns with the most appropriate organisation. (Dec 2020)  
Earlier and more effective engagement with the public takes place (at the point they come to the GMC with a concern/potential concern) (Apr 2020)  
Language has been reviewed and branding around Fitness to Practise, including what our powers are and public expectations if a concern is raised. (Dec 2020) |
|----------------------|---|

<table>
<thead>
<tr>
<th>1. Restoration</th>
<th>Supplementary guidance is approved for restoration following voluntary/administrative erasure (Jan 2020), which will support medical practitioners’ tribunals in making consistent and fair decisions which protect the public, with fewer risks of legal challenge.</th>
</tr>
</thead>
</table>
| *2. Fairness Audit | Interim report has been produced (Apr 2020)  
A final report has been drafted (Dec 2020) |
| *3. Inclusion Programme | A clear governance structure for leading this work (operating as ‘One GMC’) is in place (Feb 2020)  
A detailed and accountable plan for delivery is in place. (Apr 2020)  
There is a defined measure to monitor impact of the improvements that is monitored regularly and provides indications of signs of improvement (Jan 2020) |

<table>
<thead>
<tr>
<th>4. Implementing the outreach teams review</th>
<th>New outreach structures are in place (Jan 2020), We see the quality of our relationships improve, both at national and local levels.</th>
</tr>
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<tr>
<th>5. Fair Training Pathways (Differential Attainment)</th>
<th>A programme of engagement has been delivered, which shares current knowledge with a view to influencing cultural change within the training system.</th>
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</table>

### Public confidence in GMC

<table>
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<tr>
<th>5. Fair Training Pathways (Differential Attainment)</th>
<th>A programme of engagement has been delivered, which shares current knowledge with a view to influencing cultural change within the training system.</th>
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<th>3. Strengthening our relationship with the public and the profession</th>
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<tr>
<th><em>5. Fair Training Pathways</em></th>
<th>A programme of engagement has been delivered, which shares current knowledge with a view to influencing cultural change within the training system.</th>
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### 3. Strengthening our relationship with the public and the profession

<table>
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<tr>
<th>a. Perceptions Q</th>
<th>% public confident in way Drs are regulated.</th>
</tr>
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84% Oct-18 Annual
| *1. Brexit programme | Robust preparations have been made for different Brexit scenarios, including systems design, process and policy development and in-depth operational plans. These are ready for implementation once the nature of the UK's departure from the EU is agreed. Communications campaigns are developed and are updated and implemented as relevant. |
| *2. Human Factors Integration | The training of GMC staff has taken place (Jan 2020) Relevant policies have been identified and updated (March / June 2020) |
| *3. Routes to Registration (Programme) (P) | We have developed our policy position as requested by DHSC to underpin our push for legislative reform to specialist and GP registration. We have reviewed the outstanding recommendations from the CESR CEGPR review to see if they are still valid in the current healthcare environment, implementing the remaining recommendations where necessary. We have developed our policy position on sponsorship and postgraduate qualifications pathways to full registration. |
| *4. Medical Associate Professionals (MAPs) Programme | We have scoped the programme of work to develop the model for the regulation of MAPs. Appropriate governance (including external oversight group) and team structures are in place. |

1. Legislative reform

Any changes to legislative reform in 2020 reflect the points we have raised with the government and others in regards to patient safety and proportionality considerations.

| a. Perceptions Question - % agreement as to whether regulatory model and interventions are relevant, effective and appropriate and better meet needs of the 4 countries | 55% Stakeholders | Oct-18 | Annual |
| a. 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 and can influence legislative change | 53 |

We are well prepared for and can influence legislative change

Any changes to legislative reform in 2020 reflect the points we have raised with the government and others in regards to patient safety and proportionality considerations.
Executive summary
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 2019.

The Committee has reviewed the Investment Policy (at Annex A) and proposes changes to add clarification. In May the Committee will consider ethical issues in relation to investing in companies that extract fossil fuels. Any proposal to amend the policy will be reported to Council in July.

Council is asked to correct the Statement of Purpose to reflect that the number of Council members sitting on the Committee is four rather than five.

Funds invested under management through CCLA were valued at £54.76 million at the end of the year, and GMCSI expect to report a modest trading surplus for 2019. Income of £442k was generated through our in-house treasury management activities.

Recommendations
Council is asked to:

a  Consider the report of the Investment Committee 2019.
b  Approve the revised Investment Policy at Annex A.
c  Amend the Committee’s Statement of Purpose at Annex B, to reduce the number of Council members sitting on the Committee from five to four.
Report of the Investment Committee’s activities in 2019

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 2019, the Committee has met three times in 2019 (May, September and November).

2. Asset Risk Consultants 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 Asset Risk Consultants at the beginning of each meeting examining the fund manager’s quarterly report providing expertise on the technical elements of the report.

Investment Policy

3. The GMC’s Investment Policy is at Annex A. A number of changes are proposed to add clarification to the specific asset classes in which we invest, and to expand our ethical considerations to exclude investing in companies involved in money laundering.

4. In addition, our fund manager CCLA has recently indicated that many of their clients are considering the impact of climate change on their investment strategies. Specifically, investment in fossil fuels is likely to become less lucrative and more controversial, and in response to pressure from clients, CCLA has removed from its Charities Ethical Investment Fund any investment in companies that generate more than 10% of their revenue from the extraction of fossil fuels.

5. CCLA recognises that the issue is complex, and that some investors may seek to drive an agenda for change through engagement and voting. CCLA will therefore continue to help those charities with a segregated investment portfolio such as ours to develop a bespoke approach. We currently hold less than 0.6% of our portfolio in companies involved in the extraction of fossil fuels.

6. At its next meeting in May, the Committee will review the position on continuing its investment in these companies in the light of the GMC’s statutory purpose to protect, promote and maintain the health safety and well-being of the public, and will advise Council of its assessment of the risks (including reputational) associated with its advice.

Statement of Purpose

7. The Committee’s current Statement of Purpose states that there will be five members of Council on the Committee, plus two or three external co-opted members, the Director of Resources and Quality Assurance, and the Assistant Director of Finance and Procurement. External advisers (Asset Risk Consultants) also attend each meeting to provide independent financial advice.
There are currently four Council members (one position is vacant) and three external co-opted members, and the Committee feels this is an appropriate number. A review of Committee papers since it was formed in 2015 indicates that there have only ever been four Council members on the Committee. Council is therefore asked to amend the Statement of Purpose to reflect this position and formally reduce the number of Council members on the Committee from five to four.

Two Committee members will demit from Council at the end of 2020 and the Chair of Council has been asked to consider the succession plan for the Committee.

GMC funds under management

The GMC increased its funds invested through CCLA from £20 million to £50 million, in monthly tranches of £5 million over the period January to June 2019. Returns throughout 2019 were positive and our investment was valued at £54.76 million at the end of the year. This represents a gross return of 10.5% against a target of 3.3% (CPI +2%). Management fees paid to CCLA amounted to £142,373.

CCLA's performance, which is reviewed quarterly by the Committee, was in the top quartile of their peer group comparators over the year. Our portfolio benefitted from strong global equity markets, which delivered returns well in excess of their long term averages. It should be noted that this strong performance market performance in 2019 may not necessarily be sustained though 2020. All funds were managed within the agreed ethical criteria set out in our investment policy.

So far, all returns generated have been reinvested in the portfolio. The Committee will in May 2020 consider the circumstances under which the GMC may wish to vary the total funds under investment management, for example in relation to the turnover of the GMC or its free reserves. The Committee will seek Council’s approval to any consequential changes to the Investment policy.

The Committee will also commission external advice to further consider the relationship between, and aggregated risks affecting, GMC investments and pension scheme investments which may be subject to the same external factors and market volatility.

GMC Services International

The Committee considered a performance dashboard and report at each meeting. The GMCSI Managing Director and/or senior management attended all meetings in 2019.

In 2018 the Committee developed a dashboard to monitor the performance and net assets GMCSI. This dashboard, and a report, is considered at each meeting. The GMCSI Managing Director and/or senior management attended all meetings in 2019.
16 If no further contracts are signed, net assets would remain above the target threshold for action until August 2020. The Committee was advised that GMCSI was likely to generate a modest trading surplus at the end of 2019.

Treasury management

17 Our treasury management activities are reviewed at every meeting. The Investment Policy separates our funds into four categories: those required as working capital for the normal day to day operation of the business; those invested under management; those invested in our trading subsidiary; and any residual cash balances.

18 Working capital and residual cash balances are managed in-house: working capital is required at short-notice and so is held in instant access interest-bearing accounts; residual cash balances are held in a mix of medium-term deposits and interest-bearing accounts.

19 We have historically taken a very prudent view of our working capital requirements. Earlier in 2019 we reassessed the level of working capital required and reduced it from £20 million to £15 million. This reduced level provided sufficient flexibility to avoid temporary borrowing or the need to liquidate investments to deal with short term variations in operational income and expenditure, while also allowing us to switch funds into medium term deposits which typically attract higher rates of interest.

20 The GMC’s cash balances including working capital ranged from £27 million to £54 million in 2019, ending the year at £40.2 million. Income generated from our treasury management activities in 2019 was £442k, which represents a blended interest rate of 0.65%.

21 The Committee will review its working capital requirements for 2020 in May.

Investment Risk Register

22 The Committee reviewed and updated the Investment Risk Register at each of its meetings. The US-China trade tensions, interest rate cuts and tight labour markets continue to create market volatility, however the Committee has reassurance from CCLA and Asset Risk Consultants that there are appropriate measures in place to minimise the risk.

23 The Committee is conscious of the impact that Brexit could have on our invested funds, however as our current portfolio mainly focuses on funds within the global market, the risk is limited. The Committee will continue to monitor the reaction to Brexit.

24 The Committee’s external adviser, Asset Risk Consultants, provided an external perspective on the risk register and advised that it adequately addressed the risks and mitigations relating to its investments.
M4 – Report of the Investment Committee 2019

M4 – Annex A

Investment Policy

Please note that this document includes tracked changes to show amendments from the previous version.
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 and Quality Assurance 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 listed equities, private equity (only through quoted pooled funds), infrastructure assets, property, contractual income, fixed interest securities and cash, 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 fund 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 A financial investment to generate a financial return to be used to further our charitable objectives (requiring advice).

b 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 and Quality Assurance 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 27 February 2019.
M4 – Report of the Investment Committee 2019

M4 – Annex B

Statement of purpose of the Investment Committee

Please note that this document includes tracked changes to show amendments from the previous version.
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 **Five Four** members of Council, one of whom will be appointed as Chair of the Committee.

b Two or three external, co-opted members, with extensive investment experience.

c The Director of Resources and Quality Assurance and the Assistant Director, Finance and Procurement.

7 The role of the external co-opted members is to bring their experience and knowledge of investments to the work of the 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.
8 In the event that a vote needs to be taken, only Council members will be entitled to vote, in line with Annex B1 of the Governance Handbook.

