Council Agenda

Via MS Teams

Wednesday 3 November 2021

09:40 – 12:50

09:40– 09:43 M1 Chair’s business 3 min

09:43– 09:45 M2 Minutes of the meeting on 8 September 2021 2 min
To approve
09:45– 10:10 M3 Chief Executive’s report 25 mins
To discuss
10:10 – 11:00 M4 SOME report 50 mins
To note
11:00 – 11:15 Break

11:15 – 12:00 M5 Update on the People survey 45 mins
To discuss
12:00 – 12:15 M6 Equality, diversity and inclusion update 15 mins
To note
12:15 – 12:35 M7 Four countries update 20 mins
To note
12:35 – 12:50 M8 Any other business 15 mins
To approve

Minutes of the meeting held on 8 September 2021

Members present – via MS Teams
Carrie MacEwen, Acting Chair

Steve Burnett
Vanessa Davies
Philip Hunt
Paul Knight

Deepa Mann-Kler
Raj Patel
Suzanne Shale
Alison Wright

Others present
Charlie Massey, Chief Executive and Registrar
Shaun Gallagher, Director of Strategy and Policy
Una Lane, Director of Registration and Revalidation
Anthony Omo, Director of Fitness to Practise and General Counsel
Paul Reynolds, Director of Strategic Communications and Engagement
Neil Roberts, Director of Resources and Quality Assurance
Colin Melville, Medical Director and Director of Education and Standards
Melanie Wilson, Council Secretary
Council meeting, 3 November 2021
Agenda item M2 – Minutes of the meeting on 8 September 2021

Chair’s business (agenda item M1)
1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.
2 Apologies were noted from Anthony Harnden.
3 Melanie Wilson, Council secretary updated members on two matters involving the Chair, that were approved by way of a Council circular:
   - The appointment of Carrie MacEwen, as deputy Chair, serving as acting Chair until the Privy Council makes a substantive appointment.
   - The recommendation of the Remuneration Committee regarding the remuneration of Carrie MacEwen, as acting Chair.
4 The Chair thanked Dame Clare Marx, who stepped down as Chair of Council in July for her dedicated service and compassionate leadership shared over the past two and a half years.
5 The Chair also led Council in reflecting on the untimely death of Council member Lara Fielden in August. Shaun Gallagher, Director of Strategy would be attending her remembrance service on behalf of the GMC. Council expressed its sadness at the loss of a valued colleague and extended its sincere condolences to Lara’s family and friends

Minutes of the meeting on 9 June 2021 (agenda item M2)
6 Council approved the minutes of the meeting on 9 June 2021 as a true record.

Conflicts of Interest (agenda item M3)
7 Council received an update on our position in relation to the Conflicts of Interest recommendation following publication of the Independent Medicines and Medical Devices Safety Review.
8 Council noted:
   a The Department of Health are establishing a four-country implementation group to look at the challenges highlighted in the consultation response. A progress update will then be published in 12 months.
   b Baroness Cumberlege has expressed public disappointment that her recommendation around Conflicts of Interest has not been enacted in full.
Focus for the GMC team is now how to best to support the effective implementation of the Government’s proposal over the next 12 months.

The GMC is, to an extent, dependent on the action of others to establish local procedures on which these recommendations rely.

Regardless of what organisation owns this register, the onus is always on the Doctor to communicate any conflicts to patients at consultations.

During the discussion Council noted:

A balance could be considered between a national register and managed at a local level, how Board member’s conflicts are dealt with could be an acceptable framework.

Registrants have highlighted how time-consuming declaring conflicts is and are in support of a user-friendly method. Engaging with the Royal Colleges may be an option for this.

The priory for the GMC is assisting the Department of Health deliver on the key recommendation held in the response the enquiry focusing on a straightforward means of determining what a conflict is and a simple way of declaring it.

The GMC’s view of successful monitoring and implementation would be having a system in place that promotes relevant guidance, ensures that registers are updated and published routinely to a consistent format.

Council:

Noted our proposed actions for supporting the Government’s implementation of recommendation 8 of the IMMDSR and considered if there are further steps that we should take.

GMC Credentials (agenda item M4)

Council received an update from the credentialling team and asked to approve the revised framework ahead of publication.

Colin Melville, Medical Director and Director of Education and Standards took a moment to thank the team for the work done on this complex project.

Council noted:
The purpose of GMC credentials was to recognise training pathways and provide recognition of expertise in more focused areas to support enhanced patient safety.

The credential has now been split into two categories; a GMC approved credential and GMC-regulated credential which has been accepted by the main stakeholder groups in four out of the five early adopters, the remaining being cosmetic surgery.

Members of the team have just had a meeting with the Intercollegiate Cosmetic Oversight Committee, which was productive with the committee offering assistance of a resolution.

It is proposed that the four other adopters will be progressed with further work to be done on cosmetic surgery.

GMC approved credentials would be added to a doctor’s public record on the GMC website.

During the discussion Council noted:

There is currently an expectation that the grandfathering principle will apply to those who already practice niche areas of medicine and have not had the credential.

There is an expectation that the credential will be required in specified fields areas once it has been approved and rolled out.

Revalidation and appraisal remain the primary route to ensure a doctor has the required skills, knowledge and experience. Credentials will supplement certain competencies which do not have a standard and regular appraisal programme.

Credentials should only be used to promote the public interest and patient safety and not to legitimise entrepreneurial medical practices that are not for the public benefit.

Council agreed:

The team will complete additional work on the framework document (Annex A).

The framework will then be shared with Council members.
Council meeting, 3 November 2021
Agenda item M2 – Minutes of the meeting on 8 September 2021

   c Carrie MacEwen, as Acting Chair will approve the framework on behalf of Council.

   d The team will return to Council in due course to specifically discuss cosmetic surgery and a route forward.

Any other business (agenda item M5)
16 Council noted that the next meeting will be an Away day, on 29 and 30 September 2021.

Biannual Section 40A appeals update (agenda item M6)
17 Council noted this below the line item.

Council members’ Register of Interests (agenda item M7)
18 Council noted this below the line item.

Confirmed:

Carrie MacEwen, Acting Chair 3 November 2021
Council meeting – 3 November 2021

Agenda item M3
Chief Executive’s Report

<table>
<thead>
<tr>
<th>Action</th>
<th>To note</th>
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<table>
<thead>
<tr>
<th>Purpose</th>
<th>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- On Monday 4 October 2021, the Secretary of State for Health and Social Care, the Rt Hon Sajid Javid MP officially opened the temporary clinical assessment centre in 3 Hardman Street. He had a tour of the centre and heard about how the GMC had supported doctors joining the register through continuing our PLAB exams throughout the pandemic.</td>
</tr>
<tr>
<td></td>
<td>- We are easing social distancing rules for PLAB 2 tests, in line with UK government guidance which will allow us to offer a record number of PLAB 2 places in 2022. We are also increasing the number of PLAB1 places to help meet increasing demand.</td>
</tr>
<tr>
<td></td>
<td>- In September 2021, we launched our new Developing diverse talent and Developing diverse leadership programmes. These are part of our approach to supporting the development and progression of ethnic groups currently underrepresented in management and leadership roles.</td>
</tr>
</tbody>
</table>

| Decision trail | Council receives this report at each full meeting. |

| Recommendations | a  To consider the Chief Executive’s report.  
|                 | b  To note the Performance and the Corporate Opportunities and Risk Register |

| Annexes | Annex A: Performance Annex  
|         | Annex B: Corporate Opportunities and Risk Register |

| Author contacts | Iona Twaddell, Head of the Office of the Chair and Chief Executive, iona.twaddell@gmc-uk.org, 020 7189 5054 |

| Sponsoring director | Charlie Massey, Chief Executive, chiefexecutive@gmc-uk.org, 020 7189 5037 |
Political engagement

1 Charlie Massey attended a roundtable hosted by the new Secretary of State of Health and Social Care, Rt Hon Sajid Javid MP, on 18 August 2021. Charlie emphasised the role of the GMC in supporting the Secretary of State in meeting his priorities, particularly in the area of 5 Rs: recovery, reset (seizing longer term changes), recruitment, retention and regulatory reform. Charlie emphasised how critical regulatory reform is in enabling the GMC to support government, for example to support the role of physician associates and to enable recruitment and progression of doctors.

2 On Monday 4 October 2021, we were pleased to welcome the Rt Hon Sajid Javid MP to officially open the temporary clinical assessment centre (CAC) in 3 Hardman Street. During a tour of the PLAB test circuit, the Secretary of State learnt about our role and the impact of the pandemic. We were able to demonstrate how we responded to the challenges of the pandemic, by building the CAC to increase our PLAB testing capacity and implementing temporary emergency registration.

3 On Monday 4 October 2021, we also met with stakeholders on the fringes of Conservative Conference to discuss the best ways of working together to meet the challenges of the pandemic. The dinner provided an opportunity to informally reflect on the past year and its impact on the health service, workforce and patients, and to discuss how we can continue working together to best meet future challenges.

Legislation

4 In September 2021, we shared written evidence with the Health and Care Bill’s Public Bill Committee. Our submission outlined that we broadly welcome the Bill and its intention to improve integration and collaboration within England’s NHS. We also support the general move toward more accountability and clarity on workforce planning. In relation to the new powers to remove a profession from regulation and abolish a regulator, we highlighted the implications for devolved administrations and the importance of independence for regulation. We will continue to monitor the Bill as it progresses and share our views where appropriate.

5 We also briefed Peers about the Police, Crime, Sentencing and Courts Bill. We highlighted that as currently drafted, the Bill would require disclosures of information that could breach health professionals’ obligations of confidentiality. Two peers mentioned the GMC in the Bill’s second reading. We continue to
engage with peers, and government as the Bill moves to the next stages of the legislative process, with the committee stage scheduled for 20 October.

6 We are continuing to monitor the progress of the Professional Qualifications Bill. When it reaches the Commons, we plan to proactively brief MPs to ensure that the amendments the government submitted to address our concerns are maintained. The new Regulated Professions Advisory Forum (a consultative group for regulators to provide input on the issue of professional qualifications in trade negotiations) met for the first time in September, chaired by the Minister (Lord Grimstone). We were able to share registration data with Department of International Trade officials that may be relevant to ongoing trade negotiations with individual countries and to reiterate our patient safety concerns.

PLAB

7 From 19 November, we will ease social distancing rules for our PLAB 2 tests, in accordance with the UK Government’s guidance. This will enable us to open an extra test circuit at 3 Hardman Square so that we can offer a record number of PLAB 2 places in 2022. To make sure our PLAB tests are safe, we will require everyone participating in our tests to provide evidence of their coronavirus status, either through a vaccination certificate or lateral flow tests. We will also retain stringent hygiene measures in our clinical assessment centres, and an increased number of telephone and socially-distanced stations.

8 We are also offering 14,500 places for PLAB 1 in 2022; which is also a record number of places. This will help to meet increasing demand and address some of the disruption candidates may have experienced.

Temporary emergency registration (TER)

9 We are having ongoing conversations with DHSC about our emergency powers and officials have reiterated that we will receive several months’ notice before they are removed. The COVID emergency legislation was debated in parliament on 19 October and the Secretary of State for Health and Social Care, Sajid Javid, moved a motion in the House of Commons to renew parts of the Coronavirus Act 2020. Although our emergency powers are separate, DHSC have previously indicated that they will be closed at the same time as the removal of the COVID emergency legislation. Given the outcome of the debate, we can assume temporary emergency registration will remain in place throughout the coming winter.

Regulatory reform
Over the summer, we have continued to establish the foundations and resources to support the Regulatory Reform Programme and responded to drafts of sections of the legislation as they have been shared with us by DHSC. A second BDO spot check on the programme in June demonstrated considerable progress in putting in place the tools and governance required. This was reported to the Audit and Risk Committee in September. A further follow up is planned for November.

We continue to meet regularly with DHSC officials on the development of the drafting of the new section 60 (s60) legislation. Our planning for key milestones such as the launch of tranches of reforms is heavily dependent upon what is within the legislation and the approach that the government takes to commencement dates.

**Independent review of regulators**

As Council is aware, DHSC has commissioned KPMG to deliver an independent review to explore whether the number of regulators should be reduced. As part of their evidence gathering, we have met with KPMG and responded to a survey and data requests. The key points we raised were:

- The benefits we expect to see from the current programme of regulatory reform, as reform will modernise and improve professional regulation and public protection. In particular, we highlighted the importance of not undermining or delaying the programme of regulatory reform with any major organisational restructuring.

- The importance of any decision around reconfiguring professional regulators being evidence-based and informed by clear, objective criteria, with improving public protection as the overarching priority.

- The need for consistency, coordination and collaboration between regulators, particularly for the those regulating healthcare professionals working within a multi-disciplinary team. This goes beyond professional regulators and there needs to be collaboration between regulators across the healthcare system (including system regulators, employers, educators). Any reconfiguration of professional regulators therefore needs to be aligned with wider system’s priorities and workforce strategies across all four countries of the UK.

- The importance of independence for professional regulation and therefore patient safety.

- The need for any reform to have the support and engagement of those who are regulated.
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- Signalling our continued support for independent oversight of regulation by PSA, but that PSA focus should be re-calibrated to take account of forthcoming reforms.

13 The KPMG review is expected to be completed in December 2021. DHSC will then consider its findings and the options for change. We will return to a fuller Council discussion on potential implications once the review findings are known. For more information please contact Richard Marchant, Assistant Director, Regulation Policy, richard.marchant@gmc-uk.org.

ED&I

14 As well as announcing our new commitments to assure ourselves and others of the fairness of our processes (see item M6), we are progressing towards our existing ED&I targets. For example, the pilot of the new responsible officer (RO) referral form finished on 18 October. This form contains specific questions to confirm steps have been taken to ensure the referral to the GMC is appropriate before it is made. We have also developed a detailed set of questions for employer liaison advisers to discuss with ROs to assess progress on the recommendations in the *Fair to refer?* report.

15 To help meet our targets as an employer, on 13 September 2021, we launched our new Developing diverse talent and Developing diverse leadership programmes. These are part of our approach to supporting the development and progression of ethnic groups currently underrepresented in management and leadership roles. This includes colleagues who identify as Asian, Black or mixed ethnicity. The performance annex shows progress towards meeting our ED&I targets, including currently meeting our 2023 targets on BME representation in applications, issues and offers for Level 3 and above. However, we still have some way to go on other targets such as overall BME representation in the workforce.

16 In October, we also celebrated Black History Month with a variety of events run by the BME network. For example, Dr Olamide Dada from Melanin Medics spoke about her journey to becoming a doctor, some of the challenges she encountered and her positive experiences of an inclusive working environment. We also held a joint Black History Month and Speak Up Month event, in which Judge Leslie Chinweze reflected on his career and workplace culture and some of the barriers people from minority ethnic backgrounds face.
Weston General Hospital

17 HEE and GMC carried out a further triggered visit to the department of Medicine at the Weston site on 18 August 2021. Overall, the visiting team reported a significant improvement in many areas of education and training including leadership and governance structures. There remain concerns about clinical supervision, escalation of clinical and educational issues and recruitment and retention of staff at all levels in some areas. Our next regulatory review point will be December 2021.