9 The 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.

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

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

12 Other staff may attend Investment Committee meetings as necessary.

13 A summary of the performance of funds invested under management and funds invested through a trading subsidiary will be reported to Council as part of the normal reporting of financial performance within the Chief 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 27 February 2020]
Executive summary
Following extensive research, engagement and piloting in the field, we are now ready to roll out our new process for the proactive quality assurance of the management and delivery of medical education and training.

This moves us away from our scheduled regional/national review model, where we undertook a large-scale visit to each region or country of the UK every five years. Instead we will use a risk-based annual cycle in which we triangulate self-assessment, data and intelligence to determine which areas to investigate further (both risks and good practice).

The new process has been designed alongside our revised reactive processes (including monitoring and enhanced monitoring).

We believe the new process will meet our aims of reducing risk to the quality of training, giving greater assurance to the public and the profession, improving customer satisfaction and value for money. This new process enables us to continue to be a proportionate and effective regulator.

Recommendation
Council is asked to approve the roll-out of the new quality assurance process as described in this paper.
Introduction: organisations welcome our regulation

1 Medical schools and postgraduate training organisations have a vested interest in our regulation being thorough and robust.

2 They are each regulated by several bodies other than the GMC, including the respective governments of the UK. Our regulation is both an opportunity to satisfy themselves that they meet approved standards and to demonstrate that they have already been regulated.

3 A large part of their role is to commission other organisations (hospitals, GP practices etc) to provide training to their students and trainees. Our regulation is essential to them to persuade providers to act when they are otherwise falling short.

4 At the beginning of this review in 2018 we commissioned research which concluded that:

   "Effective working relationships foster trust and informal communication channels allow the early communication of emerging risks and support quality enhancement approaches."

5 In other words, if the organisations we directly regulate trust us to be proportionate in our actions, and we make it easy for them to talk to us, they are more likely to tell us when challenges arise. And they are more likely to be receptive to our efforts to drive improvements by sharing and adopting good practice.

6 Set out in this paper is a description of the thorough and robust quality assurance process that we have researched, developed, and piloted. The new process balances regulation with collaboration. A senior clinician/educator in one of the participating medical schools told us that "medical schools will feel that they are being regulated and they will welcome that”.

7 We are seeking approval from Council to roll-out this process to all medical schools and postgraduate training organisations across the UK.

8 This paper is supported by a series of diagrams in Annex A, which are referred to throughout.

The sections of the paper are as follows:

- Our proposed quality assurance approach (a description of the process)
- The pilots, how we have evaluated them and the roll-out proposal (supported by a paper at Annex B)
- Our proposed governance model for this process: how we will make sure decisions are consistent, fair and defensible.
- Our proposed evaluation model for this process: how we will check that the process is working (supported by a paper at Annex C)
- Further developments: what other work is in scope of this review

**Our proposed quality assurance approach**

**Our high-level approach to quality assurance**

10 Diagram 1 in Annex A depicts our high-level approach to assurance. In brief:

a The Medical Act* requires us to secure our standards†. We do this by first approving medical schools, postgraduate programmes and training locations, and postgraduate curricula.

b We then check that those organisations continue to meet our standards through our proactive quality assurance processes. This includes checking that they, in turn, have mechanisms for checking the standards are met by the organisations they commission to deliver training.

c Our reactive quality assurance processes, including monitoring, enhanced monitoring and setting conditions, enable us to respond to any concerns arising from anywhere in the medical education system. Diagram 2 in Annex A shows how our proactive and reactive processes are aligned, and the responsibilities of the various organisations involved in the processes.

d Our approach is underpinned by our intelligence, data and evidence, including the national training surveys. These inform and enhance all parts of our assurance processes.

* As set out in sections 5(1) and 34H(1)(b) of the Medical Act 1983
11 This paper concerns our new approach to the proactive quality assurance processes for the management and delivery of medical education and training: how do we check that medical schools and postgraduate training organisations are meeting the standards of *Promoting Excellence*.

12 However, we have also continued to improve our reactive QA and recent enhancements to enhanced monitoring include setting a fixed deadline for evidence of improvements and a developing a clear process for considering removal of trainees when improvements are not made.

*The new proactive QA model*

13 Following feedback and testing undertaken in the pilots, the proposed model has evolved. Diagram 3 in Annex A sets out a high-level description of the process, which will operate in the following way:

**a** Medical schools and postgraduate training organisations (PTOs)* will be required to sign a declaration every four years that signifies their intention to meet the standards. This is a confirmatory process for organisations, similar to our revalidation model for individual doctors.

**b** Every year they will complete a self-assessment that asks them to demonstrate how they meet the standards of *Promoting Excellence* through the outcomes of their day-to-day activities, policies and processes.

**c** We scrutinize their submission along with the data and evidence we hold and identify areas where either a) we aren’t assured or b) there is potential good practice. We meet each organisation to discuss their submission and agree activities that we will undertake to gain the assurance that we need.

**d** We undertake a range of activities including document requests, observing their various quality management activities, and potentially full-scale GMC visits. Some of these activities will involve GMC associates.

**e** We will gather structured feedback directly from students, trainees and trainers on a regular basis to ensure that these groups have opportunities to report directly to the regulator about their training provider. We will also gather structured feedback directly from local education providers about their relationships with medical schools and PTOs. The GMC’s outreach teams will also be engaged with this work.

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* Postgraduate training organisations are Health Education England and its local offices, NHS Education for Scotland, Health Education and Improvement Wales and the Northern Ireland Medical and Dental Training Agency.

www.gmc-uk.org
If we are not assured, we may set requirements and recommendations which we will then monitor until we have the requisite assurance. If we identify notable or good practice (this could be areas working well or innovation and excellence), we will seek to promote this to other organisations who may be able to benefit from this.

We will produce an annual summary for each organisation which will include information about the self-assessment, any activities we’ve undertaken and any requirements, recommendations, good or notable practice we’ve identified.

If we are not assured and the organisation is failing to engage with the process, we may defer their declaration date, which has potential reputational and financial ramifications for that organisation.

All the above will be available to view in a single, easy-to-access dashboard in the public domain. Our research and engagement showed that successful QA models across the world and across different sectors are now invariably risk-based and built on strong relationships between regulators and those they regulate. They feature strong self-assessment mechanisms and intelligent use of data. Having piloted our model we are confident that it meets the research recommendations.

Although the high-level steps of the proposed process remain the same, we have developed some important details during the pilots. These include changing the declaration to be prospective rather than retrospective so that deans are committing to meet the standards going forward; and retaining requirements and recommendations from the existing model so we have a structured mechanism for monitoring improvements. There is more detail about the pilots below and in Annex B.

We have learned lessons from other major regulators’ challenges. For example, while use of data features in our process, we will use a mixed methodology to identify risk rather than relying on a set algorithm. Furthermore, organisations judged to be working well will not be favoured by prolonging time between scrutiny. Our process is annual, and organisations will be required to engage with us regardless of the outcome of their most recent assessment.

This new model represents an ambitious development. It builds on a decade of QA expertise and will enable synergies in use of data and intelligence and outreach. It also reinforces our position as a global leader in regulation: we are involved in several other regulators reviews in which they are considering adopting versions of our model for their own QA. These include the General Dental Council, the Nursing and Midwifery Council, the General Pharmaceutical Council, the Royal College of Veterinary Surgeons, and the Medical Council of Ireland. We have also been approached by a number of other professional standards and regulation bodies across higher education in the UK and, via GMCSI, internationally.
How we check a standard is being met

Each requirement of *Promoting Excellence* can be demonstrated in a number of ways by the organisation being regulated. For example, under theme 3: supporting learners, we would look for evidence of the following:

- Reasonable adjustment policy, evidence that the school considers these for placements
- Raising concerns policy/evidence of concerns raised and resolved
- Policy on wellbeing, pastoral care and wrap-around care.
- Feedback from learners gathered by the organisation
- Trust and departmental induction and a student handbook/trainee handbook
- Data on preparedness for training
- Details of student assistantships and how it fits into the curriculum.
- Evidence of how professionalism is taught and reinforced
- Evidence that the school has considered all potential transition points (e.g. guidance documents, inductions, additional support)
- Evidence of interactions between the school, trust and Postgraduate organisations to deal with issues like bullying, harassment etc.
- Identification of a named educational supervisor and clinical supervisor for each placement
- Access to IT systems
- Access to whistleblowing/raising concerns policy
- Policies for taking time out of study and return to study, support structures/inductions/guidance about electives

We can triangulate many of these when meeting learners directly. If there was no evidence of an active policy or we considered that the policy was not effective after reasonable, proportionate investigation, we would set a recommendation or a requirement for the organisation to make improvements.
The pilots, how we have evaluated them and the roll-out proposal

The pilots and how we have evaluated them

18 We piloted with five medical schools and two PTOs across Wales and West Midlands. We used separate teams and encouraged different approaches in Wales and West Midlands where possible to test a broad range of activities within the scope of the model. A paper evaluating the pilots is included at Annex B, and there is a high-level overview at diagram 4 in Annex A.

19 We invited all medical schools and PTOs to join task and finish groups to develop the various parts of the process, such as the self-assessment questionnaire, and to ensure that organisations not involved in the pilots had an opportunity to contribute. We held mid-point evaluation meetings and end-point wrap-up meetings with the pilot organisations to gather their feedback and enable them to share views with each other.

20 Our collaborative approach to development has meant buy-in from all participants at an early stage and therefore negative feedback has been minimal. Instead we have had discussions around challenges, which has in turn led us to incremental improvements throughout the pilot period.

21 The paper at Annex B includes examples of the lessons we learned during the pilots and the subsequent changes we made to the process.

22 The overall message from stakeholders has been positive. The direction of travel is the right one and the model is flexible enough to adapt to strategic changes or contextual circumstances as required. Issues we have given particular consideration to is the future QA activity required for the medical licensing assessment (MLA), and how to handle the structural differences in the four countries.

23 We believe that the new process will enable us to be more influential in improving the quality of medical education using more of a more constructive, flexible approach. For example, during the pilot we observed a medical school’s mechanism for gathering views from students. We were able to provide constructive feedback without necessarily making a formal recommendation or a requirement. Subsequently the medical school have written to us to describe improvements that they’ve made to the process.

24 The new process enables us to work closely with our outreach teams and is aligned with our reactive QA processes (monitoring and enhanced monitoring). We can be clearer about the thresholds for monitoring and be more responsive as our stronger relationships and more frequent contact with organisations encourages a more open dialogue.
We have made sure to check in with organisations across all four countries of the UK as this review has been developed. Organisations in Wales and England were included in the pilot and we have presented at roundtables in Scotland, Wales and Northern Ireland in two consecutive years, and our regional teams in the devolved countries remain in close contact with the organisations who will use this process. We regularly attend Health Education England’s Heads of Quality meeting. The differences in the way medical education is structured and delivered in the four countries has been a key driver to developing this flexible process allowing for assurance against the standards to be given in proportionate and contextual ways. We have heard no major concerns from any of the four countries that this process won’t work for them and we’re confident that it will be welcomed across the UK.

The roll out proposal

All medical schools and PTOs* will join this process by completing their first declaration and self-assessment questionnaire (SAQ) between April 2020 and December 2021†.

Our infrastructure will be in place by Spring 2020, including internal and external training, policy and process documents, website updates, data reporting and dashboards, and Siebel and GMC Connect changes.

Although led by Education and Standards, this has been a one-GMC effort to develop and we would like to acknowledge and thank for their support the many colleagues who have worked on this project, particularly in Strategy and Policy, Strategic Communications and Engagement and Resources.

Our proposed governance model

We will introduce a governance framework to make sure that our decisions within the process and about changes to the process are transparent, fair, consistent and defensible.

This includes:

a For consistency and quality, a peer and GMC associate decision review system, supported by periodic external audits.

* By the end of 2021 there will be more than 35 medical schools and potentially fewer than 13 PTOs, depending on the progress of NHSI/NHSE restructuring plans. Expect these figures to change.
† Organisations who have recently completed a regional/national review have been given the option to join this process towards the end of the window.
b  For transparency and reflection, an Education report covering operational metrics, including peer review and audit, embedded in *State of Medical Education and Practice (SOMEP)*.

c  For sense checking proposed changes to our QA approach, the use of external advisory boards, at both a strategic and operational level.

**Our proposed evaluation model**

31  We recognise that a key question about the new process will be how we can satisfy ourselves that it has been successful and that it is an improvement on the existing process. The post-roll-out evaluation is one part of an overall stage-by-stage evaluation plan to address this. (See Annex A, diagram 5)

32  The development of the process was based on thorough research and engagement, the project itself was subject to a successful independent audit, Council approved testing the process with the pilots described herein and the pilots themselves have been evaluated.

33  We will check that the process is meeting our requirements once roll-out is complete. Annex C sets out the success criteria and metrics we will use to measure them. Diagram 6 in Annex A shows a high-level version of the plan. It proposes testing the new process against defined success criteria, which are aligned to the following overall objectives:

---

**Reducing risk to the quality of medical education and training**

- There are several changes to our QA being introduced through the new model that will help us reduce risk, including more frequent checks, broader knowledge of organisations’ activities and more intelligent use of a greater range of evidence.

- The overall effect is that it is less likely that we won’t know about something going wrong and that when something is going wrong, we’ll know about it sooner.

- This can be measured through several key indicator metrics, such as the volume and throughput of monitoring and enhanced monitoring cases, national training survey findings and other data.

---

**Improving the assurance of the public and the profession**

- We will do this by clearly demonstrating how we gain assurance, that our processes have improved, and by making information about our regulation more accessible and easier to use.

- This can be measured through feedback, surveys and web analytics.
Improving customer satisfaction

- In this context, our customers are the organisations we directly regulate: medical schools and PTOs.
- Our aims have been to reduce burden, cost and duplication, and to regulate more collaboratively and flexibly. These can be measured through a variety of customer feedback mechanisms.

Improving value for money

- We are effectively increasing the proportion of time staff and associates spend on activities that add direct value to our assurance (such as analysis and more focussed, direct observation) and reducing the proportion of time spent on activities that don’t add direct value which were a feature of our previous processes (such as travelling and logistics of a series of large-scale visits).
- Furthermore, we expect to see an overall reduction in the use of associates in this process, which will reduce costs. We will use associates when subject matter experts and trainee/student input are required for an activity. However, we will rarely use large teams of associates for a single activity.
- The new process will enable absorption of the QA of the MLA with minimal increase in headcount, effectively delivering a significant strategic aim for the GMC without a significant increase in cost.
- This can all be measured through analysis of budgets and staff activities.

34 The plan proposes undertaking two full reviews of the process over the next five years. One after all organisations have completed their second self-assessment questionnaire (when the process has become established). The second review point would be after five years when all organisations have completed a full four-year cycle.

35 We are aware that this proposed timeline may overlap with the delivery and evaluation of the MLA and we will work with the MLA delivery team to ensure that our work aligns and there is no extra burden placed on medical schools.

Future developments

36 The introduction of this process lays the groundwork for development of QA models in other areas, or absorption of other QA work into this process including:

- The delivery of the medical licensing assessment starting with gathering information about how medical schools meet our requirements for them to deliver
Council meeting, 27 February 2020

Agenda item M5 – Proposal to roll out new quality assurance process for medical schools and postgraduate training organisations

their CPSAs later this year. QA of medical schools’ delivery of the MLA will eventually be absorbed into the process set out above.

b We will need to consider a different approach to QA of training in primary and community care settings. Our data infrastructure is not well-suited to identifying risk in settings where there are small numbers of trainees and this negatively impacts on the QA of smaller specialties or where training takes place outside of hospitals such as general practice and psychiatry. The Royal College of GPs and the Royal College of Psychiatrists have signalled an appetite to work with us on this development.

c Now that the Outreach teams are live, we are working closely with them to develop joint processes that complement our new approach to QA.

d QA of the design and maintenance of postgraduate curricula and assessment systems. All curricula are currently going through the approvals process with updates to bring them into line with the standards of *Excellence by Design* which was published in May 2017. As we approach the end of this significant endeavour it makes sense to consider whether our current systems will work with our ambitions for more flexible training.

e QA of the delivery of postgraduate curricula. Theme 5 of *Excellence by Design* requires that organisations developing curricula (medical royal colleges) must demonstrate how they evaluate and monitor the delivery of their curricula to keep it up-to-date. We will work with the Academy of Medical Royal Colleges, the Royal Society of Medicine and a number of volunteer colleges to develop mechanisms that check Theme 5 is being met. This may lead to some UK-wide specialty specific reviews or thematic reviews.

f The research and work undertaken in this review will inform our approach to the accreditation and QA of training programmes for medical associate professionals (MAPs) in the future. However, the current absence of formal accreditation for means we will likely deploy a bespoke process for QA in the short term.
M5 – Proposal to roll out new quality assurance process for medical schools and postgraduate training organisations

Supporting diagrams
Proposal to roll out new quality assurance process for medical schools and postgraduate training organisations
Annex A - Supporting diagrams

Martin Hart, Assistant Director, Education
Assurance is achieved through a variety of activities

**Approval**
Of medical schools, postgraduate programmes and locations and postgraduate curricula

**Proactive QA**
Checking medical schools, postgraduate training organisations and colleges are doing their job

**Reactive QA**
Responding to any concerns, and promoting good practice, where evidence arises

**Evidence, data and intelligence**
Continuous exchange and review of self-assessment and external evidence, including surveys

**Secure GMC standards**
*We are statutorily obliged to secure our standards for medical education*
**Proactive and reactive QA**

**Proactive**

- Quality assurance
- Quality management
- Quality control

**Reactive**

- GMC
- Enhanced monitoring
- Routine monitoring

**Collaboration to gain continuous assurance that standards are being met**

**Work together to ensure standards are met**

**Risk threshold for enhanced monitoring**

**Risk threshold for routine monitoring**
Quality assurance cycle

**Declaration**: organisations will re-declare that they meet the standards of Promoting Excellence. If we have serious concerns about an organisation’s ability to meet the standards, we may defer their re-declaration.

**Self-assessment**: organisations will review their data and intelligence, as well as any we hold, and complete a self-assessment questionnaire.

**Triangulation and gap analysis**: we will review organisations’ completed self-assessment questionnaires alongside our data and intelligence. We will meet with every organisation to discuss what quality activity is required.

**Quality activity**: we will undertake proportionate regulatory activity to seek assurance or to confirm evidence of excellence, innovation or notable practice. Activities may include document requests, meetings, shadowing, observations, visits and document reviews.

**Regulatory assessment**: if we are not assured we will undertake further activity and ask the organisation to provide a response in their annual self-assessment. If we are assured we will say so in our annual quality summary.
### Pilots

#### Wales
- Health Education and Improvement Wales
- Cardiff Medical School
- Swansea Medical School

No documents submitted SAQ Associates used on visits

#### West Midlands
- Health Education West Midlands
- Birmingham Medical School
- Keele Medical School
- Warwick Medical School

Documents submitted alongside SAQ Associates used to check documents

### Examples of changes made

<table>
<thead>
<tr>
<th>Purpose of declaration is unclear</th>
<th>Changed declaration to be prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure what to write in SAQ</td>
<td>Improved guidance for SAQ</td>
</tr>
<tr>
<td>Want to respond to GMC feedback on individual activities</td>
<td>Enabled right of reply for organisations on quality activity feedback</td>
</tr>
</tbody>
</table>

### Feedback

Overall, positive
direction of travel is the right one and that the model is flexible enough to adapt to strategic changes or contextual circumstances

Medical Director of a pilot medical school:

“medical schools will feel more regulated and they will probably welcome that”
Stage-by-stage evaluation

- **Research**
  - What should we do?

- **Engagement**
  - Does it make sense?

- **Approval**
  - Are Council comfortable?

- **Evaluation of pilots**
  - Is it going to work?

- **Evaluation of roll-out**
  - Is it meeting the objectives?

- **Audit**
  - Is the project being run properly?

It’s important to remember that the development of this process has been evidence-based from the beginning and the post-roll-out evaluation is one part of an overall stage-by-stage evaluation plan.
### Post-roll-out evaluation plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Aims</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce risk</strong> to the quality of medical education and training</td>
<td>We will be more likely to know about something going wrong, and we’ll know about it sooner. Achieved through more frequent checks, broader knowledge of QM activities, better use of more evidence.</td>
<td>Key indicator metrics, such as enhanced monitoring, national training survey and other data.</td>
</tr>
<tr>
<td>Improve the <strong>assurance</strong> of the public and the profession</td>
<td>We will clearly demonstrate how we gain assurance, that our processes have improved, and by make information about our regulation more accessible and easier to use.</td>
<td>Feedback, surveys and web analytics</td>
</tr>
<tr>
<td>Improve <strong>customer satisfaction</strong></td>
<td>We will reduce burden, cost and duplication, and regulate more collaboratively and flexibly, for medical schools and postgraduate organisations.</td>
<td>A variety of customer feedback mechanisms</td>
</tr>
<tr>
<td>Improve <strong>value for money</strong></td>
<td>We will increase the proportion of time staff and associates spend on activities that add direct value to our assurance. We will reduce the use of associates in general. We will absorb the QA of the MLA with minimal increase in headcount.</td>
<td>Analysis of budgets and staff activities</td>
</tr>
</tbody>
</table>

**Evaluation 1:** after 2 years (all orgs have completed 2 self-assessments  
**Evaluation 2:** after 5 years (all orgs have completed a full cycle)
M5 – Proposal to roll out new quality assurance process for medical schools and postgraduate training organisations

M5 – Annex B

Evaluation of the pilot

The purpose of the pilot

1. We had two main aims for the pilot:
   a. To collaborate with the organisations, we would be regulating to develop the tools we would use within the agreed model (for example: the self-assessment questionnaire)
   b. As one part of an overarching evaluation strategy of the new QA process (see Annex C), to test the practicality of the following aspects of the model:
      i. Improved interaction with the GMC
      ii. Reducing burden and duplication
      iii. Clear and purposeful documentation
      iv. Using a broader range of quality activities
      v. Improved value for money

Evaluation

2. One of our overall objectives for the new model is to improve customer satisfaction and items a-d above relate to this objective. They are best measured by feedback from the organisations. We offered opportunities to all organisations to engage and feedback on the development of this process in both structured and unstructured formats over the course of the pilot, including:
Pilot evaluation day

Undergraduate and postgraduate task and finish groups

Undergraduate and postgraduate quality leads meetings

External engagement events

Ad hoc feedback throughout the pilot

Improving value for money is a stand-alone objective and will be included in the proposed post-roll-out evaluation in two years. However, we have included a short, high-level analysis of the costs of the pilot as a point-in-time comparison with the average spend on the old model.