Resolution of costs in relation to section 29 appeals

18 In September 2021, we signed a Memorandum of Understanding (MOU) with the Professional Standards Authority (PSA) about costs in section 29 appeal cases. These are cases in which the PSA appeals against an MPTS decision. The MOU sets out that the GMC agree to meet the Authority’s reasonable legal costs in all s29 appeals where the GMC is a named Respondent and the Authority’s appeal is upheld. This will now also include cases where the GMC has taken a neutral stance and not actively opposed the appeal, a very small number of cases. The Courts had previously accepted that costs orders should not be made against the GMC in these cases, a stance which the PSA has not accepted, and which has therefore resulted in legal disputes about the GMC’s liability for costs in such cases. This MOU has been shared with other professional regulators.

19 We are also putting in place additional measures to promote a more collaborative approach to the exercise of the Authority’s s29 powers. This would support earlier engagement from the PSA where they have concerns about an outcome, so that we might form a common and collaborative view of the public interest and the proportionality of any decision to appeal an outcome.

Return to office

20 While some colleagues continue to work in the office due to their roles (for example in facilities, MPTS hearings or PLAB exams), the majority of colleagues continue to work mainly from home. All colleagues are now able to work in the office if they choose and those who have come in have found it valuable to meet colleagues in person. We have remodelled our offices in Manchester and London to give increased space for collaborative work, and we have reduced social distancing from 2m to 1m+ to open up further desks. This will allow more colleagues to come back into the office in small teams to work together. We are continuing to work on our longer-term approach to office work and new ways of working.
Inquiries and reviews

Independent Medicines and Medical Devices Safety Review (IMMDSR)

21 Further to the September Council discussion, we published our policy statement on the UK government’s response to the Independent Medicines and Medical Devices Safety Review on 22 September 2021. This focuses on the role we will play in supporting plans to address issues identified by the review and our own follow up work, including the review of our joint statement on conflicts of interest and our work to embed our updated Decision making and consent guidance into everyday practice. It also references our position on how conflicts of interest could be better managed and how we agree with the government’s proposal for such information to be published locally at employer level.

Maternity

22 We have been liaising with DHSC about our response to relevant recommendations from the investigation into the Life and Death of Elizabeth Dixon to inform the department’s response to this. Published in November 2020, this focuses on the avoidable death of baby Elizabeth Dixon due to multiple clinical errors and missed opportunities, as well as cover up following her death. The recommendations relevant to us cover the importance of: training in clinical error for clinicians; a ‘no blame’ culture in relation to clinical error, alongside zero tolerance of cover up when error has occurred; and a mechanism to trigger appropriate investigation into systemic failures revealed during the course of professional regulatory investigations. DHSC is convening working groups to support this process and we will be engaging with these as appropriate.

23 Other inquiries relating to failings in maternity care we are working with include the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust and the Independent Investigation into East Kent Maternity Services.

Other inquiries

24 We continue to engage with a number of other reviews and inquiries across the UK. We expect three reviews to publish their findings in the Autumn and anticipate that that there may be recommendations for the GMC. We will brief Council about these inquiries and any recommendations for us in advance of publication.

- The first is the Independent Investigation into Urology Services at University Hospitals Morecambe Bay Trust, which focuses on safety, quality and
governance in relation to clinical care as well as consultant culture in the department.

- The second is the Independent review into West Suffolk Hospital NHS Foundation Trust. This considers widely reported events arising from an anonymous letter that was sent to the relative of a patient who died at the Trust, including a trust-led investigation that sought fingerprint and handwriting samples from staff.

- The third is the Independent Neurology Inquiry in Northern Ireland. This has been reviewing the circumstances surrounding the Belfast Health and Social Care Trust’s recall of neurology patients following concerns about the clinical practice of Dr Michael Watt, with a focus on local clinical governance processes and complaints handling.

Separate to the inquiry, at an MPTS hearing on Friday 1 October 2021, the MPTS granted Dr Watt voluntary erasure from the medical register. We issued a statement expressing our extreme disappointment that the Medical Practitioners Tribunal allowed Dr Watt’s application for voluntary erasure as we felt it was in the public interest for the allegations to be heard by the tribunal in an open and transparent way. We have informed the Neurology Inquiry of these events and have offered any assistance that would be helpful.

We continue to work with DHSC on its response to the Paterson Inquiry in advance of expected publication later in the year.

Operational performance

The annexed report details performance against our KPIs. Due to the proximity of November and December Council meetings, this covers key performance highlights and Council will receive the full performance annex in December. The Senior Management Team continues to closely monitor our missed KPIs and responses. Our missed service target for the Contact Centre was driven by spikes of contact for various reasons, including fees communications, ongoing changes to Covid travel rules affecting PLAB, and issues following a system upgrade. Our investigations KPIs continue to be affected by the ongoing pandemic backlogs.

Pension Scheme Triennial Valuation

Our Defined Benefit pension scheme closed to future accrual in March 2018 but remains a major financial commitment. At the end of this year a triennial review is due and Trustees, in consultation with the GMC, will take a strategic view on
both funding and risk. Since the last valuation, the scheduled change in the RPI/CPI calculations has had an adverse impact on the scheme and the funding position by £28m. While the funding position improved by the end of Q2 this year we expect the valuation to produce a significant deficit. We will not know the final position on the 2021 valuation until Q2 next year, but Trustees have started to liaise with the GMC in view of the likely deficit and the impact on their longer-term plans to de-risk the scheme.

29 Detailed discussions on how to reduce the risks of the scheme (for example with additional employer contributions and/or a longer timescale to resolve issues) will await the outcome of the valuation but we have met with Trustees to give early consideration to options on funding and reducing risk. We have an agreed timetable to complete the process and there will be a Council Seminar in 2022 to set out the latest position ahead of any decisions.

Executive board

30 The Executive Board met on 27 September to consider items on:

- The context and assumptions for setting the 2022 budget and business plan
- The risks associated with devolution and the political landscape of each of the four countries
- The Regulatory Reform Programme and deadlines for implementation
- The policy for granting temporary emergency registration under s18.A of the Medical Act
- The regular update on the organisation’s performance with a particular focus on workloads and recruitment

Corporate Seal

31 During 2021, in addition to the Regulations made by Council, as Chief Executive, I exercised the power delegated by Council to apply the Corporate Seal on the following occasions:

a Relating to pension arrangements – GMC Staff Superannuation Scheme:

  i Deed of Appointment and Removal of Trustee – The GMC Staff Superannuation Scheme.
b Relating to fees:
   i The annual update to the Registration and Certification fees Regulations.

c Relating to a variance of Lease:
   i A variation to the lease for the GMC Scotland office to extend to 2024.
M3 – Annex A
Performance annex

Data presented as at 31 August 2021 (unless otherwise stated)
## Operational Key Performance Indicator (KPI) – since last report to Council

<table>
<thead>
<tr>
<th>Indicator</th>
<th>July</th>
<th>Aug</th>
<th>Exception commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer 80% of calls within 20 seconds</td>
<td>68%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>98%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all revalidation recommendations within 5 working days</td>
<td>99%</td>
<td>98%</td>
<td></td>
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<tr>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>96.1%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>92%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>96%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>94%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>100%</td>
<td>No cases</td>
<td></td>
</tr>
<tr>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>2019/20 Income and expenditure [% variance +/- 2%]</td>
<td>2.63%</td>
<td>3.81%</td>
<td>The Finance target for cumulative variance between income and expenditure (+/- 2%) missed at 2.63% and 3.81%. Income is lower than expected due to holding fewer PLAB 2 days than planned and the cancellation of some PLAB 1 places in May. Expenditure is under budget reflecting lower variable costs linked to PLAB 2 days, fewer hearing days and associated legal costs, and lower activity than planned in a number of areas, including staff expenses. There is also a higher level of vacancies now forecast than assumed in budget.</td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>6.2%</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>IS system availability (%) – target 98.8%</td>
<td>99.97%</td>
<td>99.99%</td>
<td></td>
</tr>
<tr>
<td>Monthly media score</td>
<td>757</td>
<td>182</td>
<td></td>
</tr>
</tbody>
</table>

### Registration and Revalidation – Contact Centre

In July we answered 68% of calls within 20 seconds against a target of 80% due to a combination of factors including: a failure of the automated billing run which caused a delay to fees communications being sent and driving a spike in contacts; managing temporary emergency registration communications which led to around 10% of doctors responding and driving further contacts; and ongoing changes to PLAB due to international covid restriction changes.

In August we answered 71% of calls within 20 seconds, against a target of 80% due to unusually high volumes of contacts at the start and end of the month. The first week of the month saw high fees and application enquiries as we would expect for the time of year. The end of the month saw a surge in demand following a system upgrade which led to significant problems for doctors trying to access GMC Online.

Average wait times for calls were 44 and 57 seconds for July and August respectively.

### Fitness to Practise - Investigations

Pandemic backlog impacts continue to be experienced.

In July 94% (636 of 674) of cases concluded or referred within 12 months against a target of 95%. In August 93% (528 of 567) of cases concluded or referred within 12 months against a target of 95%.

### Finance

The Finance target for cumulative variance between income and expenditure (+/- 2%) missed at 2.63% and 3.81%. Income is lower than expected due to holding fewer PLAB 2 days than planned and the cancellation of some PLAB 1 places in May. Expenditure is under budget reflecting lower variable costs linked to PLAB 2 days, fewer hearing days and associated legal costs, and lower activity than planned in a number of areas, including staff expenses. There is also a higher level of vacancies now forecast than assumed in budget.

### HR

External turnover is rising slightly but remains below the KPI due to low numbers of staff leaving the organisation. Feedback from our agencies is that the recruitment market is very tight.
## Operational Key Performance Indicator (KPI) – 12 month performance summary

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer 80% of calls within 20 seconds</td>
<td>60%</td>
<td>49%</td>
<td>51%</td>
<td>39%</td>
<td>57%</td>
<td>83%</td>
<td>80%</td>
<td>89%</td>
<td>83%</td>
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<td>71%</td>
</tr>
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<td>97%</td>
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<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>95%</td>
<td>72.7%</td>
<td>88.5%</td>
<td>92.2%</td>
<td>98.7%</td>
<td>98.3</td>
<td>96.5%</td>
<td>97.7%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>90%</td>
<td>90%</td>
<td>91%</td>
<td>90%</td>
<td>91%</td>
<td>89%</td>
<td>93%</td>
<td>89%</td>
<td>92%</td>
<td>93%</td>
<td>92%</td>
<td>90%</td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>93%</td>
<td>91%</td>
<td>94%</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td>91%</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>94%</td>
<td>94%</td>
<td>94%</td>
<td>93%</td>
<td>95%</td>
<td>92%</td>
<td>96%</td>
<td>93%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>No cases</td>
<td>No cases</td>
<td>No cases</td>
<td>No cases</td>
<td>100%</td>
<td>No cases</td>
<td>No cases</td>
<td>No cases</td>
<td>100%</td>
<td>No cases</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2019/20 Income and expenditure [% variance +/- 2%]</td>
<td>3.06%</td>
<td>3.12%</td>
<td>3.19%</td>
<td>3.07%</td>
<td>4.81%</td>
<td>3.53%</td>
<td>4.40%</td>
<td>4.03%</td>
<td>3.16%</td>
<td>2.78%</td>
<td>2.63%</td>
<td>3.81%</td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>4.3%</td>
<td>4.1%</td>
<td>3.7%</td>
<td>3.6%</td>
<td>3.3%</td>
<td>3.6%</td>
<td>4%</td>
<td>4.5%</td>
<td>4.6%</td>
<td>5.2%</td>
<td>6.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>IS system availability (%) – target 98.8%</td>
<td>100%</td>
<td>99.99%</td>
<td>99.61%</td>
<td>99.99%</td>
<td>99%</td>
<td>99.97%</td>
<td>99.99%</td>
<td>99.98%</td>
<td>100%</td>
<td>100%</td>
<td>99.97%</td>
<td>99.99%</td>
</tr>
<tr>
<td>Monthly media score</td>
<td>274</td>
<td>542</td>
<td>1635</td>
<td>222</td>
<td>217</td>
<td>282</td>
<td>1963</td>
<td>43</td>
<td>175</td>
<td>152</td>
<td>757</td>
<td>182</td>
</tr>
</tbody>
</table>
**Investing in our people to deliver our ambitions**

Our target is to eliminate differentials within our own staffing performance, in minority ethnic recruitment, representation across staffing levels, retention, progression, pay and employee engagement by 2026.

<table>
<thead>
<tr>
<th>Underlying measures and targets</th>
<th>Actual</th>
<th>2023 target</th>
<th>% off 2023 target</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2020 (Vol)</td>
<td>2021</td>
<td>2021 (Vol)</td>
</tr>
<tr>
<td>Increase the level of BME representation at Level 3 and above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications</td>
<td>22.8%</td>
<td>170</td>
<td>30.7%</td>
<td>194</td>
</tr>
<tr>
<td>Interviews</td>
<td>15.2%</td>
<td>118</td>
<td>22.9%</td>
<td>49</td>
</tr>
<tr>
<td>Offers</td>
<td>14.6%</td>
<td>36</td>
<td>30.7%</td>
<td>11</td>
</tr>
<tr>
<td>Workforce</td>
<td>11.1%</td>
<td>64</td>
<td>12.7%</td>
<td>75</td>
</tr>
<tr>
<td>Overall level of BME representation at Level 2</td>
<td>8%</td>
<td>18</td>
<td>9.5%</td>
<td>20</td>
</tr>
<tr>
<td>Overall level of BME representation at Level 3</td>
<td>12%</td>
<td>46</td>
<td>14.4%</td>
<td>55</td>
</tr>
<tr>
<td>Increase the level of BME representation at all levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications</td>
<td>29.4%</td>
<td>663</td>
<td>39.3%</td>
<td>1099</td>
</tr>
<tr>
<td>Interviews</td>
<td>18.2%</td>
<td>118</td>
<td>28.5%</td>
<td>221</td>
</tr>
<tr>
<td>Offers</td>
<td>18.2%</td>
<td>36</td>
<td>33.3%</td>
<td>75</td>
</tr>
<tr>
<td>Workforce</td>
<td>14.3%</td>
<td>211</td>
<td>15.6%</td>
<td>236</td>
</tr>
<tr>
<td>Reduce differential turnover rates for BME staff compared to the average to be within 1-2% of each other by end of 2023*</td>
<td>0.8%</td>
<td>-</td>
<td>3.3%</td>
<td>-</td>
</tr>
<tr>
<td>Proportion of BME staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level**</td>
<td>-1%</td>
<td>-</td>
<td>+3.1%</td>
<td>-</td>
</tr>
<tr>
<td>Pay differentials within a confined band limited to 2% from 2023(^1) (table shows the proportion of bands that are outside of the tolerance)</td>
<td>50.0%</td>
<td>6/12</td>
<td>41.7%</td>
<td>5/12</td>
</tr>
</tbody>
</table>

---

\(^1\)specialist bands are not included

---

*2020 is an unrealistic baseline year given the pandemic. Retention rates for BME staff have historically been outside of this range – in 2019 the difference in retention rates against the average for BME staff was 3.9%.