Our approach to the pilot

The proposed model was piloted from February 2019 to February 2020 with the following organisations in West Midlands and Wales:

- Health Education England West Midlands
- Keele Medical School
- Birmingham Medical School
- Warwick Medical School
- Health Education and Improvement Wales
- Swansea Medical School
- Cardiff Medical School

Continuous input from our stakeholders, from the task and finish groups and the pilot organisations, allowed us to collaboratively develop a process and supporting toolkit with their and our needs in mind. This approach has helped us to gain approval of the model as we developed it rather than solely relying on feedback at the end of the pilot.

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1 An evaluation day was held on the 9th October for representatives from each of the pilot organisations to provide us with their comments and feedback. It was an opportunity for us to seek consensus that, overall, the process works and that there are no fundamental concerns with the approach that should prevent us from rolling out the process in 2020.

2 Undergraduate and Postgraduate Task and Finish groups were set up as part of the pilot to assist the development of the QA model including the associated paperwork. The membership of the groups consisted of quality leads from Deaneries and Medical Schools.

3 These are GMC organised meetings consisting of quality lead representatives from each Deanery and Medical School.

4 These were any events outside of the two listed above and included meetings with individual medical schools, COPMeD, meetings with HEE, round table events in the devolved nations.

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phase. It has also helped to improve support from those stakeholders and reduced the risk of the tools not being effective or accepted.

6 Using separate teams to manage the pilot in Wales and West Midlands allowed us to test different methods of applying the model particularly around completion of the self-assessment questionnaire (SAQ) and the quality activities undertaken. The teams have been in constant dialogue throughout, discussing the benefits and drawbacks of their distinct approaches.

7 Key differences in how the two teams managed the pilot included:

- Using or not using associates on observation visits
- Asking for documents with the SAQ or not at all
- Observing different types of activities such as exam boards or student feedback sessions

Aspects of the model tested by the pilot

Improved interaction with the GMC

8 The pilot showed that the proposed QA process will increase the amount of interaction we have with each organisation. In particular, the participating organisations welcomed having a dedicated member of the QAMI team to contact, and more opportunities to meet face-to-face, which allowed a more open and honest dialogue.

9 One challenge identified before the pilot was the need for a balance between good working relationships and effective communication whilst also maintaining a regulatory approach. This sense was shared by the organisations participating in the pilot who agreed that the increased communication and engagement they experienced was a positive step towards better working relationships, however this could potentially risk a ‘lighter touch’ approach or a delayed response to a perceived risk so as not to jeopardise the level of trust established between the individuals.

10 Over the course of the pilot we have allayed the fears of ‘light touch regulation’ through two main mechanisms:

a Our robust, rigorous and transparent approach. While we are building stronger, more supportive relationships with these organisations, they remain regulatory relationships. For example, each organisation’s SAQ will be published along with our feedback on each item and it will be visible to the public.

b The development of our governance process, which will require a percentage of decisions to be peer-reviewed to check for consistency across the internal teams.
We will also use associates to review a further sample of decisions and invite regular external audits of our work (see main paper).

11 We have explained these approaches and organisations have commented they feel more assured and welcome the visibility of our regulatory activities.

**Reducing burden and duplication**

12 The pilot showed that the proposed QA model will reduce the burden for the organisations that we QA, even though it is more frequent in terms of activity. The pilot organisations said that it was ‘not overly burdensome’ to complete the SAQ within the required eight weeks. During the quality activity phase the organisations also commented how much easier it was to invite a member of the GMC to an already existing meeting, visit or event rather than scheduling an additional one purely for GMC purposes.

13 Another of the aims we wanted to test with the pilot was less duplication, not only in terms of the quality activity we undertake such as visits but also in terms of information we request. For example, if a university has recently produced a report for the QAA (the Quality Assurance Agency for UK Higher Education), it may satisfy some of our standards and therefore we may accept it, rather than asking the medical school to produce the same information in a different format. This principle has been welcomed by all organisations.

**Clear and purposeful documentation**

14 The pilot organisations have been involved with the development and revisions of the various pieces of documentation (self-assessment questionnaire, annual QA summary and declaration) through representation on the task and finish groups (which also involved non-pilot organisations) and feedback in the pilot engagement meetings. By involving the organisations has meant that we have developed a suite of documentation which addresses our requirements as a regulator but is also straightforward for organisations to complete.

**Use of a broader range of quality activity tools and their impact**

**Wales**

15 The Wales team undertook 12 quality activities ranging from observing a Year 1 OSCE at Swansea Medical School, attending a Sharing Training Excellence in Medical Education (STEME) Conference 2019 with Health Education Improvement Wales, to observing an undergraduate teaching review visit to with Swansea Medical School.

16 The Wales team differed in their approach to the West Midlands team as they tested the use of associates to attend activities where exams or assessments were the main
focus. They also asked two associates to look over the team’s analysis of theme 5 in the self-assessment questionnaire (SAQ). The team found this approach useful particularly when complex details about assessment were discussed at Swansea Medical Schools exam board. Following roll out of the proposed model the use of associates will be considered when a regional team judge there to be a complex issue or area in the SAQ or QA activity which may need expert input.

Example activity: shadowing a medical school visit

An example of how the quality activities have positively impacted medical education and training during the pilot was on a Local Education Provider Visit to Betsi Cadwaladr, Glan Clwyd Hospital with Cardiff Medical school. The Wales team shadowed the visit in order to further explore information provided on theme 1 and 2 in the SAQ. As part of the visit there was a session with students during which they had the opportunity to raise concerns, this was very limited due to the presence of key members of education staff from the LEP and the short length of the session.

Both of these factors may have led students to feel unable to be fully open with the school. The Wales team feedback to Cardiff Medical School that it might be beneficial for the students to have part/whole of the session without members of the education department present so that they could provide feedback anonymously. The Wales team have since heard from the medical school that the feedback was taken on board and members of the education department are no longer present at the session.

West Midlands

17 The West Midlands team undertook 13 quality activities ranging from attending a West Midlands educators conference with Health Education England, West Midlands (HEEWM), and attending a quality visit to a trust with Birmingham Medical School.

18 The team differed in their approach to the Wales team as they tested undertaking several document reviews as their quality activities. The reviews they undertook included a review of quality management documents for HEEWM and Warwick Medical School, and a student assistantship document and risk register for Birmingham Medical School. If the team were not assured following the review, they requested follow up action either in the form of more documents or another form of quality activity. On one occasion the team asked an associate to also analyse their findings of a document review, this was beneficial as the associate recognised that the documents didn’t provide enough scope or detail for us to be assured, so this area will be followed up by another form of quality activity in 2020.
Example activity: shadowing a student-led forum

The West Midlands team also had the opportunity to meet with students at an activity organised by Birmingham Medical School called the ‘Medicine Cabinet’. The school allocated 30 minutes at the start of the meeting where the team were able to speak with approximately 20 students without the school being present, and the appointed student lead helped to facilitate the session.

Overall the meeting was very positive, and the students engaged well with the teams’ questioning allowing for an open discussion and feedback. The team felt that this activity was a very useful opportunity to triangulate the evidence from the school in the SAQ. It also highlighted ways in which we can maintain engagement and contact with students.

Aspects of the process we changed due to feedback

When the pilot began the overall structure was in place but we wanted the logistical aspects and the documentation associated with it to be guided by feedback from our pilot organisations and other stakeholder groups. Below are some of the aspects of the process we have changed:

<table>
<thead>
<tr>
<th>Item</th>
<th>Change due to feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-assessment questionnaire</td>
<td>Multiple changes discussed in T&amp;F groups include:</td>
</tr>
<tr>
<td></td>
<td>- developed a separate undergraduate and postgraduate SAQ</td>
</tr>
<tr>
<td></td>
<td>- Mapped each question to the standards and requirements of Promoting Excellence, previously they were only mapped to themes</td>
</tr>
<tr>
<td></td>
<td>- Limited the number of curriculum and assessment questions due to information being requested from the MLA</td>
</tr>
<tr>
<td></td>
<td>- Clarified wording around facilities, supervision and assessments.</td>
</tr>
<tr>
<td></td>
<td>- Included more questions focussing on the health and wellbeing of students and trainees</td>
</tr>
<tr>
<td>Annual Quality Assessment Summary</td>
<td>Included an ‘overall findings statement’</td>
</tr>
<tr>
<td>Declaration</td>
<td>Moved it to be prospective (i.e at the beginning of the 4-year cycle) than retrospective.</td>
</tr>
<tr>
<td>Quality activities</td>
<td>- Enabled right of reply for organisations on quality activity feedback</td>
</tr>
<tr>
<td></td>
<td>- Agreed to produce leaflet to explain GMC presence to third party organisations.</td>
</tr>
</tbody>
</table>
**Item** | **Change due to feedback**
---|---
Overall | Agreed to produce detailed external guidance for stakeholders

**Value for money**

**20** One of the objectives of the new QA review is to achieve better value for money. This means more assurance per pound spent. It does not necessarily mean an overall cost reduction as we are duty-bound to respond to any concerns we find. However, the pilot appeared to demonstrate that, compared to the old regional review process, the new model will be significantly cheaper.

**21** During the pilot we expected this to work in two ways:

a. the overall spend on staff and associates’ fees, travel and expenditure should be reduced

b. the amount of time the Monitoring and Improvement team spend co-ordinating visits should also be reduced and therefore their time can be spent on more proactive QA.

**Costs**

**22** As part of the evaluation of the process (Annex C) we are proposing to undertake a full cost analysis of the GMC’s monetary expenditure for each organisation after two years. We also propose to analyse the value of, and time spent on, tasks undertaken by EQAs and Regional Managers under the new model compared to the previous regional review model.

**23** Recent regional reviews have cost between £45,000 and £95,000 in staff and associate travel and expenses, depending on the size of the region. This is an annual cost of between £3,000 and £5,500 per organisation regulated.

**24** The pilot has cost approximately £8,000 in staff and associate expenses. This is an annual cost of just over £1,000 per organisation regulated. Although we have deliberately undertaken more activity than we would normally expect to, for the purpose of testing a range of tools, we have also used less associate resource than we might expect to after roll-out. Therefore, this figure may not be a perfect representation of future spend.

**25** Based on this, the forecast annual spend on expenses per organisation regulated is likely to be much lower than the spend under the old process. In a best-case scenario, it could be up to 80% lower.
26 It bears repeating that we will respond to the risks as we see them, and therefore its possible that our expenditure could rise, but given the savings outlined above, this seems unlikely.

**Effectiveness**

27 By simplifying the visiting model, we have reduced the amount of time EQAs spend on co-ordinating visits, booking travel and accommodation and processing expenses claims for associates by approximately 60%.

28 Their time is now being used on more directly valuable activities such as evaluation of self-assessment submission, assessment of desk-based reviews, and supporting organisations in their engagement with the process. As well as saving money by getting more direct value-add work for the same salary, we also expect to save money through retention of staff. Staff will require one-off training to familiarise themselves with the new QA system and provide them with any new skills they need, which will incur cost. However, the upskilling of staff is likely to have a positive effect on retention as it makes the work more interesting, and therefore saving more in the long term.

**Conclusion**

29 Overall the pilot has been a hugely successful engagement exercise, allowing us to develop the tools we needed in a collaborative way and ensure support from our stakeholders as we did so. We have tested a good range of different aspects of the proposed model and gained substantial feedback from organisations across the UK, not just those in the pilot.

30 We have adjusted the overall process and developed the tools within it as we have progressed through the pilot, responding to internal and external feedback accordingly.

31 We specifically sought and received support for the overall process from the organisations participating in the pilot during the evaluation meetings in October.

32 Just as important is that we have seen the immediate impact this approach can have on the aspects of training that are often considered less high-profile, without the need for us to be overly regulatory. For example, the medical school that, following our observation, changed how it gets feedback from students.

33 Based on the positive feedback from stakeholders, the impact we’ve had in a short space of time and the generally positive reception to what is a substantial change being imposed upon a large number of organisations, the pilot has given us confirmation that we can roll this process out as soon as possible.
### Evaluation model

1. This annex sets out potential success criteria and metrics for the new process.

<table>
<thead>
<tr>
<th>Success criteria</th>
<th>How to measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in time between assessments</td>
<td>Metric: volume and frequency of transactions with organisations under new and old models.</td>
</tr>
<tr>
<td>Improved responsiveness (have there been any surprises?)</td>
<td>Research: analysis of monitoring and enhanced monitoring cases considering whether organisations are more likely to alert us earlier to concerns and what the impact of that responsiveness is.</td>
</tr>
<tr>
<td>Increase number of training programmes under scrutiny</td>
<td>Desk-based review: Analysis of the breadth of specialties considered under new and old models.</td>
</tr>
<tr>
<td>Increase the range of data and intelligence being assessed within the process</td>
<td>Research: evidence that a broader range of evidence is being used and assessed by organisations. Case studies developed showing examples of where data and intelligence have led to action.</td>
</tr>
</tbody>
</table>
### Success criteria

| Share the responsibility for the quality of training | Metric: number of times deferring declaration has been considered after four years (this would only be considered in cases of poor engagement by the organisation, implying responsibility is not shared).
| Customer feedback: perceptions of responsibility and whether the introduction of the declaration has had an impact on that. |

| Greater focus on good practice | Desk-based review: Analysis of volumes of good practice case studies published under new and old models.
| Research: Evidence of good practice we've identified being adopted by other organisations.
| Customer feedback: Sense from organisations that there is a positive benefit to sharing good practice examples with the regulator. |

### Improving public and profession assurance

| Public can find all the information we hold about an organisation in a single place | Research: workshops with patients and public to test user experience and perceptions of assurance. |
| Public can quickly understand whether we are assured that an organisation meets our standards | Survey: use the GMC tracker survey to measure perceptions of the GMC’s effectiveness in education. |
| Public are assured that we are actively working with an organisation to check that they meet the standards | Survey: use pop-up surveys on the GMC website to gain an understanding of who looks at the content and what they think of it. |
| Web analytics: track traffic onto the website and how long users spend looking |
Customer satisfaction

<table>
<thead>
<tr>
<th>Success criteria</th>
<th>How to measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have reduced burden and duplication</td>
<td>Survey: there are several relevant questions in the GMC tracker survey (approximately every two years) which ought to be impacted by these improvements.</td>
</tr>
<tr>
<td>We are clearer about why we are asking for information</td>
<td>Research: repeat the focus group or 1-to-1 interviews undertaken during the research phase of this review to see whether there have been any improvements in customer perceptions.</td>
</tr>
<tr>
<td>We are more flexible, supportive and collaborative</td>
<td>Focus groups and interviews: undertake targeted focus groups and interviews specifically investigating whether customers feel that we have achieved the aims set out here. Repeat periodically.</td>
</tr>
</tbody>
</table>

Improving value for money

<table>
<thead>
<tr>
<th>Success criteria</th>
<th>How to measure</th>
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<tbody>
<tr>
<td>Reduction in costs</td>
<td>Desk-based review: Analysis of annual V&amp;M budget</td>
</tr>
<tr>
<td>Increase in effectiveness of staff time</td>
<td>Desk-based review: Analysis of EQA time spent on various tasks and value of those tasks</td>
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</table>
Executive summary
In July 2019 the Government asked the GMC to take on the regulation of two additional professions; physician associates (PAs) and anaesthesia associates (AAs). In September 2019 Council agreed a set of principles to govern our approach and ensure it is proportionate and future-proofed. This paper provides an update on subsequent developments.

We have established a MAPs Programme together with internal governance arrangements and an external stakeholder advisory group. We’ve signed a memorandum of understanding with the Department of Health and Social Care (DHSC) and agreed funding to cover a scoping exercise. We are on track to deliver an outline policy framework and costed implementation plan in March 2020.

Our regulatory framework will be developed in two phases. Phase 1 contains priority processes we deem essential for the start of regulation. Depending on legislative timeframes that could be as soon as mid-to-late 2021. These include UK registration arrangements, core professional standards, a fitness to practise process and defined educational standards and outcomes. Further developments will follow in Phase 2.

Recommendations
Council is invited to:

a  Note the progress made in scoping and developing the MAPs programme.

b  Comment on the proposed programme priorities.
Background

1 In July 2019, following consultation, the Government announced that the GMC would take on regulation of physician associates and anaesthesia associates. These are two of the four groups known collectively as medical associate professions (MAPs). At present we understand there are around 2,000 practising PAs and 200 AAs. The Interim NHS People Plan estimates the number of PAs will increase to 2,800 by the end of 2020, rising to over 5,900 by the end of 2023.

2 In September 2019, Council endorsed a set of principles to underpin our approach to introducing regulation for MAPs, including parity of regulatory esteem, proportionality, future-proofing and no cross-subsidisation from doctors.

Key developments since our last update to Council

3 In December we signed a memorandum of understanding with DHSC covering a fully-funded scoping exercise to be completed by March 2020. We’re planning on the basis that legislation to commence regulation of MAPs could be in place in 18-24 months.

4 Scoping work is progressing and we’ll present our draft report to the Executive Board for approval on 24 February 2020. A verbal update on the outcome of that discussion and any issues arising will be given at the Council meeting.

5 Since our last report to Council we have:

a Appointed a central team to manage the programme consisting of an Assistant Director, Programme Manager, two project managers and administrative support.

b Set up a programme with six functional workstreams and established an internal programme board to oversee the work.

c Established an external advisory group with stakeholder representation across the four nations†. The group has met twice so far. In addition, we continue to engage with stakeholders at face-to-face meetings and speaking engagements.

* The other two groups are surgical care practitioners and advanced critical care practitioners.
† Membership of the advisory group will develop over time but currently comprises the four government health departments, Faculty of Physician Associates, Royal College of Physicians, Royal College of Anaesthetists, Association of Anaesthesia Associates, Health Education England, Health Education and Improvement Wales, NHS Employers, the PA Schools Council and the BMA.
Published a blog from Una Lane*, Director, Registration and Revalidation, launching our ‘community of interest’. This has received a very positive response with over 650 people wanting to be kept updated about our work.

**Summary of proposed development approach**

6 To manage risk and make sure essential regulatory functions are ready in time for the expected start date, the MAPs programme is divided into three phases:

- **Scoping**: concluding with the submission of a report to DHSC in March 2020 including a proposed high-level regulatory framework and costed implementation plan.

- **Phase 1 outputs**: priority functions that must be in place for the start of regulation, including registration arrangements, core professional standards, a fitness to practise process and defined educational standards and outcomes.

- **Phase 2 outputs**: processes and systems that will be in development, but not complete, at the point regulation commences. This includes full roll out of the education quality assurance (QA) process and defining a revalidation approach for MAPs. Our aim will be for legislation to be drafted to allow room for policy development over time.

7 In addition to the programme outputs, we will need to consider the broader implications of MAPs regulation for the GMC, including our governance and identity.

**Legislative development**

8 Having a fit-for-purpose legislative model was one of the conditions for the GMC agreeing to regulate MAPs. Our scoping report will propose key principles, including that MAPs legislation should align with the Government’s wider programme of reform for professional regulation and be set at a high level of duties and powers, with operational processes and procedures described in rules or guidance.

**Registration processes**

9 Our priorities for the start of regulation are to implement an online register, transfer existing PAs and AAs onto the register (under an agreed transitional policy) and create a registration process for new UK-qualifiers. We’ll also begin developing a route to registration for overseas-qualified professionals. UK PAs are currently required to pass a two-part national assessment before admission to the voluntary

* https://gmcuk.wordpress.com/2019/12/19/regulating-maps-how-to-get-involved/
register. We intend to continue that arrangement for the GMC register but will review the design and management of the assessment to make sure it is fit for purpose.

Professional standards for PAs and AAs

We’ll engage widely during 2020 to understand the scope of practice of PAs and AAs and how this may develop in future. That will enable us to define appropriate standards for these professions prior to commencing regulation. Our starting assumption is that most of the professional values and behaviours set out in Good medical practice will be applicable to MAPs. We’ll also consider whether it would be helpful to produce additional guidance for doctors who supervise PAs and AAs.

Education quality assurance framework

Currently 37 UK universities offer PA qualifications and one offers an AA course*. There is a national curriculum for each profession, but these haven’t been reviewed for several years. The number of providers has grown rapidly without any form of QA, so the quality of provision varies. Our priorities will be to define educational outcomes for PAs and AAs and standards against which to assure education providers. We aim to have a QA framework in place for the start of regulation and then to adopt a risk-based approach to review, as per our new process for QA of medical education and training. Our approach will be informed by early engagement with providers, initial data gathering and risk analysis.

Fitness to practise process

DHSC has agreed that legislation governing fitness to practise for MAPs should follow the principles of the current regulatory reform programme. This is positive as it will enable us to design processes that are flexible and risk-focused, incorporating local resolution and consensual disposal where appropriate. However, there is a risk that any delay in the regulatory reform programme has a knock-on effect on the development of MAPs legislation. We have highlighted this risk to DHSC.