**The 2023, 18% target represents our overall target for movement. However, for this KPI we measure BME/Non-BME rates within a 5% tolerance of each other therefore the 2021 figure of 3.1% is green.
## Financial summary

### Financial summary as at Aug 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>75,285</td>
<td>70,560</td>
<td>4,725</td>
<td>6%</td>
</tr>
<tr>
<td><strong>New initiatives fund</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Pension top up payment</strong></td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Capital expenditure</strong></td>
<td>3,817</td>
<td>3,836</td>
<td>(19)</td>
<td>(0)%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>80,402</td>
<td>75,696</td>
<td>4,706</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget 2021 £000</th>
<th>Forecast 2021 £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>119,134</td>
<td>110,142</td>
<td>8,992</td>
<td>8%</td>
</tr>
<tr>
<td><strong>New initiatives fund</strong></td>
<td>600</td>
<td>600</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Pension top up payment</strong></td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Capital expenditure</strong></td>
<td>8,657</td>
<td>8,318</td>
<td>339</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>129,691</td>
<td>120,360</td>
<td>9,331</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational income</strong></td>
<td>81,118</td>
<td>79,114</td>
<td>(2,004)</td>
<td>(2)%</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>716</td>
<td>3,418</td>
<td>2,702</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget 2021 £000</th>
<th>Forecast 2021 £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational income</strong></td>
<td>126,102</td>
<td>119,676</td>
<td>(6,426)</td>
<td>(5)%</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>(3,589)</td>
<td>(684)</td>
<td>2,905</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment income</strong></td>
<td>1,511</td>
<td>3,933</td>
<td>2,422</td>
<td>160%</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>2,227</td>
<td>7,351</td>
<td>5,124</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Budget 2021 £000</th>
<th>Forecast 2021 £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment income</strong></td>
<td>2,282</td>
<td>3,933</td>
<td>1,651</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>(1,307)</td>
<td>3,249</td>
<td>4,556</td>
<td></td>
</tr>
</tbody>
</table>

---

### Income Variance

We are forecasting a significant drop in PLAB 1 and PLAB 2 activity compared to budget with fewer PLAB 1 candidates, holding fewer PLAB 2 test days, opening the new temporary centre later than budgeted and pushing back the assumption on resuming non socially distanced PLAB tests until December 2021. Cancellation fees were reintroduced in June and triggered further test cancellations, however, these spaces were soon re-booked.

### Income financial risks/forecast sensitivity

The forecast number of candidates sitting PLAB 1 & PLAB 2 may be impacted by international travel restrictions. To date we have approached a significant number of PLAB 2 candidates who are from red list countries. Where the candidate has requested to reschedule their booking we have re-booked in Q1 2022 and have been able to fill their original date in 2021. The change of travel restrictions for India from the red to the amber list means we currently expect strong demand for PLAB 2 places to the end of the year however there is a risk this may change.

---

### Expenditure Variance

The drop in expenditure is made up of the variable costs of holding PLAB 2 test days, an anticipated increase in the vacancy factor compared to budget, holding fewer MPTS hearings, as capacity increases to manage the backlog will take effect in October rather than August & undertaking fewer performance assessments. We have also changed our assumptions for normal activity levels to resume in Q4 which reduces a number of cost areas including staff expenses.

### Expenditure financial risks/forecast sensitivity

While we don't expect a significant increase in expenditure compared to existing forecasts there could be a notable drop as we move forward through 2021. Expenditure forecasts are linked to activity assumptions and could be impacted by how and when activities return to normal and how long restrictions are in place. Key examples of where there could be changes are expenses, external engagement and event costs, associate training and office costs. There is £600k unallocated from the central NIF which may not be utilised in 2021 due to the timing of requests from the final planning gateway.
### Financial detail

#### Expenditure as at Aug 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>48,722</td>
<td>47,654</td>
<td>1,068</td>
<td>2%</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>1,828</td>
<td>1,358</td>
<td>470</td>
<td>26%</td>
</tr>
<tr>
<td>Office supplies</td>
<td>917</td>
<td>683</td>
<td>234</td>
<td>26%</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>3,095</td>
<td>3,063</td>
<td>32</td>
<td>1%</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>5,114</td>
<td>4,615</td>
<td>499</td>
<td>10%</td>
</tr>
<tr>
<td>Legal costs</td>
<td>2,586</td>
<td>2,552</td>
<td>34</td>
<td>1%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>1,779</td>
<td>1,907</td>
<td>(128)</td>
<td>(7)%</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>250</td>
<td>224</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>10,099</td>
<td>7,944</td>
<td>2,155</td>
<td>21%</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>569</td>
<td>560</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td>Under/over-achievement of efficiency savings</td>
<td>326</td>
<td>0</td>
<td>326</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>75,285</strong></td>
<td><strong>70,560</strong></td>
<td><strong>4,725</strong></td>
<td><strong>6%</strong></td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
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<td>3,817</td>
<td>3,836</td>
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</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>80,402</strong></td>
<td><strong>75,696</strong></td>
<td><strong>4,706</strong></td>
<td><strong>6%</strong></td>
</tr>
</tbody>
</table>

#### Income as at Aug 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual retention fees</td>
<td>65,571</td>
<td>65,579</td>
<td>8</td>
<td>0%</td>
</tr>
<tr>
<td>Registration fees</td>
<td>4,067</td>
<td>3,865</td>
<td>(202)</td>
<td>(5)%</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>8,161</td>
<td>6,367</td>
<td>(1,794)</td>
<td>(22)%</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,131</td>
<td>2,199</td>
<td>68</td>
<td>3%</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>810</td>
<td>744</td>
<td>(66)</td>
<td>(8)%</td>
</tr>
<tr>
<td>Interest income</td>
<td>45</td>
<td>44</td>
<td>(1)</td>
<td>(2)%</td>
</tr>
<tr>
<td>Other income</td>
<td>333</td>
<td>316</td>
<td>(17)</td>
<td>(5)%</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td><strong>81,118</strong></td>
<td><strong>79,114</strong></td>
<td><strong>(2,004)</strong></td>
<td><strong>(2)%</strong></td>
</tr>
</tbody>
</table>
## GMCSI summary & investments

**GMCSI summary as at Aug 2021**

<table>
<thead>
<tr>
<th></th>
<th>Budget Aug £000</th>
<th>Actual Aug £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>255</td>
<td>112</td>
<td>(143)</td>
<td>(56)%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>223</td>
<td>134</td>
<td>89</td>
<td>40%</td>
</tr>
<tr>
<td>Profit/(loss)</td>
<td>32</td>
<td>(22)</td>
<td>(54)</td>
<td></td>
</tr>
</tbody>
</table>

**Budget 2021 £000** | **Forecast 2021 £000** | **Variance £000** | **Variance %** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>388</td>
<td>240</td>
<td>(148)</td>
<td>(38)%</td>
</tr>
<tr>
<td>384</td>
<td>250</td>
<td>134</td>
<td>35%</td>
</tr>
<tr>
<td>4</td>
<td>(10)</td>
<td>(14)</td>
<td></td>
</tr>
</tbody>
</table>
### Corporate Threats

<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Category</th>
<th>Detail</th>
<th>Owner</th>
<th>Assigned To</th>
<th>Due Date</th>
<th>Staff</th>
<th>Council and/or Board Assurance</th>
<th>Assurance</th>
<th>Further Action Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Delivery of statutory obligations</td>
<td>Strategic</td>
<td>We have to deliver all statutory functions. There is a potential impact on patient safety, clinical confidence, and the GMC’s reputation as a leading regulator</td>
<td>Digital Economy</td>
<td>Staff</td>
<td>Q4 2021</td>
<td>Quality, Risk &amp; Assurance</td>
<td>Compliance review of performance metrics through the quarterly CEO report</td>
<td>QUITE LIKELY</td>
<td>Continue to engage with the MAC and other regulatory partners, considering the COVID-19 landscape and reviewing our approach if the situation evolves.</td>
</tr>
<tr>
<td>11</td>
<td>Regulatory Reform - Strategic</td>
<td>Strategic</td>
<td>The DHSC’s plans for reform, together with the regulatory regime and the potential impact on patient safety, morale and during the technical DHSC s.60 consultation in early 2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Regulatory Reform - Corporate</td>
<td>Corporate</td>
<td>We have started a project to end social distancing at the clinical assessment at 3 Hardman Square in order to further increase R4 capacity, following end of the approach by DHM on 31 August 2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Corporate Threats and Opportunities - Council October 2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Annex B

<table>
<thead>
<tr>
<th>Rating</th>
<th>Residual</th>
<th>Risk Management</th>
<th>Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>Audit/IS</td>
<td>Paper: Four countries update (April 2021)</td>
<td>Needs to develop a plan to continue to engage with the MAC and other regulatory partners, considering the COVID-19 landscape and reviewing our approach if the situation evolves.</td>
</tr>
<tr>
<td>Medium</td>
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<tr>
<td>High</td>
<td>High</td>
<td>Audit/IS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mitigations/Enhancement

- Regular updates and meetings with key stakeholders to address risks of unfairness
- Consider the adequacy of how we report the timeliness of our processes in design and operation to identify gaps or required change in approach
- Consider the coverage and confidence of independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach
Responding to a changing environment

UNLIKELY

The following are the key risks to the regulator

1. Scheme liabilities arising from the Government decision to align RPI and CPI
2. The impact on the regulator’s corporate strategy/the impact of the strategy on the regulator’s response (December 2020)
4. Significant Event Review: Fraudulent registration application, Teodora Crisan (March 2021)
5. ‘Deep Dive’ Executive Board (June 2021, March 2021, April 2021)
6. ‘Deep Dive’ Executive Board (June 2021, March 2021, April 2021)

UNLIKELY

CRITICAL

HIGH

QUITE LIKELY

Moderate

Low

Tickell (2020)

Medium

Low

Tickell (2020)

Medium

Low

Tickell (2020)

Medium

Low

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Tickell (2020)
Deriving more insight from our data capability

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

Shaun Gallagher
David Darton

• 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 engage with regulatory partners and stakeholders together to drive positive change in practice and training environments
• We provide data support to the rest of the GMC in managing their response to the Covid-19 pandemic.
• Exploring innovative ways of collaborating on data and insight with regulatory partners

Highly likely

• Paper: Review of UK Advisory Forum meetings (December 2019)
• Executive Board
• Risk deep dive (March 2021)

Internal Audit
• Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber)

Other assurance
• Corporate strategy and stakeholder perceptions baseline survey (published March 2019)

Working with patients and public

Operational
Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator

Paul Reynolds
Robert Khan

• Champion for patients established at SMT level to ensure senior-level overview of our engagement
• Strategic approach to patient and public involvement agreed by Executive Board (in November 2020)
• Programme governance in place to direct and oversee work
• Clear information easily accessible for patients and the public about how we work and can support them (such as on our websites)
• Regular assessment of patients and the public’s perceptions of our work (through research and our annual perceptions surveys)
• Regular engagement with patients and the public in all four countries of the UK (through our roundtable and UKAF meetings)
• Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and the public
• Insights and perspectives from patients regularly shared with the team (e.g. Brown Bag lunches and insight reports)

Highly likely

• Council
• Discussions at Council Away Days (July 2020) about patient and public engagement in our work and how to improve it
• Strategic approach to communications and engagement update (June 2020)

Corporate Strategy 2021-2025
• Session on patient and public involvement at Council Away Day (September 2021)
• Paper: annual update on communications and engagement update (2021)

Executive Board
• Risk deep dive (February 2021)

• Paper: Strategic approach to patient and public involvement (November 2021)
• Annual patient survey showing the public’s confidence in how doctors are regulated and feedback on working relationships with patient and public bodies
• Insights and perspectives from patients shared in weekly external update

Medium

• Project Initiation Document for programme submitted to Business Planning Gateway for consideration at the end of September
• Engagement, Policy and Experience workstreams being established (first meetings in October)
• Requirements for involving patients in regulatory reform programme and GMP review established and discussed with Research team (for inclusion in 2022 research programme)
• Outreach ‘signposting’ pilot underway with NHS Isle of Wight and Healthwatch Isle of Wight
• Planning next meeting of patient roundtable (scheduled for 10 November 2021). Items on: unitary board; rebalancing doctors’ appraisals; and publishing sex, gender and gender identity data about doctors
• Session on shared decision making at GMC conference in November 2021 in development. Patients Association confirmed as partner (they’ll provide speaker and case studies)
| Paper withheld from publication | Please note that this paper is being withheld from publication and will be uploaded in due course.  

For further information, please contact the Corporate Governance team via email, GovernanceTeamMailbox@gmc-uk.org. |
## Action

| To note |

## Purpose

To provide Council with an update on the results of the 2021 People Survey and proposed priority areas for further work.

## Decision trail

Considered at September People and Development Board.

## Recommendation

Council is asked to note the People Survey findings and the related ongoing work programmes.

## Annexes

Annex A – People Survey Highlights
Annex B – People Survey Report

## Author contacts

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## Sponsoring director/Senior Responsible Owner

**Neil Roberts**, Director of Resources
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Background

1 The People Survey provides a detailed analysis into key aspects of our performance as an employer helping us identify areas of strong performance along with opportunities for improvement. The survey outcomes are also central to tracking our progress on equality, diversity, and inclusion where Council have agreed targets.

Overview

2 We are now operating on an annual cycle for surveys to help us better track our performance and assess the impact of the work we have undertaken.

3 The 2021 survey has many elements that allow us to track our performance over the long term and benchmark externally. We have retained significant capacity to analyse employee views across the GMC and by individual directorates and teams (subject to sufficient responses to preserve anonymity). We can also analyse the results by job level, location, and diversity strands. This information is shared with managers across the GMC to allow a local, as well as corporate, response to be developed.

4 The 2021 survey took place in June/July this year a year on from the 2020 survey that we delayed slightly due to the pandemic. The 2020 survey took place during lockdown. Our survey providers advised that some organisations chose not to undertake surveys at this time, making it harder to benchmark. It is also clear that some organisations, like the GMC, saw improved survey scores in 2020, immediately following the start of the pandemic, reflecting the high levels of support, the focus on wellbeing and additional internal comms activity taking place at that time. To reflect these circumstances, we have compared our 2021 results with both 2020 and 2019.

5 All our reports, produced by BMG, have been published internally. These include BMG’s analysis on the main highlights and updates on our priority areas (Annex A), the full report (Annex B) and separate reports on engagement and inclusion (available in the supplementary papers).

Overview

6 With a participation rate of 85% (down 5% on last year, and 4% on 2019) the survey is a comprehensive and representative view of our employees’ opinions. Our provider’s view is that this exceptionally high level of participation is a positive indicator.
Our 2019 survey produced an engagement score of 73/100, a slight improvement on 2018. Our 2020 engagement score saw a significant increase to 80, reflecting potentially a ‘covid bounce’. The 2021 engagement score is 75, so a decrease on 2020 but still up on 2019.

While the context of our people survey has changed, and benchmarking is more difficult, our engagement score is around 10 points above the norm for comparable organisations. The 2020 overall Civil Service engagement index was 66% (an all-time high); For individual bodies and departments the range was 51 to 77. The Department of Health & Social Care index score was (69); the MHRA (67) and Public Health England (60). The last available CQC score is 66% (2019 published 2020). Overall, the results are very good, and our priority is ensuring that this positive feedback reflects the experience for all colleagues.

The survey contained 86 questions we can track from the previous survey. The 2021 survey saw just one question that varied significantly (>10% variation) from the 2020 survey which was the question relating to working additional hours with a deterioration of 12%. Overall, there was no change in result for 15 questions, 44 questions scoring below 2020, and 27 questions scoring higher.

Our main challenge remains the lower engagement and inclusion index scores for particular groups, specifically colleagues from minority ethnic backgrounds. This is in marked contracts to the very limited variance in scores on some other factors, such as age, length of service, grade and between men and women. The overall results of the 2021 survey reinforce the importance of making progress towards the targets agreed by Council and the supporting programmes of work.