Revalidation

We will expect registered PAs and AAs to demonstrate they remain up to date and fit to practise on a regular basis. Keeping in mind the principles agreed by Council, the approach to revalidation for MAPs needs to be proportionate: the doctor model may not be the right one for PAs and AAs. Currently PAs on the voluntary register are

* PA courses are generally self-funded two-year postgraduate diploma/masters, accessed via an undergraduate degree in a biomedical science or equivalent experience. The AA course at Birmingham University is delivered by distance learning over 27 months; all students have an NHS training contract.
required to sit a knowledge test for re-accreditation every six years. There is no equivalent process for AAs. We plan to engage with the professions, employers, colleges/faculties and healthcare regulators to develop options for MAPs revalidation and identify an appropriate timescale for implementation.

Next steps

14 We will update Council again on progress later this year.
Executive summary
University of Central Lancashire School of Medicine (the school) is a predominately private medical school that accepted its first cohort of students in 2015. This cohort is due to graduate in July 2020.

The GMC, in line with the new schools quality assurance process, has been quality assuring the school since its application in 2013. Over the course of this rolling quality assurance process, the visiting team has set a number of requirements and recommendations in order to drive improvements to the students’ experience. The school has undertaken a huge amount of work in order to meet these requirements and recommendations; as a result, the visiting team is confident that its concerns have been resolved.

Overall, the visiting team is satisfied that the school meets the standards set out in Promoting excellence: standards for medical education and training, and should be added to the GMC’s list of awarding bodies.

Recommendation
Council is asked to agree that the University of Central Lancashire is added to the GMC’s list of bodies that can award UK primary medical qualifications.
Introduction

1 Maintaining the list of bodies entitled to award primary medical qualifications (PMQs) is a key component of our regulation of undergraduate medical education as set out in the Medical Act 1983. The current list of bodies and combinations of bodies entitled to award UK PMQs is published on our website.

2 Medical schools must meet the standards set out in Promoting excellence: standards for medical education and training (2016), and compliance with these standards is demonstrated through a number of quality assurance activities (such as a programme of visits, document reviews and assessment observations).

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

About University of Central Lancashire School of Medicine

4 The University of Central Lancashire (UClan) School of Medicine is based on the university’s main campus in Preston, although students are placed across Lancashire and in Cumbria for their clinical placements. The school has been growing steadily in size since it admitted its first cohort of 36 students in 2015; it has recruited 144 students for the current 2019/20 Year 1 cohort. The school’s staffing body, facilities and resources have all grown in line with the increased student body.

5 Although the school was set up as a private initiative aimed at educating overseas students, since 2018 the school has received a small amount of public funding (15 students per cohort). This funding (in addition to school funded scholarships) has enabled the school to recruit widening participation students from the North West of England. This aligns with the university’s commitment to widening access to higher education.

Quality assuring UClan School of Medicine

6 The Quality Assurance – Monitoring & Improvement (QAMI) team, alongside medical education experts, has undertaken a range of quality assurance activities since 2013. We have visited the school each academic year, speaking to students and various groups of staff. The visiting team has also conducted visits to the school’s main acute education providers, and observed assessments, the student selection process and examination boards. This visit activity, alongside paper-based reviews of policies and processes, is a core part of the quality assurance process for all new medical schools.
These quality assurance activities have highlighted a number of areas of both good practice and concern. For example, medical students across all cohorts have consistently praised both the formal and informal support structures available to them. Additionally, the school provides a range of high-quality facilities and resources with the support of the parent university. Despite these areas of good practice, over the course of our visit cycles we have identified a range of concerns. These are described in more detail below.

**Addressing concerns**

Over the course of our quality assurance activities the visiting team has identified a number of assessment related concerns. These included poor item construction, a lack of assessment expertise within the school staffing body, and high failure rates. As such, the visiting team has set a range of assessment related requirements and recommendations as well as triggering the school’s low-level contingency arrangements; this comprised using a number of Liverpool Medical School’s (the school’s contingency partner) assessment items, standard setting alongside Liverpool Medical School, and recruiting additional assessment personnel.

Since setting these requirements, the school has continued to improve its assessments and the team visiting is satisfied that UCLan’s assessments allow students to demonstrate the skills outlined in *Outcomes for graduates*. One assessment related requirement and one recommendation remain open; however, the school has robust action plans in place and we are confident that the visiting team will be able to close these during our final full visit in June 2020. In addition, we are satisfied that these areas do not adversely affect students’ ability to demonstrate how they meet the *Outcomes for graduates*.

The visiting team has also identified issues with the school’s delivery of its early years teaching as well as a lack of adequate support and guidance for the student selected component (SSCs) aspect of the curriculum. In response to our feedback, the school has taken a number of actions to improve teaching in addition to making significant amendments to the SSCs. The visiting team will triangulate these improvements with students in the final visit and, again, we are confident that the outstanding areas of improvement will be closed.

In addition to the final school visit in June 2020, the visiting team will also conduct an observation of the Year 5 final practical assessment. A report will then be published online this summer. Any new or remaining areas of improvement will be monitored through our ongoing routine quality assurance processes.
Executive summary

This paper updates council on a number of improvements to our governance processes for 2020. These have been made in response to the Charity Governance Code being refreshed recently, and some of the feedback from the recent Council Effectiveness Review (paper C5). The improvements include:

- The introduction of a new, clearer cover sheet for Council papers (at Annex A)
- The introduction of a Senior Responsible Owner (SRO) role for GMC staff who manage projects, with associated training
- The expansion of professional governance training and accreditation for members of the Corporate Governance Team
- Strengthening the team’s role in providing professional support and advice to the organisation, delivering training, supporting senior responsible owners
- Revising the categories of council papers so they’re more easily understandable
- Commencing a procurement process to review the current market for board ‘apps’
- Providing a summary to all Council members following each committee meeting

Recommendation

Council is asked to note the summary of governance improvements in preparation for a fuller discussion at the seminar in April in the context of the introduction of unitary boards.
Background

1 Having been in post as Council Secretary for just over 12 months now, and with the Charity Governance Code having recently been updated, I felt it timely to set out a series of improvements to our governance process. The paper also aims to bring to the forefront of Council’s consciousness the GMC’s governance arrangements as we start to think about the potential implications of the possible introduction of a unitary board, in advance of our seminar discussion scheduled for April.

2 The UK Corporate Governance code, with its most recent iteration coming into force in 2019, remains the source document upon which the governance profession as a whole is based, and which is amended reflect the organisational structure of charities in the Charity Governance Code. Although written for companies with shareholders it sets out the classic definition of corporate governance, as first published in the 1992 Cadbury report, setting out principles that are relevant to the GMC:

'Corporate Governance is the system by which companies are directed and controlled. Boards of directors are responsible for the governance of their companies. The shareholders role in governance is to appoint the directors and the auditors and to satisfy themselves that an appropriate governance structure is in place. The responsibilities of the board include setting the company’s strategic aims providing the leadership to put them into effect and reporting to shareholders on their stewardship. The board’s actions are subject to laws, regulation and the shareholders in a general meeting'.

The role of the Corporate Governance Team

3 The role of the governance team is to provide effective administrative support to Council and its committees, managing the work programmes and dealing with agendas, papers and minutes of quite some volume and detail with accuracy. In addition, we provide independent advice to the directors, Council and its committees and also to help enable the business to understand what Council needs in order to exercise its role. We do this in a number of ways, from providing guidance on where decisions need to be taken (the ‘Thresholds’ guidance), managing amendments to the governance handbook, which outlines delegations of authority. In 2019, we introduced a training programme ‘How to get the most out of your council paper’ for staff and provided briefings to Council members on their roles and responsibilities. This has been welcomed by colleagues across the organisation and so we will continue it in 2020.

Delegation of authority and the Senior Responsible Owner role

4 One of the main areas of questions that these training sessions elicited, was knowing when particular papers have to come to Council, when it is an Executive Board discussion and when a directorate can just use its own processes to make a decision.
Whilst the thresholds guidance is in place, delegation of authority for decisions could be clearer.

In some cases, particularly new initiatives or projects, the internal governance structures have unintentionally made decision-making slower and accountability less clear, hindering the agility of the business to deliver improvements. The proposed introduction of Senior Responsible Owners (SROs) for key projects, building on the Cabinet Office model, will introduce a clearer project management approach and increase individual accountability.

The SRO will be:

- Ultimately accountable for a programme or project meeting its objectives, delivering the projected outcomes and realising the required benefits.
- The owner of the business case and accountable for all aspects of project governance and securing formal decisions as required of the GMC’s governance structure.
- Responsible for membership of any required project team.

SROs will hold a leadership position (Director or AD), typically have responsibility for an area where the projects benefits/outcomes will have an impact, have allocated time to undertake the role and have undertaken the necessary SRO training.

The Corporate Governance and Human Resources teams will support and advise SROs on governance matters as the approach develops, helping to secure Council or Executive Board oversight when required.

**Handling Council and committee papers**

This year, the Governance Team will improve our management of action logs arising from meetings. We have also designed a new ‘cover sheet’ for Council papers (see annex A), and we will be reporting on our KPIs more closely both when we receive papers from authors and when we dispatch minutes and actions. This is in order to review and reduce the time taken from submission of papers to clearance and dispatch by two days. Papers will continue to be available to members a week in advance of the meeting.

One of the main changes we are making with the amended cover sheet and template for papers is to make it clearer why Council is receiving the paper and what council is being asked to do with it – essentially, to improve the ‘so what’ test. We are changing the possible options to ‘To approve/ to discuss/ to note’. This should make it clearer for authors than the current option of ‘To consider’ which the members of the Governance team spend many hours explaining to colleagues:
<table>
<thead>
<tr>
<th>Current categories</th>
<th>Proposed new categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For decision</strong> – the paper presents</td>
<td><strong>To approve</strong> – the paper presents one or more options for approval</td>
</tr>
<tr>
<td>more than one option for approval</td>
<td></td>
</tr>
<tr>
<td><strong>To consider</strong> – the paper recommends</td>
<td><strong>To discuss</strong> – the paper invites Council consider the issues set out in the paper</td>
</tr>
<tr>
<td>a single option for approval</td>
<td></td>
</tr>
<tr>
<td><strong>To note</strong> – for information only, no</td>
<td><strong>To note</strong> – for information only, no decision required</td>
</tr>
<tr>
<td>decision required</td>
<td></td>
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</table>

11 The template for the paper itself will also ask authors to outline, when appropriate, any resource implications, the four-country angle, any risks created and how the paper links to the delivery of the corporate strategy. These are not prescriptive but intended to prompt authors to think these elements through in a more systematic way and make it clearer why Council is receiving the paper. Reporting on the corporate strategy in this way should streamline the process, as arguably, all the routine reports that Council receives should indicate the progress made or risks encountered in the delivery of strategy.

12 Preparing, writing, dispatching and reading Council and committee papers is a significant commitment from all parts of the organisation, including members who have a significant amount of complex material to read in a week, in order to be prepared for the meeting. The Governance team’s training to authors has been well received, but it is still the case that, of necessity, papers can be long and detailed. Efforts are made to help authors to really crystallise their ‘ask’ of Council, making sure papers are as concise as possible to enable a full enough understanding to be gained in order to make a good decision, with the use of annexes to provide supporting material where extra detail is needed, and a greater use of background reading packs. However, this remains a work in progress.