Benchmarking

Benchmarking allows us to place the 2021 people survey results into context with other similar organisations. BMG maintains a database of results from organisations they have worked with over several years. The benchmark used for this analysis is made up of over 100 UK wide public sector organisations. This benchmark has been used as a comparison throughout the report. In total, comparison was possible for 34 questions contained within the survey. Amongst these, almost all (28) are above or significantly above the BMG benchmark, 3 are in line and just 3 fall below average. This means that 82% of comparable questions significantly outperform their benchmark.

Three questions are significantly below the BMG benchmark. The largest negative differences to the BMG benchmark are the proportion of staff who feel they do not need to work additional hours to get the job done (-13% points)
Council meeting, 3 November 2021
Agenda item M5 – Update on the People Survey

and the percentage of employees who are confident that the GMC considers inclusion when making decisions (-12% points).

Engagement Index

13 Our engagement index provides a headline indication of our overall performance as an employer:

- I am proud to say that I work for the GMC
- I would recommend working for the GMC
- I speak positively about the services that the GMC provides
- I am committed to going the extra mile for the GMC
- I intend to be working for the GMC in 12 months’ time
- Job Satisfaction

14 The detailed results, set out in Annex B, show a 75.67 engagement score, around 10% above the average for comparator organisations.

15 Most staff are engaged (64%), with only 2% disengaged. This is a slight weakening compared to 2020, where 69% of staff were engaged. However, this is due to an increase in staff who are passive (30% compared to 34% in 2021). While there is a decline form 2020 (from 80%) the engagement index is up on 2019.

16 Our main aim in this area has been to move average scores for lower scoring groups towards our GMC average. We have a longer term trend of ethnic minority groups (especially black colleagues) returning lower average engagement scores.

17 Our target is to get all groups of respondents to within 5% of the GMC average. 2021 has seen some progress with the following increases in engagement scores being seen:

- Black/African/Caribbean/Black British – 4 point increase to 69/100
- Caribbean – 4 point increase to 72/100
- Mixed or Multiple ethnic background - White and Black Caribbean – 2-point increase to 63/100
Our current programme of work aims to build on this, but the main conclusions to draw from the engagement report is that ethnic origin remains the area where we see the most significant variation in engagement.

Inclusion Index

We introduced an inclusion index in 2020 as a pilot. The index is based on a set of questions that are focused on the workplace experience of colleagues, an area where we are seeing to make targeted improvements for some groups of colleagues.

The index covers the following:

- I feel that my views and ideas are listened to
- My manager treats me with respect and fairness
- The GMC provides an inclusive environment for people from all backgrounds
- I am confident that I can raise an issue with the organisation without it being held against me
- Bullying is not an issue where I work
- Harassment is not an issue where I work
- Discrimination is not an issue where I work
- I feel everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity.

In 2020 we reported that the inclusion score was 65% and agreed a target to improve this score year in year. As part of our 2021 report our survey provider has advised that they miscalculated the 2020 score. This means that our 2020 score should have been reported as 75%. The 2021 figure is also 75%.

The inclusivity report, like the engagement report, emphasises the difference experience and perceptions of the workplace, and the largest variations are by ethnicity with no ethnic minority group above the GMC average.

This index provides a very clear focus on the issues that we need to address on workplace experience. It poses a much tougher set of questions to us as an
employer and we propose mirroring the engagement index KPIs with the aim of getting all groups to within 5% of the GMC average by 2026.

Positive Changes

24 The 2021 survey shows an improvement in 2019, but a general weakening of our scores since last year. There are however some areas where we have consolidated good progress since 2020 despite the challenges posed by the pandemic (e.g., talent development) and some where we have made progress (e.g., managing change). We continue to work on understanding what has driven improvements, but some of the approaches we have taken to managing the pandemic have been well received. We will be looking to build on these areas of progress which include:

a. Senior Management are good at explaining the reasons for why decisions are made – increase of 6%

b. Assistant Directors make time for colleagues – increase of 5%

c. New projects and initiatives affecting the whole organisation are well thought out before they are implemented – increase of 6%

Priority Areas for Improvement

Engagement and Ethnicity

25 The 2021 results emphasise the importance of improving the workplace experience for all colleagues.

26 On ethnicity we see significant variances. Engagement for BME colleagues overall has decreased on average to 71/100 score in this area (compared to 78 in 2020 and 71 in 2019). Within this trend we have seen a drop in engagement scores covering Asian/Asian British respondents to 75/100 (compared to 84 in 2020 and 77 in 2019). Whilst there has been an increase in the engagement score for Black/African/Caribbean/Black British colleagues – 69/100 in 2021 – before this there was very little movement in scores (65 in 2020 and 64 in 2019). The average score for colleagues in these groups has been persistently well below the GMC average and this is a welcome improvement.

Bullying, Harassment and Discrimination

27 On discrimination, harassment and bullying we have seen improvements of 1% for each question covering these three headings since 2020. We asked for
Further information about any incidents and whether they related to specific protected characteristics.

**a** Colleagues stating that discrimination is not an issue where they work has increased by 1% to 75% compared to 74% in 2020 (80% in 2019). 14% answered neither, 11% disagreed. Of the 141 colleagues that reported that discrimination is an issue 16% personally experienced discrimination, 13% observed it and 18% both personally experienced and observed discrimination. Of this group (66 colleagues), 27% of discrimination came from a colleague, 26% from another manager in their part of the GMC and 21% from someone who works for another part of the GMC. 45% colleagues reported that the discrimination related to race, 23% to sex and 23% to age.

**b** Colleagues stating that bullying is not an issue where they work has increased 1% to 77% compared to 76% in 2020 and 79% in 2019. 12% answered neither, 11% disagreed. Out of 141 colleagues reporting this as an issue, 18% personally experienced bullying, 25% observed it and 19% both personally experienced discrimination. Of this group (90 colleagues) 42% related to bullying being from colleagues and 26% from their manager.

**c** Colleagues stating that harassment is not an issue where they work has increased to 82%, compared to 81% in 2020 and 90% in 2019 (but the question this year was around sexual harassment). 11% answered neither, 7% disagreed. Of the 93 colleagues who reported harassment as an issue 16% told is they had personally experienced harassment, 17% said they had observed harassment and 20% said they had witnessed and experienced it. Of this group (50 respondents) 34% related to racial harassment and 22% to sexual harassment.

**28** This remains a priority area and we have a wide-ranging programme to support our priorities. Specific measures on bullying and harassment include:

**a** Training for all managers on tackling bullying and harassment in the organisation as part of our ‘People Essentials’ programme.

**b** A new professional behaviours programme available to all staff this year.

**c** Further communications to staff on the options to raise issues. This includes work with our Freedom to Speak Up Guardian and we have seen a significant increase in awareness of how to raise issues (up to 90% from 76%) and some improvement in the confidence colleagues have in issues being addressed.
Council meeting, 3 November 2021

Agenda item M5 – Update on the People Survey

**d** A clearer set of expectations on behaviour through a new set of competencies that will feed into performance management launched this year development and our 360 feedback system.

**e** We do conduct reviews in areas where we have identified potential issues. These are in addition to formal processes that always apply when allegations are made. We will conduct a further three reviews in 2021 to follow up on areas with lower scores in these areas.

This area will continue to have a designated work-stream headed by Paul Reynolds

*Working Hours*

**29** Our score for working additional hours has deteriorated by 12% in 2021 with 48% of colleagues in the survey agreed with the question ‘I need to work additional hours to get my job done’ compared to 36% in 2020. We received the same score in 2019 with 48% of colleagues feeling they needed to work additional hours at that time. The external benchmark score of for this question in 2021 is 59%.

**30** Of this group, 35% of colleagues reported working additional hours was a problem for them with 47% saying it was not. The main reasons reported for it being a problem were: it cuts into personal time – 46%; negative impact on health / wellbeing – 31%; work too high for contracted hours – 20%; and not being paid for overtime - 11%. The main reasons cited for needing to work additional hours in 2021 were: high workload – 81%; additional unplanned work at short notice – 47%; and not enough resources in team – 44%. 51% of colleagues within this group also said they worked additional hours a few times a week.

**31** This wider analysis of the issue is helping to inform our ongoing work. Our main aim in 2021 is to publish a new managers toolkit to help manage workload issues locally. We are also tracking workloads centrally, via the business planning team, to track areas where there are issues and feed these into our resourcing decisions (such as recruitment prioritisation).

**32** This work will continue to have a workstream led by Anthony Omo.

*Engagement and Local Responses*

**33** Our approach to previous People Surveys has been to focus on a small number of corporate themes. In response to this survey, we have adjusted our approach and using colleague feedback more extensively before finalising our
plans. We can do this as we have ongoing programmes that relate to our People Survey feedback. We also want to use our internal networks and Staff Forum to shape any new developments along with our ongoing staff focus groups.

34 They survey also provides the capacity to analyse issues at local level (with the caveat that we don’t report on groups on fewer than 10 colleagues). We have provided detailed directorate and team by team reports. Individual Directorates will now produce their own local action plans, reflecting their priorities, and complimentary to what is being coordinated centrally.

Looking Ahead

35 Our People Survey has played an important role in setting our priorities and we can see a clear link with many areas of work delivered over recent years. This includes our investment in learning and Investors in People accreditation, informing our inclusion targets, supporting how we manage change and internal engagement. For 2021/22 we will be considering the survey feedback as we develop our post-pandemic working practices.

36 Our pandemic experience has had an impact on our workplace culture and our working arrangements will change. We have developed models for engagement and internal comms that have worked well; further opportunities around flexible working have emerged; our digital learning offering has increased, and online meetings are working well. There are also risks, for example we do not yet know if there is an impact on ‘learning on the job’.

37 These issues link very closely to the workplace experience, engagement and inclusion and we have an ongoing programme of working that will tie in closely with the People Survey follow up programmes.
Agenda item M5
Update on the People survey

Annex A

People Survey highlights
Agenda

Survey design, delivery and response rates

Headline findings (strengths/challenges, changes since 2019, Employee engagement and inclusion index)

How we performed against 2020 workstream
• Working hours
• Managing change
• Inclusion, fairness, transparency and diversity

Overall lessons learnt about the employee experience at GMC
Survey Design and Delivery

Survey administration: 28th June to 27th July 2021.

The survey remained broadly consistent with 2020. The survey name has changed to the People Survey. Additional questions were asked about working patterns and the continued impact of Covid-19.

Email invitation to the survey.

Three survey reminders to non-completes during survey period.

-5% versus 2020

85% response rate
1,511 were invited and 1,283 completed
Headlines
Most positive scoring questions

<table>
<thead>
<tr>
<th>% Positive score (i.e., strongly agree/agree)</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I am aware of the GMC’s equality, diversity and inclusion aspirations</td>
<td><strong>94%</strong></td>
</tr>
<tr>
<td>• My manager treats me with respect and fairness</td>
<td><strong>93%</strong></td>
</tr>
<tr>
<td>• We work with others to support safe, high-quality care</td>
<td><strong>92%</strong></td>
</tr>
<tr>
<td>• There is helpful and effective co-operation between; Colleagues in your team</td>
<td><strong>92%</strong></td>
</tr>
<tr>
<td>• Your manager cares about your health and wellbeing</td>
<td><strong>92%</strong></td>
</tr>
</tbody>
</table>

The BMG Public Sector Benchmark is made up of over 100 (varies by question) UK wide public sector organisations including regulatory bodies, local authorities and housing organisations.
Least positive scoring questions

<table>
<thead>
<tr>
<th>% Positive score (i.e., strongly agree/agree)</th>
<th>2020</th>
<th>BMG BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% • Senior Management welcome my ideas and opinions</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>48% • I need to work additional hours to get my job done</td>
<td>36%</td>
<td>55%</td>
</tr>
<tr>
<td>50% • New projects and initiatives affecting the whole organisation are well thought out before they are implemented</td>
<td>44%</td>
<td></td>
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<tr>
<td>51% • I feel confident to talk to Senior Management</td>
<td>55%</td>
<td>47%</td>
</tr>
<tr>
<td>53% • Senior Management are approachable</td>
<td>55%</td>
<td>49%</td>
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</tbody>
</table>

Please note before 2021 this statement was asked; I do not need to work additional hours to get my job done. The scale for pre-2021 have been swapped around, so Agree 2021 is now compared to Disagree 2020 etc.
Progress since 2020

Out of 86 Comparable measures

- 86 comparable questions
- 0 sig improved
- 85 not changed
- 1 sig declined

Largest changes compared to 2020

<table>
<thead>
<tr>
<th>Question</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Management are good at explaining the reasons for why decisions are made</td>
<td>-7%</td>
</tr>
<tr>
<td>New projects and initiatives affecting the whole organisation are well thought out before they are implemented</td>
<td>-6%</td>
</tr>
<tr>
<td>Assistant Directors make time for colleagues</td>
<td>-5%</td>
</tr>
<tr>
<td>I need to work additional hours to get my job done</td>
<td>-7%</td>
</tr>
<tr>
<td>My directorate has the resources to do a good job</td>
<td>-6%</td>
</tr>
<tr>
<td>Senior Management care about my health and wellbeing</td>
<td>-6%</td>
</tr>
<tr>
<td>I am confident in the way that Senior Management are leading the GMC</td>
<td>-6%</td>
</tr>
<tr>
<td>I am proud to say that I work for the GMC</td>
<td>-6%</td>
</tr>
<tr>
<td>I feel valued at the GMC</td>
<td>-6%</td>
</tr>
<tr>
<td>I am committed to going the extra mile for the GMC</td>
<td>-5%</td>
</tr>
</tbody>
</table>

Please note before 2021 'I need to work additional hours to get my job done' was asked; I do not need to work additional hours to get my job done. The scale for pre-2021 has been swapped around, so Agree 2021 is now compared to Disagree 2020 etc.
Why employee engagement matters – a refresh

**Employee engagement:** Engaged employees (i.e. employees that are emotionally committed to their company and its success) have a huge impact on an organisation’s success. Most importantly, engaged employees often tend to be happier, both at work and in their own lives. However, increasing staff engagement brings a number of other benefits to organisations, including ...

- Greater client satisfaction
- Less employee absence
- Increased productivity
- Increased creativity
Employee engagement model – a refresh

An Engaged Employee

I am proud to say that I work for the GMC

I would recommend working for the GMC

I am committed to going the extra mile for the GMC

I intend to be working for the GMC in 12 months' time

Job Satisfaction

9
Employee Engagement

Employee Engagement levels returning towards 2019.

-76% -4% Vs. 2020

[Graph showing Employee Engagement levels from 2017 to 2021.]
# Employee Engagement by Directorate and demographics

## Employee Engagement Index scores compared to 2020 and 2019

<table>
<thead>
<tr>
<th>Directorate</th>
<th>2021</th>
<th>2020</th>
<th>Diff YoY</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>76</td>
<td>80</td>
<td>-4</td>
<td>73</td>
</tr>
<tr>
<td>Corporate Directorate</td>
<td>82</td>
<td>81</td>
<td></td>
<td>78</td>
</tr>
<tr>
<td>Education and Standards</td>
<td>69</td>
<td>76</td>
<td>-7</td>
<td>67</td>
</tr>
<tr>
<td>Fitness to Practise</td>
<td>77</td>
<td>80</td>
<td>-3</td>
<td>72</td>
</tr>
<tr>
<td>Medical Practitioners Tribunal Service</td>
<td>74</td>
<td>81</td>
<td>-7</td>
<td>72</td>
</tr>
<tr>
<td>Registration and Revalidation</td>
<td>80</td>
<td>82</td>
<td>-2</td>
<td>80</td>
</tr>
<tr>
<td>Resources</td>
<td>77</td>
<td>83</td>
<td>-6</td>
<td>75</td>
</tr>
<tr>
<td>Strategic Communications and Engagement</td>
<td>67</td>
<td>73</td>
<td>-6</td>
<td>68</td>
</tr>
<tr>
<td>Strategy and Policy</td>
<td>74</td>
<td>78</td>
<td>-4</td>
<td>74</td>
</tr>
</tbody>
</table>

## Groups of colleagues that have a lower engagement index:

- Remote workers 67
- Based in London 70
- Mixed or multiple ethnic background 66
- Black/African/Caribbean/Black British 69
- White and Black Caribbean 63
- Pakistani 67
- African 67
- Bisexual 70
### Key Driver Analysis – the questions that matter the most to employee engagement at the GMC

<table>
<thead>
<tr>
<th>2021 Importance order</th>
<th>2020 Importance order</th>
<th>I feel valued as a member of staff at the GMC</th>
<th>Vs. 2020</th>
<th>Index score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>72% Agree, 14% Neither, 14% Disagree</td>
<td>-6%</td>
<td>2.07</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>88% Agree, 7% Neither, 5% Disagree</td>
<td>-2%</td>
<td>1.92</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>63% Agree, 19% Neither, 18% Disagree</td>
<td>1%</td>
<td>1.88</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>72% Agree, 17% Neither, 11% Disagree</td>
<td>-3%</td>
<td>1.73</td>
</tr>
<tr>
<td>5</td>
<td>39</td>
<td>80% Agree, 11% Neither, 9% Disagree</td>
<td>-1%</td>
<td>1.58</td>
</tr>
</tbody>
</table>

- I feel valued as a member of staff at the GMC
- The GMC provides a supportive working environment
- The GMC has an open and honest culture
- Our values are at the heart of the way we work every day
- The GMC holds itself accountable for its actions
Year two of the Inclusion index
Inclusion index by Directorates and demographics

- Corporate Directorate (22) 86%
- Education and Standards (100) 71%
- Fitness to Practise (397) 76%
- Medical Practitioners Tribunal Service (82) 73%
- Registration and Revalidation (263) 76%
- Resources (219) 75%
- Strategic Communications and Engagement (132) 72%
- Strategy and Policy (68) 78%

GMC Inclusion Index

- Level 1 and 1AD 92%
- Irish 85%
- Less than 6 months length of service 84%
- Gay woman/man 83%
- Level 2 80%, Level 2A 82%
- Christian 80%
- Part time 80%
- Male 80%

- Caribbean 55%
- Level 4A 55%
- White and Black Caribbean 55%
- Pakistani 59%
- African 63%
- Muslim 63%
- Indian 64%
- Bisexual 66%
- Level 3A 67%
- Remote worker 68%
Why inclusion matters at the GMC

- Those who are satisfied with their job have an inclusion index of 81%, vs. 41% for those who are not satisfied
- Those who feel valued in their job have an inclusion index of 84%, vs. 43% for those who do not feel valued
- Those who feel empowered to make decisions have an inclusion index of 80%, vs. 47% for those who do not feel empowered
- Those who feel the GMC has an open and honest culture have an inclusion index of 88%, vs. 44% for those who feel it does not
- Those who feel their view will be listened to have an inclusion index of 85%, vs. 39% for those who disagree
How the 2020 workstream areas performed
Agreement that they need to work additional hours to get their job done is particularly high amongst:

- London based staff 56%
- Staff who have worked at GMC for 10 years + 54%
- Level 1 and 1AD 65%, Level 2A 88%, Level 3 55%, Level 4A 74%
- Those who have line management responsibility 59%
- Staff who are Indian 55%, Caribbean 56%
- Primary carer of an older person 59%
1. Is working additional hours a problem for you?

- Yes, 35%
- No, 47%
- Prefer not to say, 17%

Highest among...
- Strategy and Policy: 51%
- Strategic Communications and Engagement: 40%
- Level 4A: 48%
- Those dissatisfaction with their job: 65%

Base 615

2. Please explain the reasons why working additional hours is an issue for you

- Cuts into personal/relaxation/family time (poor work-life balance): 46%
- Negative effect on health/wellbeing: 31%
- Workloads are too high for contracted hours (inc. worry over missing deadlines/poor work planning/short-notice work/etc): 20%
- Not paid for it/allowed to claim it as overtime: 11%
- Devalues my work (lack of recognition/appreciation): 8%
- Unable to use it as flexi/TOIL: 7%

Base 217

3. You agreed that you need to work additional hours. Please tell us the reasons why you need to work additional hours

- 81%: High workload
- 47%: Additional unplanned work requests at short notice
- 44%: Not enough resources in team
- 33%: Cyclical nature of some of my work

Base 615

4. Generally, how often do you work additional hours?

- Every day: 9%
- Once a week: 19%
- A few times a week: 51%
- Once a month: 5%
- A few times a month: 15%
- Less than once a month: 1%

Base 615
Managing change

Perceptions of management of change within the GMC has remained relatively consistent with 2020.

- Changes at a local level, within my Directorate are managed well: 64% (2021 vs 64% 2020) 0%
- I feel I have had the opportunity to contribute to changes that affect my job: 55% (2021 vs 53% 2020) +3%
- Changes to the overall organisation are managed well: 59% (2021 vs 60% 2020) -1%
- New projects and initiatives affecting the whole organisation are well thought out before they are implemented: 50% (2021 vs 44% 2020) +6%

Bullying, harassment and discrimination

Bullying is not an issue where I work

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Agree Strongly</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>Neither</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Disagree Strongly</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Agree: 77%  Disagree: 11%

Harassment is not an issue where I work

<table>
<thead>
<tr>
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<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>Agree Strongly</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>Neither</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Disagree</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Disagree Strongly</td>
<td>2%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Agree: 82%  Disagree: 7%

Discrimination is not an issue where I work

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Agree Strongly</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Neither</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Disagree</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Disagree Strongly</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Agree: 75%  Disagree: 11%

Variation by gender

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Female</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Variation by ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>BME</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: 2021: 1283; 2020: 1297
Bullying, harassment and discrimination continued

Still thinking about the same incident, did you report the...?

- Bullying
- Harassment
- Discrimination

Reported the harassment?

- Yes: 20
- No: 24

Reported the bullying?

- Yes: 29
- No: 64

Reported the discrimination?

- Yes: 12
- No: 37

Still thinking about the same incident, which route or routes did you use to report the harassment/bullying/discrimination?

<table>
<thead>
<tr>
<th>Route</th>
<th>Harassment</th>
<th>Bullying</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your manager</td>
<td>14</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Your Head of Section</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Your Assistant Director</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Your Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Another manager/senior manager</td>
<td>3</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Freedom To Speak Up Champion</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Freedom To Speak Up Guardian</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Network Group</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>HR</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Was the issues resolved to your satisfaction?

Harassment: 20% Yes, 40% No, 40% Don’t know
Bullying: 10% Yes, 45% No, 34% Don’t know
Discrimination: 8% Yes, 67% No, 25% Don’t know

Base: Where experienced or observed... harassment: 50; bullying: 96; discrimination: 46
Quality of the working environment provided by the GMC

Agreement that GMC provides an inclusive environment for people from all backgrounds is particularly lower for the following groups:

- Education and Standards 61% and Strategic Communications and Engagement 63%
- Remote working staff 59% and London based staff 65%
- BME staff 58%, Mixed or multiple ethnic background 54%, Asian/Asian British 64%, Black/African/Caribbean/Black British 50%
- Bi-sexual staff 57%

Base size: 1283
Other areas for consideration
What ONE thing would you like to see changed ACROSS THE GMC that would have a positive impact on your job?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay rise/pay bandwidth review for all jobs/pay equality</td>
<td>8%</td>
</tr>
<tr>
<td>Flexibility/flexible working/Agile working</td>
<td>5%</td>
</tr>
<tr>
<td>Career development opportunities (Inc. training/CPD/promotions)</td>
<td>5%</td>
</tr>
<tr>
<td>Improvements to recruitment processes</td>
<td>3%</td>
</tr>
<tr>
<td>Improve/decrease workload/management of workloads</td>
<td>3%</td>
</tr>
<tr>
<td>Everyone to be treated equally/fairly</td>
<td>3%</td>
</tr>
<tr>
<td>Recognition of staff/work done</td>
<td>3%</td>
</tr>
<tr>
<td>Increase diversity of staff</td>
<td>3%</td>
</tr>
<tr>
<td>Team work/interdepartmental working/cross collaboration</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>No / None / Nothing</td>
<td>49%</td>
</tr>
</tbody>
</table>

Base: 1283
Key lessons learnt
Why employee engagement matters – a refresh

**Employee engagement:** Engaged employees (i.e. employees that are emotionally committed to their company and its success) have a huge impact on an organisation’s success. Most importantly, engaged employees often tend to be happier, both at work and in their own lives. However, increasing staff engagement brings a number of other benefits to organisations, including ...

- Greater client satisfaction
- Less employee absence
- Increased productivity
- Increased creativity
Key lessons learnt (1/2)

- There have been considerable improvements in the results since 2019. In particular, there has been a significant shift upwards across almost all aspects of the employee experience. Senior Management have seen some of the largest improvements, with notable growth in confidence in the leadership, how well decisions are explained and in how well change is managed.

- It has generally been a picture of stability in terms of the 2021 People survey results in comparison to 2020, with a slight weakening in some areas. However largely the results are still above those observed in the 2019 survey. The work world has drastically changed in the last couple of years and in 2020 the focus for many organisations was trying to stay on top of government guidelines, enabling the organisation to continue operating remotely, keeping staff safe, and focusing on wellbeing. This might have been a factor in the results peaking during 2020 and slightly softening this year.

- Reflected in the general softening of some results, the employee engagement index (an outcome measure) has seen a decrease from 80 to 76, which is reflected across the majority of Directorates. All the questions that make up the index have fallen, in particular pride, which has decreased by 6% points (it is still 18% points above the benchmark). Commitment to going the extra mile has also decreased by 5% points compared to 2020. Both of these now sit just below the 2019 levels (both -1% point). However three out of the six statements that feed into the employee engagement index, despite a decrease in agreement from 2020 to 2021, are still above the levels observed in 2019.

- In 2020 the inclusion index was introduced to help shine a light on where an inclusive environment has been fostered most successfully, and areas where the employee experience is not consistent across the GMC. The index was used again in 2021 and has remained static at 75%, which is reflected in little movement of the elements that feed into the index.

- One area for continued consideration is staff needing to work additional hours to get their job done. It is important to note that this question has changed slightly from ‘I do not need to work additional hours to get my job done’ to ‘I need to work additional hours to get my job done’ for the 2021 survey. For comparison purposes the 2021 agreement score is compared to the 2020 disagreement score. Moreover there has been an increase of 12% points for staff that agree they need to work additional hours in comparison to 2020, however this is in line with 2019, potentially highlighting a genuine increase in workload for some staff. Interestingly though, there are still a third of staff at GMC that disagree with this.
The reasons for needing to work additional hours remain the same as last year in that it is mainly about high workload. However an additional statement added in 2021, has a relatively high endorsement with nearly half that say additional unplanned work requested at short notice cause them to work additional hours (47%). Staff also feel there is a lack of resource in their team (44%). The additional questions asked to unpick this topic, especially the open question, underline the strong sense of negativity and unfairness that employees feel in terms of additional working hours, especially when it comes to the effects on their health and their capacity to carry out familial responsibilities.

Perceptions of management of change within the GMC has remained relatively consistent with 2020. However, agreement that new projects and initiatives affecting the whole organisation are well thought out before they are implemented has increased 6% points since 2020 and 19% points above 2019, showing the progress being made over the last couple of years.

The majority of staff agree that bullying, harassment and discrimination are not an issue where they work, which has remained in line with the 2020 scores. However, when looking back to 2019, levels of agreement that they are not an issue have weakened, most notably when looking at harassment (-8% points) and discrimination (-5% points). From the additional follow up questions asked in this survey we have a better understanding of the nature of this behaviour and where it is coming from. However, it should be noted that for many of these data, the base size is small, and it needs to be analysed with this caveat. Nevertheless, the most commonly type of negative behaviour experienced is racial, followed by sexual and age (particularly discrimination). The figures in the survey suggest that fewer than half of those who experience or observe these negative behaviours report this, and so the internal reported figures may not reflect reality. The majority used their manager to report the behaviour to, although they tended to not be satisfied with the outcome.

Additional questions related to the workstream of openness, inclusivity and transparency indicate that the GMC have educated their staff on aspirations and behaviours desired whilst being an employee. For instance, over nine in ten employees agree that they are aware of the GMC’s equality, diversity and inclusion aspirations (94%) and that they know what inclusive behaviours are expected of them (91%). Agreement is much lower for staff believing that they can raise an issue with the organisation without it being held against them, at just 58% that agree and 20% of staff that actively disagree. Where it is possible to view the levels of agreement over time for this workstream, the progress is generally stable. However, when looking at the proportion of staff that agree the GMC provides an inclusive environment for people from all backgrounds, this has dropped 2% points from 2020 but is now 10% points lower than in 2019 (74% cf. 84%), albeit still in line with the benchmark.

Senior Management perceptions have generally remained in line with 2020 although it should be highlighted that agreement that staff are confident with the way Senior Management are leading the GMC has decreased by 6% points compared to 2020. However further insight shows that although it has dropped since 2020, it is still 13% points above levels of 2019. This is the case for the majority of statements pertaining to Senior Management. Moreover staff are less likely to agree that the Senior Management Team care about their health and wellbeing than in 2020 (-7% points), but is still 8% points above the scores observed in 2019.
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+44 (0)121 333 6006

Glasgow
New Alderston House, 3 Dove Wynd, Bellshill, Midlothian, UK, ML4 3FF
Council meeting – 3 November 2021

Agenda item M5
Update on the People survey

Annex B

People Survey report
Contents
1. Introduction .......................................................................................................................................................... 1
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3. The Inclusion Index ............................................................................................................................................... 8
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5. Performance against 2020 and against the benchmarks ................................................................................... 14
6. Topline Findings Related to the GMC Workstreams .......................................................................................... 17
7. Leadership Perceptions ...................................................................................................................................... 32
8. Other Findings .................................................................................................................................................... 40
9. Overall Findings .................................................................................................................................................. 41
1. Introduction

The General Medical Council (GMC) commissioned BMG to conduct their annual staff survey in 2021, which this year has been renamed the People Survey to align with a language change internally. The survey builds on the findings from the staff surveys carried out by BMG in 2020 and 2019. During the past three years, BMG has worked in partnership with representatives from the GMC to ensure that the research reflects the objectives, strategy and state of play of the organisation. The 2021 survey questionnaire was updated to reflect the current challenges faced by the GMC, including continued changes to working patterns and environments caused by the outbreak of Covid-19. However, consistency with previous questionnaires was retained as far as possible, to allow developments over time to be identified. The survey was carried out by means of a self-completion online survey sent to all staff by email.

This report details the key findings derived from the survey, undertaken during June/July 2021. All 1,511 staff were given the opportunity to complete a survey. A total of 1,283 responses were received, giving an exceptionally high response rate of 85%, although slightly lower than in 2020.