13 Our use of the online ‘app’, Board Intelligence, for publishing papers has achieved the aim of ensuring there is one single version of the truth, which is secure and accessible from multiple platforms. However, as some are all too aware, it has its limitations. Council members have raised the fact that hyperlinks do not work from the iPads, and from the Governance team’s perspective, the formatting of documents received in anything other than a standard Word format can be temperamental and time consuming. Our contract for this service runs until April 2021, and so during 2020 the team will commence a procurement process, drawing on members’ experience to help us review the current market and test alternatives to ensure we are receiving the best value for money from our supplier.

14 Building on the information that we provide to members, the Corporate Governance team has undertaken to support the committee chairs in providing a summary of each committee meeting to all members. These will supplement the formal reports to
Council and enable those Council members who are not committee members to have an awareness of the business. We have started this following Audit and Risk Committee in January and would welcome feedback on the usefulness of this.

**Council effectiveness**

15 The recent Council Effectiveness survey, reported in detail in the closed part of the meeting provides is extremely positive, and points to a well-functioning Council, equipped with the skills, knowledge and support it needs to perform its role. Free text comments made in the survey offer ‘even better if...’ feedback for development in the coming year.

16 The recent effectiveness survey, and the output of year end appraisals will inform a training needs analysis to support members during this transition. Informal feedback from some members suggests that this should involve some more structured opportunities for members to repeat some of the meetings and visits held during their induction phase once they have a more rounded perspective on the role Council performs. The Corporate Governance team provides such support on an ad-hoc basis at present, in the coming twelve months the intention is to build a more structured approach. As we potentially move to a unitary board model, team working between members and new executive directors with equal accountability around the Board table will be important and time for this will need to be found. Council members are encouraged to consider their own development needs, and members of the Corporate Governance team are always on hand to discuss this.

17 Council changed the style of its seminars in 2019, to better enable small group discussion and exploration of issues, and some innovative use of technology to ‘take the temperature’ of Council on particular themes. These seminars have proved useful to steer the development of new initiatives or areas of work, and have been welcomed by members, directors and staff alike.

18 As a result of one of the seminars, more structured reporting on the work of the devolved offices has commenced, and in 2021 (with the new intake of members), the expectation is that Council meetings will be held in locations around the UK, to allow the seminar time to be used in a number of different ways, to undertake front line visits on a specific theme, to meet key players in the local system and to understand the staff experience in the different parts of the organisation. Importantly though, the form of all Council meetings must follow its function, and pass the test of ‘so what’ if we change location, frequency or style. The ability to deliver its purpose is the guiding principle for this – and this is a strand of discussion that is already underway within the Audit and Risk Committee concerning the frequency and format of their meetings.

19 As a refreshed Charity Governance code is published later in the year, an important element of our effectiveness will be to assess ourselves against the standards it sets,
on an ‘apply or explain’ basis. Any identified gaps will inform any training needs of
the Council.

20 In summary then, the governance developments proposed in 2020 are as follows:
- Continuing our training programme, advice and support to authors of papers
- Supporting senior responsible owners
- Improving our management of action logs arising from meetings
- Introducing a new, clearer cover sheet for Council papers
- Reporting on Corporate Governance KPIs
- Reducing the time taken from submission of papers to clearance and dispatch by
two days
- Making it clearer why Council is receiving the paper and what council is being
asked to do with it, changing the possible options to ‘To approve/ to discuss/ to
note’
- Commencing a procurement process to review the current market for board ‘apps’
- Providing a summary to all Council members following each committee meeting
- Planning for Council meetings to be held in locations around the UK
- Reviewing the organisation against the refreshed Charity Governance code, once
published.

21 We welcome your feedback on these improvements.
M8 – Governance update for 2020

Proposed Council paper format
<table>
<thead>
<tr>
<th>Action</th>
<th>To approve/To discuss/To note [delete as required]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>This section should be a short paragraph setting out what the item is for. A more detailed summary should be included in the background section at the start of page 2. This section should be brief enough for this whole table to fit on the front page of the paper.</td>
</tr>
<tr>
<td>Decision trail</td>
<td>This section should list any previous consideration of this matter by Council and any committees or boards which have considered the current proposals.</td>
</tr>
</tbody>
</table>
| Recommendation(s) | a  To approve...  
b  To consider...  
This section should include all recommendations Council is asked to agree – exceptionally, where there are too many recommendations or too much detail to include on the front page, reference can be made to further detail at paragraphs x to x. |
| Annexes | Annex A: Any annexes to the paper should be listed here  
Annex B: Annexes should be supplied as separate word documents using the template for annexes |
| Author contacts | **Name**, Job title  
xxxxxx.xxxxxx@gmc-uk.org, 020 xxxx xxxx  
**Name**, Job title  
xxxxxx.xxxxxx@gmc-uk.org, 0161 xxx xxxx |
Background

1. Give a very concise explanation of why we are addressing the subject and draw it out clearly, in bullet points if appropriate, the key issues that Council or the board or committee is being asked to consider.

2. **Why are we addressing this subject?** Give some initial context (e.g., whether it is part of our corporate strategy or business plan), and summarise what previous decisions have been made (without repeating the information in the executive summary – consider if you can simply link to the previous published paper).

Section heading

3. **What is the proposed approach?** In the main part of the paper, set out the key issues being considered, explain the proposed approach or range of options, test the arguments, draw conclusions where possible, and set out how you have reached the proposed recommendations. Focus on the outcome you are seeking to achieve, and make sure the discussion clearly leads to the recommendations.

4. The main section can include sub-paragraphs in the following format:
   a. xxxxxxxxxxxx.
   b. xxxxxxxxxxxx.
   c. xxxxxxxxxxxx.

5. Or bullet points in the following format:
   - xxxxxxxxxxxx.
   - xxxxxxxxxxxx.
   - xxxxxxxxxxxx.

Other implications – consider whether you need sections to cover these

6. What are the implications, for example on **legislation**, our **work programme**, on **key interests**, or for **resources** (people, money and capacity)? What are the **risks**?
7 What engagement methods (both internal and external) have been used in assessing the issues and developing the proposed approach, and why, and what communications and engagement activities are required to support the work?

8 What are the practical implications of the proposed approach across the four UK countries, or relevant European/international issues – for example, in relation to healthcare management or legislation or regulatory structures.

9 If there are equality, diversity and inclusion (ED&I) considerations arising from your paper that the Council/Committee/Board should be aware of, these should be summarised in the main body of the paper, and if appropriate clearly signposted in an annex. You should provide information that covers the following points:

a A statement describing how you have considered the aims of the equality duty in developing the activity identified in the paper.

b Whether the activity in the paper will affect any group of people who share protected characteristics (either risk of adverse impact or a positive opportunity to demonstrate the aims of the duty).

c If the activity described in the paper may disadvantage any interest groups who share protected characteristics (for example, doctors, patients, complainants or members of the public). Describe how this has been considered and mitigated in the paper.

d Confirm that the ED&I team have reviewed the development of this activity and advised that it is in line with the equality duty.
Executive summary
This report summarises the work undertaken by the Executive Board during 2019, setting out the decisions taken, policies and guidance agreed and reports noted across a range of strategic issues.

The Executive Board is the senior decision-making and oversight forum established to provide strategic direction, scrutiny and reporting to Council by the GMC’s senior management team on significant policy, strategy, finance, performance, operational delivery and resource management issues. It ensures that the GMC is a high-performing and agile regulator that understands its registrants, the health care systems in which it operates and the views of its key stakeholders.

Recommendation
Council is asked to note the Report of the Executive Board 2019.
Background

1. The Executive Board was established in 2017 as part of a wider package of changes within the organisation to support our ambition to become a more agile, confident and connected regulator, help streamline our governance structures and inject greater pace and agility into our decision-making.

2. The Executive Board was established as a decision-making forum and to promote collective executive decision-making by the senior management team (SMT).

3. The Board met 10 times during 2019, on:

   - 28 January 2019
   - 25 February 2019
   - 25 March 2019
   - 23 April 2019
   - 3 June 2019
   - 24 June 2019
   - 22 July 2019
   - 30 September 2019
   - 25 November 2019
   - 16 December 2019

4. Over the period of this report, the Executive Board has undertaken a programme of work which fulfils its duties and responsibilities, as set out in the Board’s statement of purpose. Council has received regular updates on the Board’s work through the Chief Executive’s report (and until the June 2019 meeting the Chief Operating Officer’s reports to Council).

Key matters considered by the Executive Board in 2019

Operational performance and risk

5. In alternate months, the Board considered the Operational Performance and Risk Report, providing high level reports on performance, including finance and people, customer service and learning, and updates on the key risks to achieving our strategic aims.

6. The Board conducted its annual review of the Corporate Opportunities and Risk Register, with each of the specific risks and risk management issues considered in depth (30 September 2019). The Board also reviewed the Corporate Issues Log and received an update on risk management arrangements.

Strategy

7. The Board noted updates on the process for developing the next Corporate Strategy and plans for the Council Away Day as part of that process (23 April 2019).

8. The Board noted an update on the Corporate Strategy 2018-20, noting that we have made good progress on all of our strategic aims, but that there are some areas that we need to address in the rest of 2019 and the 2020 business plan to deliver on all our commitments (24 June 2019).
Business planning

9 At its meeting on 25 November 2019, the Board considered the draft Business Plan and Budget for 2020, ahead of consideration by Council on 12 December 2019.

Medical education and training

10 The Board considered the results of engagement on the draft framework for GMC-regulated credentials, to provide formal accreditation for specific competencies in order to provide confidence an individual is fit to practice in that area (25 February 2019). Council subsequently considered the results of the engagement at its meeting on 30 April 2019 and confirmed the introduction of GMC-regulated credentials, via a phased approach, at its meeting on 12 June 2019.

11 The Board agreed that we can annotate the List of Registered Medical Practitioners with doctors’ GMC-regulated credentials (22 July 2019).

12 The Board noted an update on the review of flexibility in postgraduate training and the ongoing programme of engagement (25 February 2019).

13 The Board considered an update on the flexibility in training review (25 March 2019). Council considered the proposals at its meeting on 30 April 2019.

Registration and Revalidation

14 The Board agreed a refined approach to sharing of fitness to practise information internationally which aims to create a system which is centralised, focussed, and proactive, following a review of existing arrangements, including new draft principles for sharing such information; piloting a new notification system and two new systems to proactively seek information about doctors sanctioned overseas; and centralising the work within the Registration and Revalidation directorate (28 January 2019).

15 The Board approved plans to consult on updated requirements for doctors to reflect on patient feedback for their revalidation, with the aim of enabling doctors to collect more meaningful feedback for their development and making it easier for patients to take part (25 February 2019). Following the consultation process, the Board received an update on the results of the public consultation (16 December 2019). The Board approved the revised version of the guidance, which includes a more flexible approach to obtaining patient feedback and plans for implementation in the first quarter of 2020.