85% response rate

(-5% since 2020)

(-4% since 2019)

This response rate is much higher than is frequently seen in employee surveys in comparable sectors which tends to range between 60-70%. Not only does this provide a robust base for analysis, but it also demonstrates fantastic engagement with the programme, which is key to its success, and speaks positively of the outcomes of actions taken off the back of previous surveys.
2. Employee Engagement

How the Employee Engagement Index is calculated

- An Engagement Index score of 100 (the maximum score) would be achieved if all employees 'Agree Strongly' with all the engagement questions
- If all employees 'Agree' with all the engagement questions the score would be 80 (because 'Agree' has a lower weighting than 'Agree Strongly')
- The minimum score of 0 would apply if no employee’s express agreement with any of the Index questions

For each of the six questions, counts are run on those that answered either strongly agree or agree, before generating a total count for all six questions.

A weighting is then applied, five for strongly agree and four for agree, these are then added together before being divided by the sample, which has also been multiplied by five. A summary of this formula is:

\[
\frac{(\text{Agree Strongly Count} \times 5) + (\text{Agree Count} \times 4)}{\text{Total Population} \times 5}
\]

This creates a value between 0 and 6, this is then used to calculate its proportion to the maximum possible value (6), and this proportion is the index score. For example, a value of 5.2 out of 6, equates to an index score of 86.7.

The chart below shows the questions that feed into the employee engagement index.
Employee Engagement Index

The GMC has a good engagement score of 76, which increases to 82 among staff in the Corporate Directorate and 80 amongst staff in Registration and Revalidation. However, it drops to 67 amongst staff in Strategic Comms and Engagement and 69 amongst staff in Education and Standards.

Figure 1: Employee engagement index scores

Further analysis shows that some groups of staff have a lower engagement index:

- Remote workers 67
- Based in London 70
- Mixed or multiple ethnic background 66
- Black/African/Caribbean/Black British 69
- White and Black Caribbean 63
- Pakistani 67
- African 67
- Bisexual 70
The figure below shows the change in engagement since 2020, with a decrease of 4 in 2021. Almost all Directorates have recorded a decrease, with this being highest among staff in the Medical Practitioners Tribunal Service (MPTS) and Education and Standards, both at -7, followed by staff in Strategic Comms and Engagement (-6) and Resources (-6). The Corporate Directorate showed a small growth (+1).

**Figure 2: Employee engagement index scores compared to 2020**

<table>
<thead>
<tr>
<th>Directorate</th>
<th>2021</th>
<th>2020</th>
<th>Diff YoY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>76</td>
<td>80</td>
<td>-4</td>
</tr>
<tr>
<td>Corporate Directorate</td>
<td>82</td>
<td>81</td>
<td>+1</td>
</tr>
<tr>
<td>Education and Standards</td>
<td>69</td>
<td>76</td>
<td>-7</td>
</tr>
<tr>
<td>Fitness to Practise</td>
<td>77</td>
<td>80</td>
<td>-3</td>
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<tr>
<td>Medical Practitioners Tribunal Service</td>
<td>74</td>
<td>81</td>
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<td>Registration and Revalidation</td>
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<td>Resources</td>
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<tr>
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<td>-6</td>
</tr>
<tr>
<td>Strategy and Policy</td>
<td>74</td>
<td>78</td>
<td>-4</td>
</tr>
</tbody>
</table>
However, in this instance it is important to look further back over time given the increase that was present from 2019 to 2020. An increase that perhaps had been influenced by the change in the working world given the COVID-19 pandemic. Therefore, looking at the employee engagement index from 2019 to 2021, the graph below highlights that in fact, overall, and across the majority of directorates the score is still higher than in 2019.

**Figure 3: Employee engagement index scores compared to 2019**

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2019</th>
<th>Diff YoY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>76</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Corporate Directorate</td>
<td>82</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Education and Standards</td>
<td>69</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Fitness to Practise</td>
<td>77</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Medical Practitioners Tribunal Service</td>
<td>74</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Registration and Revalidation</td>
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<td></td>
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<tr>
<td>Strategy and Policy</td>
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</tbody>
</table>
Looking at the statements that feed into the engagement index, all observed an uplift in 2020, but have since declined again in 2021. The greatest decline is observed for “I am proud to say that I work for the GMC” (-6% points), dropping back down to levels observed in 2018 and 2019. Additionally, commitment to going the extra mile has decreased by 5% points compared to 2020. Three of the six contributing factors of engagement, positively have still remained above levels observed in 2019:

- I would recommend working for the GMC (+3% points above 2019)
- I intend to be working for the GMC in 12 months’ time (+5% points above 2019)
- Job satisfaction (+4% points above 2019)

**Figure 4: Employee engagement index scores % Agree**

Further investigation of job satisfaction, shows that staff in Strategic Communications and Engagement have the lowest level of job satisfaction at 77%. It also drops to 77% amongst staff of a mixed or multiple ethnic background, and then to 69% amongst staff who are Pakistani.
Encouragingly, over 2 in 3 staff (64%) are engaged, whilst the remainder are mostly passively engaged (34%) and only 2% are actively disengaged. This represents a decrease of -5% points in the proportion of staff who are engaged compared to 2020, with an increase in the proportion who are passive (+4%).

Figure 5: Engagement segments

- 64% Engaged
- 34% Passive
- 2% Disengaged
3. **The Inclusion Index**

For the second time, with the aim of understanding the achievements of the inclusion workstream so far and benchmarking progress for the future, an overall inclusion score has been calculated. This score is 75%, which is in line with the score from 2020 (75%). All elements that feed into the inclusion index have remained stable also.

**Figure 6: The inclusion index**
At a Directorate level, the Inclusion score is notably higher amongst staff in the Corporate Directorate (86%). It is lowest amongst staff within Education and Standards (71%) and Strategic Communications and Engagement, at 72%.

Caribbean employees and white and black Caribbean staff have a lower inclusion score, both at 55%. It is also lower amongst staff who are a grade Level 4A (55%) and Pakistani members of staff (59%). Opposite is the case of staff who are a grade Level1 and AD (92%) and Irish (85%).

Figure 7: The inclusion Index by Directorate and key demographics

- Corporate Directorate (22) 86%
- Education and Standards (100) 71%
- Fitness to Practise (397) 76%
- Medical Practitioners Tribunal Service (82) 73%
- Registration and Revalidation (263) 76%
- Resources (219) 75%
- Strategic Communications and Engagement (132) 72%
- Strategy and Policy (68) 78%

- Level 1 and 1AD 92%
- Irish 85%
- Less than 6 months length of service 84%
- Gay woman/man 83%
- Level 2 80%, Level 2A 82%
- Christian 80%
- Part time 80%
- Male 80%

- Caribbean 55%
- Level 4A 55%
- White and Black Caribbean 55%
- Pakistani 59%
- African 63%
- Muslim 63%
- Indian 64%
- Bisexual 66%
- Level 3A 67%
- Remote worker 68%
From the data we can clearly see the positive impact of an inclusive environment. There are some important variations in the inclusion score evident when comparing staff with strongly positive views in regards to broader aspects of their job, with staff whose views are more negative:

- Those who are satisfied with their job have an inclusion index of 81%, vs. 41% for those who are not satisfied
- Those who feel valued in their job have an inclusion index of 84%, vs. 43% for those who do not feel valued
- Those who feel empowered to make decisions have an inclusion index of 80%, vs. 47% for those who do not feel empowered
- Those who feel the GMC has an open and honest culture have an inclusion index of 88%, vs. 44% for those who feels it does not
- Those who feel their view will be listened to have an inclusion index of 85%, vs. 39% for those who disagree

These findings underline the importance of inclusivity in the workplace and emphasise the value of the continuing work the GMC is doing to improve inclusivity.
4. Organisational Highs and Lows

What is the GMC doing well?

It is positive to see that nine statements asked in the survey received an agreement level of 90% or above, highlighting the strength of the organisation. Staff are most likely to feel that are aware of the GMC’s equality, diversity and inclusion aspirations, with 94% of staff that agree to this (a new statement added in 2021). The strengths of the GMC in particular relate to the positive relationships between staff, especially line managers, with 93% that agree their manager treats them with respect and fairness (significantly above the BMG benchmark\(^1\)) and 92% that agree that there is helpful co-operation between their team members. Another strength is the quality and importance of the work carried out by staff at GMC, with 92% that agree that work with others to support, safe, high-quality care and 91% that agree the GMC is committed to achieving high standards. Likely reflecting the positive associations of working at the GMC, 90% of staff would recommend working for the GMC, which is significantly higher than the BMG Benchmark of 62%.

<table>
<thead>
<tr>
<th>% Positive score (i.e., strongly agree/agree)</th>
<th>2020</th>
<th>BMG BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I am aware of the GMC's equality, diversity and inclusion aspirations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93%</td>
<td></td>
<td>82%</td>
</tr>
<tr>
<td>• My manager treats me with respect and fairness</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>92%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• We work with others to support safe, high-quality care</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>92%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is helpful and effective co-operation between; Colleagues in your team</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>92%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Your manager cares about your health and wellbeing</td>
<td>92%</td>
<td>76%</td>
</tr>
<tr>
<td>91%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The GMC is committed to achieving high standards</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>91%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I was provided with the initial local induction needed to do my new role (Where worked for the GMC &lt;12 months)</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>91%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I know what inclusive behaviours are expected of me</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td>62%</td>
</tr>
<tr>
<td>• I would recommend working for the GMC</td>
<td>93%</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) The BMG Public Sector Benchmark is made up of over 100 (varies by question) UK wide public sector organisations including regulatory bodies, local authorities and housing organisations
Where is the greatest headroom for growth?

Whilst line management scores are very positive, as evidenced in the 2020 survey, Senior Management is a low scoring area. However, we would expect scores for measurements pertaining to the Senior Management Team to be among the lowest in almost all organisations, because employees tend to be less familiar with the SMT, and rarely interact with them during the daily course of their roles. This tends to translate in higher neutral scores rather than active disagreement. Accordingly, when we compare the BMG benchmark, we see that the GMC scores for Senior Management are in line, with the exception of agreement that Senior Management are role models for the organisation’s values, which is significantly higher than the benchmark (54% agreement, cf., 40% benchmark). Just less than half the GMC employees agree that they need to work additional hours to get their job done (48%), which has increased by 12% points since 2020. Despite the fact this score has increased, it still remains significantly below the benchmark (59%).

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
<th>2020</th>
<th>BMG</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>Senior Management welcome my ideas and opinions</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>48%</td>
<td>I need to work additional hours to get my job done</td>
<td>36%</td>
<td>59%</td>
</tr>
<tr>
<td>50%</td>
<td>New projects and initiatives affecting the whole organisation are well thought out before they are implemented</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>51%</td>
<td>I feel confident to talk to Senior Management</td>
<td>55%</td>
<td>47%</td>
</tr>
<tr>
<td>53%</td>
<td>Senior Management are approachable</td>
<td>55%</td>
<td>49%</td>
</tr>
<tr>
<td>53%</td>
<td>Senior Management are fair and transparent</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>54%</td>
<td>Senior Management are role models for the organisation’s values</td>
<td>54%</td>
<td>40%</td>
</tr>
</tbody>
</table>

2 Please note before 2021 this statement was asked; I do not need to work additional hours to get my job done. The scale for pre-2021 have been swapped around, so Agree 2021 is now compared to Disagree 2020 etc.
Whilst the previous chart shows the areas scoring the least positively, it can also be very useful to explore which areas are scoring the most negatively (for example, receiving the highest number of employees actively disagreeing with a statement). This removes the effect of a higher number of “neither” responses where staff do not have strong opinions, such as “Senior Management welcome my ideas and opinions”, to which 44% of staff said neither agree nor disagree.

Positively, the statement with the highest level of disagreement is “I need to work additional hours to get my job done” at 33%. However, as we just observed it also have one of the lowest levels of agreement. Furthermore, this represents a decrease in the proportion of staff disagreeing since 2020 (-13% points). This will be investigated further on in the report.

Additionally, the theme of pay also comes through as negatively perceived, as 31% of staff disagree that they are paid fairly for the job that they do compare with the amount they could earn elsewhere for a similar role, 4% points higher than recorded in 2020.

<table>
<thead>
<tr>
<th>% Negative score (i.e., strongly disagree / disagree)</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>33% • I need to work additional hours to get my job done</td>
<td>46%</td>
</tr>
<tr>
<td>31% • I am paid fairly for the job that I do compared with the amount I could earn elsewhere for a similar role</td>
<td>27%</td>
</tr>
<tr>
<td>25% • I feel confident to talk to Senior Management</td>
<td>23%</td>
</tr>
<tr>
<td>24% • New projects and initiatives affecting the whole organisation are well thought out before they are implemented are managed well</td>
<td>25%</td>
</tr>
<tr>
<td>23% • I feel able to speak up and challenge the way things are done without fear of negative consequences</td>
<td>22%</td>
</tr>
<tr>
<td>20% • I am confident that I can raise an issue with the organisation without it being held against me</td>
<td>19%</td>
</tr>
</tbody>
</table>
5. Performance against 2020 and against the benchmarks

Changes compared to 2020

It has been possible to compare 86 of the questions asked in 2021 with those asked in 2020. As the chart below shows, the majority have remained in line with the scores achieved in 2020, with only 1 statement that has declined. Although a picture of stability is apparent, when comparing to 70 statements from the 2019 survey, 10 are still notably above, with the rest remaining unchanged.
The figure below shows the largest changes from 2020. The largest increase in agreement is that staff need to work additional hours to get their job done (+12% points), which in fact is a negative. Furthermore, which may be linked to this, is that fewer staff now feel their directorate has the resources to do a good job and that Senior Management care about their health and wellbeing (both -7% points). However, it is important to highlight that in the majority of cases agreement is still higher than observed on 2019.

**Figure 8: Largest changes compared to 2020**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Diff to 2019 in text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Management are good at explaining the reasons for why decisions are made</td>
<td>6%</td>
</tr>
<tr>
<td>New projects and initiatives affecting the whole organisation are well thought out before they are implemented</td>
<td>6%</td>
</tr>
<tr>
<td>Assistant Directors make time for colleagues</td>
<td>5%</td>
</tr>
<tr>
<td>I need to work additional hours to get my job done</td>
<td>12%</td>
</tr>
<tr>
<td>My directorate has the resources to do a good job</td>
<td>+5%</td>
</tr>
<tr>
<td>Senior Management care about my health and wellbeing</td>
<td>+8%</td>
</tr>
<tr>
<td>I am confident in the way that Senior Management are leading the GMC</td>
<td>+13%</td>
</tr>
<tr>
<td>I am proud to say that I work for the GMC</td>
<td>-1%</td>
</tr>
<tr>
<td>I feel valued at the GMC</td>
<td>+6%</td>
</tr>
<tr>
<td>I am committed to going the extra mile for the GMC</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Please note before 2021 ‘I need to work additional hours to get my job done’ was asked; I do not need to work additional hours to get my job done. The scale for pre-2021 have been swapped around, so Agree 2021 is now compared to Disagree 2020 etc.
Differences compared to the BMG Benchmark

When comparing the 2021 scores to the benchmarks there is evidence of a very strong performance, with 21 of the 35 comparable questions significantly outperforming the benchmark and no questions significantly below. The largest positive difference to the BMG benchmark is that staff would recommend working for the GMC, which is 28% points above.
6. Top line Findings Related to the GMC Workstreams

Working Hours

Most aspects of the job are viewed very positively, with high levels of agreement that are above the benchmark (where comparisons are possible), with the intention of working for the GMC in 12 months’ time decreasing the most since 2020 (-4% points).

Figure 9: Q2. To what extent do you agree or disagree with the following statements about your job at the GMC? (Valid responses)

<table>
<thead>
<tr>
<th>Statement</th>
<th>2021</th>
<th>2020</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have the tools / equipment I need to do my job effectively</td>
<td>89%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>I am clear about the objectives I have been set to achieve in my job</td>
<td>87%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>I intend to be working for the GMC in 12 months’ time</td>
<td>80%</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>I am empowered to make decisions within the scope of my job</td>
<td>81%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>I need to work additional hours to get my job done</td>
<td>48%</td>
<td>19%</td>
<td>33%</td>
</tr>
</tbody>
</table>

However, the aspect of the job where the data records a weaker performance is in the proportion of staff who need to work additional hours to get their jobs done, consistent with 2020. Just less than half of staff (48%) have to work additional hours, compared to a third (33%) who disagree with this statement. The level of agreement is higher than in 2020 (disagreement has been used for comparison in 2020) by 12% points, but the score is still significantly lower (11% points) than the benchmark. Agreement that they need to work additional hours to get their job done is particularly high amongst:

- London based staff 56%
- Staff who have worked at GMC for 10 years + 54%
- Level 1 and 1AD 65%, Level 2A 88%, Level 3 55%, Level 4A 74%
Those who have line management responsibility 59%
Staff who are Indian 55%, Caribbean 56%
Primary carer of an older person 59%

Those who agreed that they have to work additional hours were asked a series of follow-up questions to understand this in more detail.

Over a third of staff (35%) said that working additional hours is a problem, whilst 47% said it is not, and 17% choose not to respond. Rebased on the total sample, this means that 43% of all staff said “yes”, working additional hours is a problem for them. Interestingly the difference between staff who have caring responsibilities and those who do not that say working additional hours is a problem is small (45% cf. 41%). However, as expected, those not satisfied with their job are significantly more likely than those who are satisfied to report additional working hours to be a problem for them (65% cf. 30%).

Figure 10: Q2c: Is working additional hours a problem for you?

Base Where need to work additional hours to get job done 615

Highest among...
Strategy and Policy: 51%
Strategic Communications and Engagement: 49%
Level 4A: 48%
Those dissatisfied with their job: 65%
Those staff who said that working additional hours was an issue for them were asked why, in an open-ended question. There was a high level of consistency in the responses, with 46% citing the impact on their personal lives, and 31% referring to the negative effect it has on their health and wellbeing. A further 20% mentioned that workloads are too high for contracted hours. The responses evidence the importance of feeling compensated or rewarded for hard work, in terms of financial reward and recognition.

**Figure 11: Q2d Please explain the reasons why working additional hours is an issue for you.**
The most commonly cited reason for working additional hours, given by about 4 in 5 staff (81%) is a high workload. This is followed by additional unplanned work requests at short notice (47%) and a lack of sufficient resource in the team, at 44%. There is also a third of staff that say it is the cyclical nature of their work (33%) and 20% that say it is their personal preference.

Figure 12: Q2a You agreed that you need to work additional hours. Please tell us the reasons why you need to work additional hours.

- High workload: 81%
- Additional unplanned work requests at short notice: 47%
- Not enough resources in team: 44%
- Cyclical nature of some of my work: 33%

Base: 615

Staff tend to be required to work additional hours relatively very frequently, with half of staff saying a few times a week, and 9% that have to do additional hours every day. This increases to 15% amongst staff in Strategic Communications and Engagement and 14% amongst staff in Strategy and Policy. Interestingly amongst staff that disagree action will be taken on this survey, the proportion who have to work additional hours everyday increases to 18% (compares to 7% amongst those who believe action will be taken).

Figure 13: Q2b. Generally, how often do you work additional hours?

- Every day: 9%
- Once a week: 19%
- A few times a week: 51%
- Once a month: 15%
- A few times a month: 1%
- Less than once a month: 92%

Base: 615
**Manging Change**

Perceptions of management of change within the GMC has remained relatively consistent with 2020. Following a dip during 2019, agreement for all measures regarding change management has built significantly, and where the overtime data is available it is possible to track the agreement levels have returned to those recorded in 2017. Furthermore, agreement that new projects and initiatives affecting the whole organisation are well thought out before they are implemented has increased 6% points since 2020 and 19% points above 2019, showing the progress being made over the last couple of years. This agreement score is greatest amongst staff in the Corporate Directorate (62%) and Resources (57%), opposite is the case for staff in Strategic Communications and Engagement (39%). Furthermore, remote workers have a lower level of agreement (19%).

Agreement that changes to the overall organisation are managed well and that staff can contribute to changes that affect their jobs both continue to significantly outperform the benchmarks available (+26% points and +17% points respectively).

**Figure 14: Q19/Q20. To what extent do you agree or disagree that the following types of change are managed well? Over time (Valid responses)**

![Chart showing agreement levels over time](chart.png)

- **Changes at a local level, within my Directorate are managed well**
  - 2017: 42%
  - 2018: 41%
  - 2019: 45%
  - 2020: 59%
  - 2021: 64%
  - Diff vs 2020: +6%

- **I feel I have had the opportunity to contribute to changes that affect my job**
  - 2017: 31%
  - 2018: 44%
  - 2019: 53%
  - 2020: 60%
  - 2021: 64%
  - Diff vs 2020: +3%

- **Changes to the overall organisation are managed well**
  - 2017: 57%
  - 2018: 49%
  - 2019: 55%
  - 2020: 61%
  - 2021: 64%
  - Diff vs 2020: 0%

- **New projects and initiatives affecting the whole organisation are well thought out before they are implemented**
  - 2017: 42%
  - 2018: 41%
  - 2019: 45%
  - 2020: 59%
  - 2021: 64%
  - Diff vs 2020: -1%

**Base:** 2021: 1283; 2020: 1297; 2019: 1158; 2018: 1017; 2017: 891
Inclusion, Fairness, Transparency and Diversity

The majority of staff agree that bullying, harassment and discrimination are not an issue where they work. However, disagreement is around 1 in 10, with 11% of staff thinking that bullying is an issue, 7% that harassment is an issue and 11% that discrimination is an issue. For all 3 measures, the proportions that disagree these are issues has remained relatively consistent with last year. However, when looking back to 2019, levels of agreement have weakened, most notably when looking at harassment (-8% points) and discrimination (-5% points).

Figure 15: Q20a. To what extent do you agree or disagree with the following statement (Valid responses)

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree Strongly</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>Agree</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Neither</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Disagree Strongly</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Base: 2021: 1283; 2020: 1297
Figure 16: Q19a. To what extent do you agree or disagree with the following statement (Valid responses)

Harassment is not an issue where I work

<table>
<thead>
<tr>
<th>Year</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>42%</td>
<td>40%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>2020</td>
<td>40%</td>
<td>41%</td>
<td>11%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Base: 2021: 1283; 2020: 1297

Figure 17: Q21a. To what extent do you agree or disagree with the following statement (Valid responses)

Discrimination is not an issue where I work

<table>
<thead>
<tr>
<th>Year</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>34%</td>
<td>40%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>2020</td>
<td>33%</td>
<td>40%</td>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Base: 2021: 1283; 2020: 1297
There are some groups where we tend to see higher levels of disagreement compared to the rest of their colleagues. A noticeable variation is evident between female and male staff, and especially between white staff and BME staff, with BME staff significantly more likely to disagree that bullying, harassment or discrimination is not an issue. For instance, 8% of white employees disagree that discrimination is an issue, compared to 24% of BME employees, a difference of 16% points.

Figure 18: Q19a/Q20a/Q21a. To what extent do you agree or disagree with the following statement- variations by ethnicity and gender (All responses)

<table>
<thead>
<tr>
<th>Variation by gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree discrimination is not an issue</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Disagree bullying is not an issue</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Disagree harassment is not an issue</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variation by ethnicity</th>
<th>White</th>
<th>BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree discrimination is not an issue</td>
<td>24%</td>
<td>8%</td>
</tr>
<tr>
<td>Disagree bullying is not an issue</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>Disagree harassment is not an issue</td>
<td>19%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: Male: 437; Female: 741; White: 1020; BME: 156
Of those who said that harassment, bullying or discrimination is an issue where they work, over half said they had experienced or witnessed these behaviours over the past 12 months (54% for harassment, 62% for bullying and 47% for discrimination). All remaining in line with 2020, apart from discrimination which has decreased from 63% to 47%. This has been driven by an 11%-point decrease in those who have said they observed discrimination from 2020 to 2021.

Figure 19: Q19b/Q20b/Q21b. In the last 12 months have you personally experienced or observed…? (All responses)

Base: Where experienced or observed... harassment: 93; bullying: 146; discrimination: 141

Further investigation by ethnicity shows that staff who are BME are more likely to say that they have personally experienced or observed harassment compared to white members of staff (72% cf. 45%). The same is the case for discrimination (58% cf. 40%).
Due to the numbers of staff who experienced or observed these negative behaviours, the base size for further analysis is low. However, given the importance of the topic in the GMC’s strategy it is important to unpick the drivers of these experiences. Therefore, the following figures contain data of the absolute numbers of staff, rather than percentages of those who experienced or observed these behaviours. Caution should still be taken with the sample size of the data.

For both harassment and discrimination, the most commonly cited type experienced is racial, followed by sexual, and then age.

**Figure 20: Q19c/21c. In the last 12 months, what kind of harassment were you personally subjected to or you observed? // In the last 12 months, what kind of discrimination were you personally subjected to or you observed? (All responses)**

<table>
<thead>
<tr>
<th>Harassment type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial</td>
<td>17</td>
</tr>
<tr>
<td>Sexual</td>
<td>11</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>6</td>
</tr>
<tr>
<td>Disability</td>
<td>7</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>5</td>
</tr>
<tr>
<td>Age</td>
<td>9</td>
</tr>
<tr>
<td>Gender identity or expression</td>
<td>2</td>
</tr>
<tr>
<td>Pregnancy or maternity</td>
<td>3</td>
</tr>
<tr>
<td>Marriage or civil partnership</td>
<td>0</td>
</tr>
<tr>
<td>Any other grounds</td>
<td>7</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discrimination type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>30</td>
</tr>
<tr>
<td>Sex</td>
<td>15</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>9</td>
</tr>
<tr>
<td>Disability</td>
<td>10</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>2</td>
</tr>
<tr>
<td>Age</td>
<td>15</td>
</tr>
<tr>
<td>Gender identity or expression</td>
<td>3</td>
</tr>
<tr>
<td>Pregnancy or maternity</td>
<td>4</td>
</tr>
<tr>
<td>Marriage or civil partnership</td>
<td>0</td>
</tr>
<tr>
<td>Any other grounds (please state)</td>
<td>6</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5</td>
</tr>
</tbody>
</table>

Base: Where experienced or observed... harassment: 50; discrimination: 66
In all cases, more staff did not report the behaviour than did disclose it, but this is especially evident for discrimination, for which more than triple the number of staff said they did not report (37) than said they did (12). Clearly, there is likely to be under-reporting in the official figures regarding instances of bullying, harassment and discrimination.

Figure 21: Q19e/Q20d/Q21e. Still thinking about the same incident, did you report the…? (All responses)

<table>
<thead>
<tr>
<th>Incident</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment</td>
<td>20</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Bullying</td>
<td>29</td>
<td>44</td>
<td>17</td>
</tr>
<tr>
<td>Discrimination</td>
<td>12</td>
<td>37</td>
<td>17</td>
</tr>
</tbody>
</table>

Base: Where experienced or observed... harassment: 50; bullying: 90; discrimination: 66
Managers are the most used route when staff are reporting harassment and bullying. HR is also used when reporting discrimination.

**Figure 22: Q19f/Q20e/Q21f. Still thinking about the same incident, which route or routes did you use to report the harassment/bullying/discrimination? (All responses)**

<table>
<thead>
<tr>
<th>Harassment</th>
<th>Bullying</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your manager</strong></td>
<td><strong>Bullying</strong></td>
<td><strong>Discrimination</strong></td>
</tr>
<tr>
<td>14</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Your Head of Section</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Your Assistant Director</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Your Director</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Another manager/senior manager</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Freedom To Speak Up Champion</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Freedom To Speak Up Guardian</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Network Group</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>HR</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Base: Where reported... harassment: 20; bullying: 29; discrimination: 12
Those who did report were asked whether the issue was resolved to their satisfaction. Whilst the base sizes of staff who reported incidences are very low, the data suggests that staff tend not to be happy with the outcome of reporting. This may impact likelihood to report.

**Figure 23: Q19g/Q20f/Q21g. And was the issue resolved to your satisfaction? (Valid responses)**

<table>
<thead>
<tr>
<th></th>
<th>Harassment</th>
<th>Bullying</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Yes</td>
<td>20%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>4 staff</td>
<td>3 staff</td>
<td>1 staff</td>
</tr>
<tr>
<td>% No</td>
<td>40%</td>
<td>45%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>8 staff</td>
<td>13 staff</td>
<td>8 staff</td>
</tr>
<tr>
<td>% Don’t know</td>
<td>40%</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>8 staff</td>
<td>10 staff</td>
<td>3 staff</td>
</tr>
</tbody>
</table>

Base: Where reported... harassment: 20; bullying: 29; discrimination: 12
Quality of the working environment provided by the GMC

Employees were also asked about the experience of working at the GMC in terms of culture and environment. Across the question set, there is considerable variation in how much employees agree with the statements. For instance, over nine in ten employees agree that they are aware of the GMC’s equality, diversity and inclusion aspirations (94%) and that they know what inclusive behaviours are expected of them (91%). There are also high levels of agreement that the GMC provides a supportive working environment (88%), and that they have things in common with others at the GMC (87%) – both in line with 2020. Agreement is much lower for staff believing that they can raise an issue with the organisation without it being held against them, at just 58% that agree and 20% of staff that actively disagree. This disagreement rises to 29% amongst BME staff and is particularly high amongst staff who are Asian/Asian British (35%).

Where it is possible to view the levels of agreement over time, the progress is generally stable. However, when looking at the proportion of staff that agree the GMC provides an inclusive environment for people from all backgrounds, this has dropped 2% points from 2020 but is now 10% points lower than in 2019 (74% cf. 84%), albeit still in line with the benchmark. Further investigation shows that there are certain groups where agreement is lower;

- Education and Standards 61% and Strategic Communications and Engagement 63%
- Remote working staff 59% and London based staff 65%
- BME staff 58%, Mixed or multiple ethnic background 54%, Asian/Asian British 64%, Black/African/Caribbean/Black British 50%
- Bi-sexual staff 57%
Figure 24: Q18. To what extent do you agree or disagree that the following statements? (Valid responses)

<table>
<thead>
<tr>
<th>Statement</th>
<th>2021</th>
<th>2020</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am aware of the GMC’s equality, diversity and inclusion aspirations</td>
<td>94%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>I know what inclusive behaviours are expected of me</td>
<td>91%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>The GMC provides a supportive working environment</td>
<td>88%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>I have things in common with others at the GMC</td>
<td>87%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>I am able to be myself in the workplace</td>
<td>79%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>The GMC provides an inclusive environment for people from all backgrounds</td>
<td>74%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>I am confident that the GMC considers inclusion when making decisions</td>
<td>71%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>I feel everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity</td>
<td>70%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>I feel like my colleagues understand who I really am</td>
<td>65%</td>
<td>22%</td>
<td>12%</td>
</tr>
<tr>
<td>I have been set personal objectives that relate to equality, diversity and inclusion</td>
<td>63%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>I am confident that decisions are fair</td>
<td>61%</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>I am confident that I can raise an issue with the organisation without it being held against me</td>
<td>58%</td>
<td>22%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Base size: 1283
7. Leadership Perceptions

Senior Management

When exploring attitudes towards Senior Management it is apparent that positive perceptions have generally remained stable in comparison to 2020, although with a slight weakening in some areas. Most notably is agreement that staff are confident with the way Senior Management are leading the GMC, which has decreased by 6% points compared to 2020. Conversely, staff are now more likely to agree that Senior Management are good at explaining the reasons for why decisions are made compared to 2020, with has increased by 6% points.