16 The Board considered a report on the programme to review the non-PLAB (Professional and Linguistic Assessments Board) routes and pathways to registration for international medical graduates, in response to the current NHS workforce crisis and a number of interdependent pieces of work within the GMC. The Board agreed to explore the expansion of both the sponsorship and postgraduate qualification pathways to registration and a route to general registration for senior doctors (22 July 2019).
17 The Board received updates on the expansion of our clinical assessment facilities (25 February and 24 June 2019), ahead of the new Clinical Assessment Centre in Manchester opening in August 2019. The Board noted a closure report on the programme, which was delivered on time and within budget, at its meeting on 25 November 2019.

Guidance for the profession

18 The Board received an update on the consultation on our revised decision making and consent guidance (28 January 2019), which had closed on 23 January 2019. Council received an update on the consultation at its meeting on 27 February 2019 and on 6 November 2019 approved for publication the revised guidance, *Decision making and consent*.

19 The Board considered options for further work that could increase our assurance that licensed doctors have appropriate insurance and indemnity arrangements in place (23 April 2019). This work follows on from the consultation by the Department of Health and Social Care (England) on appropriate clinical negligence cover, and the introduction of the new clinical negligence scheme for GPs in England and Wales. The Board agreed to revisit the topic once the outcomes of the Independent Inquiry set up following the conviction of surgeon Ian Paterson are known, in order to act on any relevant recommendations that may arise.

20 The Board approved content for *The reflective practitioner – a guide for medical students* (22 July 2019), a targeted supplement to the more general *reflective practitioner* guidance produced in 2018. The guidance was published jointly with the Medical Schools Council in September 2019.

Fitness to Practise processes

21 The Board approved revised guidance for decision makers on Section 40A (Right of Appeals), including the applicable legal principles provided by the courts of both England and Wales and Scotland in cases which they have decided since the introduction of the right of appeal in December 2015. The new guidance reflected changes to the decision-making process in response to recommendations from the Williams Review and in line with advice received from Sir Robert Francis QC (25 March 2019).

22 The Board agreed changes to our publication and disclosure policy to provide for the publication of decisions taken by the new Section 40A Executive Panel which makes decisions about whether or not we would take forward an appeal following a decision from a Medical Practitioners Tribunal (23 April 2019). The Board approved the update to our Fitness to Practise publication and disclosure policy, which fulfils our commitment to the Health and Social Care Committee to publish such decisions.

23 The Board received an evaluation of the assurance assessments pilot, which had started in January 2015, as a result of concerns being raised about doctors returning
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to unrestricted practice without having fully remediated (24 June 2019). The purpose of an assurance assessment is to obtain an objective assessment of a doctor’s remediation before removing restrictions on their practice in cases involving clinical failings or deficient performance. The Board approved the recommendation that we will undertake assurance assessments before doctors with restrictions can return to unrestricted practice.

24 The Board approved *Guidance for Medical Practitioners’ Tribunals on Restoration Following Disciplinary Erasure*, which the Board approved, alongside related changes to guidance for doctors in such circumstances (30 September 2019). A recent Court of Appeal case noted the need for more guidance on how tribunals should exercise discretion with reference to the GMC’s overarching objective in restoration case following disciplinary erasure.

25 The Board received an update on the work to deliver the action plan put into place following the review of historical child sexual abuse cases commissioned by Council in 2017 and the work being taken forward in the Embedded Learning from Sexual Abuse (ELSA) programme in 2019 and 2020 (25 November 2019).

26 The Board received an update on the Health Provisional Enquiries pilot (16 December 2019). The pilot was developed following a recommendation by Professor Louis Appleby that we should avoid full investigations whenever possible in cases that are (solely or primarily) about a doctor’s health. We’ve been piloting this approach since September 2017 and based on the evaluation the Board approved the pilot’s transfer to business as usual from 1 January 2020.

*Communications and engagement*

27 The Board received updates on the Field Forces review (28 January and 25 February 2019), which led to the development of Outreach teams.

28 The Board endorsed the new public affairs strategy (16 December 2019). It is a fresh and proactive approach to our engagement with the new parliament, and a useful model for engaging with the devolved governments.

*Human resources and pensions*

29 The Board noted the 2018 Human Resources and Gender Pay Report (25 March 2019), which was considered by Council at its meeting on 30 April 2019.

30 The Board received an update on the triennial valuation of the GMC Staff Superannuation Scheme (25 March 2019). Council considered papers on the triennial valuation at its meetings on 30 April and 26 September 2019.

31 The Board noted an update on work being undertaken on reward and recognition (23 April 2019).
32 The Board noted the mid-year HR report (22 July 2019).

33 The Board noted the initial pay award framework for 2020 (25 November 2019).

34 The Board discussed future recruitment and resourcing options, including targeting both early careers and retaining staff who move into retirement (25 November 2019). The Board agreed plans for an apprentice programme and internship programme in 2020, a graduate scheme in 2021 and committed to a further programme of clinical fellows to maintain access to medical expertise from within our workforce. The Board noted that there will be further development of flexible approaches to retirement to increase our capacity and contingency cover for senior roles.

Governance

35 The Board approved a process to enable us to make nominations for honours of GMC staff and members where exceptional individuals have gone above and beyond to help us achieve our patient safety goals, and to offer light touch support of nominations made by others in the system (23 April 2019).

Facilities

36 The Board considered a paper on accommodation strategy (30 September 2019), in particular an update on the proposed layout for the reconfiguration of the London office space. There is increasing demand for desk space, so there are plans to manage this through scheduled home working and the implementation of more flexible workspace.

Other regular reports

37 The Board received the following reports:

a The annual Data Strategy report (25 February 2019). The report summarised a benefits review of our data products and provided examples of how they contribute to our understanding of trends in the workforce, understanding and management of risk, engagement with stakeholders and ability to evaluate impact.

b The annual report of the GMC’s Data Protection Officer (25 March 2019), setting out details of activities and an analysis of trends in privacy rights issues since the implementation of the General Data Protection Regulation on 25 May 2018.

c Updates on Brexit (25 March and 23 April 2019).

d Updates on GMC Services International Ltd (25 March, 3 June, and 25 November 2019).
The draft 2018 Trustees’ Annual report and accounts and the annual fitness to practise statistics, for submission to Council (23 April 2019). Council agreed the Trustees’ Annual report and accounts at its meeting on 12 June 2019.

An update on corporate complaints received, ahead of Council’s consideration of the complaints report (23 April 2019).

The final Transformation Programme update (24 June 2019), ahead of the closure of the programme.

The annual business continuity report (24 June 2019).

On 22 July 2019, the Annual Responsible Officer Board Report and Statement of Compliance for submission to NHS England.

The first annual report of the Medical Advisory Board (22 July 2019), noting that Board’s work and agreeing its recommendation that we work towards amending our terminology in relation to substance and alcohol misuse, following the lead of the Royal College of Psychiatrists, instead referring to ‘substance and alcohol use disorders’. At its meeting on 16 December 2019, the Board agreed to rename the Medical Advisory Board as the Supporting Vulnerable Doctors Advisory Forum to better reflect the reasons for establishing the group and the areas on which it is asked to advise.

The annual health and safety report (30 September 2019).

The annual report of the GMC Group Personal Pension Plan Management Board (25 November 2018).
Executive summary
This paper sets out the proposed dates of Council and Committee meetings in 2021.

The main change from previous years is that one Council meeting in 2021 will take place at one of the Devolved Offices. The meeting on 2/3 November 2021 is scheduled to take place at the GMC Scotland office in Edinburgh.

Recommendation
Council is asked to agree the 2021 schedule of meetings.
Council

1 The draft schedule of Council meetings for 2021 is at Annex A. In 2015 Council agreed that it should meet six times each year as the work programme requires this for Council’s business, and to have an away day. It is proposed that Council should continue to meet with this frequency and that the dates will be utilised for meetings, and/or seminars and confidential discussions, subject to the requirements of the forward work programme as it develops.

2 It was agreed at the Council away day in 2016, that two Council meetings per year would be held in Manchester. We propose that Council should continue to meet in Manchester twice yearly, in April and September 2021.

Committees and other groups

3 The draft schedule also contains the proposed dates of Committees (Audit and Risk Committee, Remuneration Committee, Investment Committee, and the Board of Pension Trustees), and other group meetings and is at Annex B. The frequency of these meetings has been determined in accordance with the working arrangements set out in their statements of purpose.

4 As usual, it will be open to Chairs, in consultation with other members, to decide as the work programmes develop, whether there is a need to hold all of the proposed meetings scheduled, or indeed if additional meetings are required.

5 We have taken into account dates of school holiday periods, as far as is possible at this early stage, and major religious festivals. We avoided scheduling meetings in early January, late July, August and late December. However, due to the number of meetings required and the fact that half terms and summer holidays vary between schools and different regions, and in each of the four countries, it is not always possible to completely avoid these periods.

6 We have also considered the reporting arrangements required and have sought to achieve a schedule that links with the production of performance and financial information to allow for Council’s review of appropriate and timely data.

7 The full meeting schedule will also be uploaded and available for members to view via the Board Intelligence app, and will be updated should any changes be made.
2021 Council meetings

The proposed meeting schedule for Council is as follows:

Wednesday 24 February 2021, 17:30-20:00 (Evening seminar)
Thursday 25 February 2021, 09:00-13:00 - London

Wednesday 28 April 2021, 17:30-20:00 (Evening seminar)
Thursday 29 April 2021, 09:00-13:00 - Manchester

Tuesday 8 June 2021, 17:30-20:00 (Evening seminar)
Wednesday 9 June 2021, 09:00-13:00 - London

Tuesday 6 and Wednesday 7 July 2021, Council away day – Residential/overnight

Wednesday 29 September 2021, 18:00-20:00 (Evening seminar)
Thursday 30 September 2021, 09:00-13:00 - Manchester

Tuesday 2 November 2021, 17:30-20:00 (Evening seminar)
Wednesday 3 November 2021, 09:00-13:00 - Edinburgh

Wednesday 8 December 2021, 17:30-20:00 (Evening seminar)
Thursday 9 December 2021, 09:00-13:00 - London
2021 Committee and other group meetings

Audit and Risk Committee
- Thursday 21 January 2021
- Thursday 25 March 2021
- Wednesday 12 May 2021
- Wednesday 14 July 2021
- Tuesday 14 September 2021
- Wednesday 17 November 2021

Investment Committee
- Thursday 28 January 2021
- Thursday 6 May 2021
- Tuesday 21 September 2021
- Thursday 11 November 2021

Remuneration Committee
- Tuesday 30 March 2021
- Thursday 21 October 2021
Board of Pension Trustees

Tuesday 9 March 2021

Tuesday 18 May 2021

Thursday 1 July 2021

Thursday 9 September 2021

Tuesday 23 November 2021

GMC/MPTS Liaison Group

Wednesday 26 May 2021

Thursday 25 November 2021

GMCSI Board

Thursday 4 March 2021

Monday 21 June 2021

Wednesday 8 September 2021

Monday 1 December 2021