The levels of agreement with statements pertaining to Senior Management are some of the lowest in the survey, but this is a pattern that we tend to see across organisations of all types, as employees are less familiar with Senior Management. Accordingly, we observe relatively high levels of neutrality in the responses to this topic. It is therefore important to contextualise these data by comparing them to the benchmarks. It is evident that the GMC scores are positive, with 7 out of 8 comparable measures above the benchmark, and 4 significantly so. The only statement for which agreement is below the benchmark is, “Senior Management welcome my ideas and opinions” (−4% points).
Figure 25: Q9. To what extent do you agree or disagree with the following statements about the Senior Management at the GMC? (Valid responses)

<table>
<thead>
<tr>
<th>Statement</th>
<th>2021</th>
<th>2020</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident in the way that Senior Management are leading the GMC</td>
<td>70%</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Senior Management have communicated a clear vision of what the GMC is trying to achieve</td>
<td>69%</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>I believe that action will be taken on the feedback from this survey</td>
<td>63%</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>Senior Management are good at explaining the reasons why decisions are made</td>
<td>65%</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>Senior Management listen to the views of colleagues</td>
<td>55%</td>
<td>33%</td>
<td>13%</td>
</tr>
<tr>
<td>Senior Management demonstrate inclusive behaviours</td>
<td>58%</td>
<td>30%</td>
<td>12%</td>
</tr>
<tr>
<td>Senior Management make time for colleagues</td>
<td>55%</td>
<td>32%</td>
<td>13%</td>
</tr>
<tr>
<td>I feel confident to talk to Senior Management</td>
<td>51%</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Senior Management are approachable</td>
<td>53%</td>
<td>28%</td>
<td>19%</td>
</tr>
<tr>
<td>Senior Management are role models for the organisation’s values</td>
<td>54%</td>
<td>35%</td>
<td>11%</td>
</tr>
<tr>
<td>Senior Management are fair and transparent</td>
<td>53%</td>
<td>35%</td>
<td>12%</td>
</tr>
<tr>
<td>Senior Management welcome my ideas and opinions</td>
<td>40%</td>
<td>44%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Base size: 1283
In addition to the previous chart, the below graph shows the percentage change in agreement for 2021 compared to 2020 and 2019. Although there has been a slight weakening in the perceptions of Senior Management from 2020 to 2021, as can be seen below, the majority of statements are still above levels of 2019, in some cases by some way. The largest decrease from 2020 is in terms of staff being confident in the way Senior Management are leading the GMC (-6% points), however, this is still 13% points above 2019.

**Figure 26: Senior Management comparisons to 2020 and 2019 (Agreement)**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Diff to 2020</th>
<th>Diff to 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM are good at explaining the reasons why decisions are made</td>
<td>6%</td>
<td>22%</td>
</tr>
<tr>
<td>SM have communicated a clear vision of what the GMC is trying to achieve</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>SM are role models for the organisation’s values</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>SM make time for colleagues</td>
<td>-1%</td>
<td>5%</td>
</tr>
<tr>
<td>I believe that action will be taken on the feedback from this survey</td>
<td>-2%</td>
<td>20%</td>
</tr>
<tr>
<td>SM listen to the views of colleagues</td>
<td>-2%</td>
<td>8%</td>
</tr>
<tr>
<td>SM are approachable</td>
<td>-2%</td>
<td>8%</td>
</tr>
<tr>
<td>SM welcome my ideas and opinions</td>
<td>-3%</td>
<td>1%</td>
</tr>
<tr>
<td>I feel confident to talk to SM</td>
<td>-4%</td>
<td>1%</td>
</tr>
<tr>
<td>I am confident in the way that SM are leading the GMC</td>
<td>-6%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Base: 2021 1283, 2020 1297, 2019 1158
Assistant Directors

Perceptions of Assistant Directors has remained relatively stable in comparison to 2020, with some strengthening. Nearly three quarters of staff agree that Assistant Directors make time for colleagues which has increased by 5% points since 2020. Staff are also more likely to agree that Assistant Directors demonstrate inclusive behaviours compared to 2020, with a 4%-point increase.

Figure 27: Q10. To what extent do you agree or disagree with the following statements about Assistant Directors at the GMC? (Valid responses)
Other management

Staff who know who to contact outside of their normal line management chain in highlighting or disclosing any information about issues or concerns in work to, were asked who they would be comfortable with, by starting with the most comfortable. As the chart shows below, staff are overall most comfortable contacting the Freedom to Speak Up Guardian, which hasn’t changed since 2020. Staff are now more likely to feel comfortable contacting their Staff forum rep and Network groups compared to 2020.

Figure 28: Q12a. Who would you be comfortable with outside your normal line management chain in highlighting or disclosing any information about issues or concerns in work? Any ranking (Valid responses)

Base: Where know who to contact outside of normal line management chain if want to highlight or disclose any information about issues or concerns in work 1161
However, when looking by most likely to be ranked first, it is clearly the Heads of Section that staff would be most comfortable with contacting to highlight or disclose any information about issues or concerns in work.

**Figure 29: Q12a. Who would you be comfortable with outside your normal line management chain in highlighting or disclosing any information about issues or concerns in work? Ranking first (Valid responses)**

<table>
<thead>
<tr>
<th>% Ranking 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff forum rep</td>
</tr>
<tr>
<td>Freedom to Speak Up Guardian</td>
</tr>
<tr>
<td>Assistant Dtr/Executive Mgr</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Freedom to Speak Up Champion</td>
</tr>
<tr>
<td>Network groups</td>
</tr>
<tr>
<td>Head of section</td>
</tr>
</tbody>
</table>

Base: Where know who to contact outside of normal line management chain if want to highlight or disclose any information about issues or concerns in work 1161
Staff are most likely to agree that their manager cares about their health and wellbeing (92%), compared to 69% who agree their Assistant Director/Executive Director does and 64% that agree the Senior Management Team do. This has also decreased by 7% points since 2020, but is still 8% points above 2019.

Figure 30: Q23. To what extent do you agree or disagree that the following care about your health and wellbeing? (Valid responses)

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your manager</td>
<td>92%</td>
<td>5%</td>
<td>92%</td>
</tr>
<tr>
<td>Assistant Directors / Executive Manager (MPTS)</td>
<td>69%</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Senior Management Team</td>
<td>64%</td>
<td>25%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Base size: 1283
Finally, staff were asked to write in their own words what one thing they would like to see changed across the GMC that would have a positive impact on their job. As to be expected responses were varied. The most talked about area was in terms of financial reward, increases pay and reviewing pay procedures (6%). Followed by flexible working and career development opportunities (both 5%).

**Figure 31: Q27 What ONE thing would you like to see changed ACROSS THE GMC that would have a positive impact on your job?**

- Pay rise/pay bandwidth review for all jobs/pay equality: 6%
- Flexibility/flexible working/Agile working: 5%
- Career development opportunities (Inc. training/CPD/promotions): 5%
- Improvements to recruitment processes: 3%
- Improve/decrease workload/management of workloads: 3%
- Everyone to be treated equally/fairly: 3%
- Recognition of staff/work done: 3%
- Increase diversity of staff: 3%
- Team work/interdepartmental working/cross collaboration: 3%
- Other: 5%
- No / None / Nothing: 49%

Base: 1283
8. Other Findings

- Looking at the section ‘The way we work’, all statements have remained in line with scores from 2020, albeit a small softening in a couple of areas. Our values are at the heart of the way we work every day and at the GMC, we deliver good external customer service have both decreased by 3% points since 2020. Furthermore the level of agreement that staff understand how their priorities are aligned to the GMC’s overall corporate strategy is 7% points lower than the benchmark. Conversely, having an open and honest culture is significantly above the benchmark (+20% points).

- Statements included in the section ‘Sharing Information’ have remained stable with 2020 and above levels from 2019. In particular ‘How information is cascaded through the GMC is working well for me’ is 14% points above 2019 (and 3% points above 2020) and ‘When important decisions are made at the GMC, my manager explains to me the reasons why they have been made’ is 12% points above 2019 (and 2% points above 2020).

- Perceptions of Talent Development have observed very little movement compared to both 2020 and 2019, however positively, the four perceptions that can be compared to the benchmark are significantly higher:
  - I have the opportunity to develop my career at the GMC +26% points
  - I have opportunities to develop new skills +23% points
  - I have access to the training and development I need to do my job +20% points
  - I believe the GMC positively encourages training and development +22% points
9. Overall Findings

- There have been considerable improvements in the results since 2019. In particular, there has been a significant shift upwards across almost all aspects of the employee experience. Senior Management have seen some of the largest improvements, with notable growth in confidence in the leadership, how well decisions are explained and in how well change is managed.

- It has generally been a picture of stability in terms of the 2021 People survey results in comparison to 2020, with a slight weakening in some areas. However the results are largely still above those observed in 2019. The work world has drastically changed in the last couple of years and in 2020 the focus for many organisations was trying to stay on top of government guidelines, enabling the organisation to operate remotely, keeping staff safe, and focussing on wellbeing. This might have been a factor in the results peaking during 2020 and softening this year when the emphasis has shifted from staff understanding changes in immediate priorities, towards the ‘new working norms’ and a ‘business as usual mentality’ to deliver the work required.

- Reflected in the general decline of some results, the employee engagement index (an outcome measure) has seen a decrease from 80 to 76, which is reflected across the majority of Directorates. All the questions that make up the index have fallen, in particular pride, which has decreased by 6% points (it is still 18% points above the benchmark). Commitment to going the extra mile has also decreased by 5% points compared to 2020. Both of these now sit just below the 2019 levels ( both -1% point). However three out of the six statements that feed into the employee engagement index, despite a decrease in agreement from 2020 to 2021, are still above the levels observed in 2019.

- In 2020 the inclusion index was introduced to help shine a light on where an inclusive environment has been fostered most successfully, and areas where the employee experience is not consistent across the GMC. The index was used again in 2021 and has remained static at 75%, which is reflected in little movement of the elements that feed into the index.

- One area for continued consideration is staff needing to work additional hours to get their job done. It is important to note that this question has changed slightly from ‘I do not need to work additional hours to get my job done’ to ‘I need to work additional hours to get my job done’ for the 2021 survey. For comparison purposes the 2021 agreement score is compared to the 2020 disagreement score. Moreover there has been an increase of 12% points for staff that agree they need to work additional hours in comparison to 2020, however this is in line with 2019, potentially highlighting a genuine increase in workload for some staff. Interestingly though, there are still a third of staff at GMC that disagree with this.

- The reasons for needing to work additional hours remain the same as last year in that it is mainly about high workload. However an additional statement added in 2021, has a relatively high endorsement with nearly half that say additional unplanned work requested at short notice cause them to work additional hours (47%). Staff also feel there is a lack of resource in their team (44%). The additional questions asked to unpick this topic, especially the open question, underline the strong sense of negativity and unfairness that employees feel in terms of additional working hours, especially when it comes to the effects on their health and their capacity to carry out familial responsibilities.

- Perceptions of management of change within the GMC has remained relatively consistent with 2020. However, agreement that new projects and initiatives affecting the whole organisation are well thought out before they are implemented has increased 6% points since 2020 and 19% points above 2019, showing the progress being made over the last couple of years.

- The majority of staff agree that bullying, harassment and discrimination are not an issue where they work, which has remained in line with the 2020 scores. However, when looking back to 2019, levels of agreement that they are not an issue have weakened, most notably when looking at harassment (-8% points) and discrimination (-5% points). From the additional follow up questions asked in this survey we have a better understanding of the nature of this behaviour and where it is coming from. However, it should be noted that for many of these data, the base size is small, and it needs to be analysed with this caveat. Nevertheless, the most commonly type of negative behaviour experienced is racial, followed by sexual and age (particularly discrimination). The figures in the survey suggest that fewer than half of those who experience or observe these negative behaviours report
this, and so the internal reported figures may not reflect reality. The majority used their manager to report the behaviour to, although they tended to not be satisfied with the outcome.

- Additional questions related to the workstream of openness, inclusivity and transparency indicate that the GMC have educated their staff on aspirations and behaviours desired whilst being an employee. For instance, over nine in ten employees agree that they are aware of the GMC’s equality, diversity and inclusion aspirations (94%) and that they know what inclusive behaviours are expected of them (91%). Agreement is much lower for staff believing that they can raise an issue with the organisation without it being held against them, at just 58% that agree and 20% of staff that actively disagree. Where it is possible to view the levels of agreement over time for this workstream, the progress is generally stable. However, when looking at the proportion of staff that agree the GMC provides an inclusive environment for people from all backgrounds, this has dropped 2% points from 2020 but is now 10% points lower than in 2019 (74% cf. 84%), albeit still in line with the benchmark.

- Senior Management perceptions have generally remained in line with 2020 although it should be highlighted that agreement that staff are confident with the way Senior Management are leading the GMC has decreased by 6% points compared to 2020. However further insight shows that although it has dropped since 2020, it is still 13% points above levels of 2019. This is the case for the majority of statements pertaining to Senior Management. Moreover staff are less likely to agree that the Senior Management Team care about their health and wellbeing than in 2020 (-7% points), but is still 8% points above the scores observed in 2019.
<table>
<thead>
<tr>
<th><strong>Action</strong></th>
<th>To consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>This item provides an update on progress against our Equality, Diversity and Inclusion (ED&amp;I) ambitions, focussing on the work initiated in response to the Mr Karim Employment Tribunal (ET) outcome.</td>
</tr>
<tr>
<td><strong>Decision trail</strong></td>
<td>ED&amp;I has been a standing agenda item since September 2020. Council agreed to establish ED&amp;I measures and targets in February 2021.</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td>To consider progress against our ED&amp;I ambitions.</td>
</tr>
<tr>
<td><strong>Annexes</strong></td>
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Council meeting – 3 November 2021
Agenda item M6 - Equality, diversity and inclusion update

Background

1. Our Corporate strategy 2021-2025 commits to making fairness a central platform of our work as a regulator and employer. To-date these ambitions have been reflected in three priority areas for activity focussed on eliminating:
   - Disproportionality in fitness to practise referrals from designated bodies (DBs) based on ethnicity and place of primary medical qualification (PMQ) by 2026
   - Ethnic discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways by 2031
   - Differentials within our own staffing performance, in BME recruitment, representation across staffing levels, retention, progression, pay and employee engagement by 2026.

2. In June 2021 an Employment Tribunal (ET) upheld a claim that we had racially discriminated against a doctor. While Council made the decision to appeal that ruling based on the facts of that case, they were not immune to the ET perception that there was a level of complacency about the operation of discrimination in our work and asked us to reflect on our framework for drawing assurance that fairness was a central element of our decision-making.

3. As an outcome of those reflections, we are initiating a fourth priority area for activity focussed on regulatory fairness, which will complement our existing priority areas and hold a mirror up to our own performance as a regulator, as our targets do to others for employer referrals and education and training attainment.

Regulatory fairness

4. In response to the ET, we hosted an extraordinary meeting of our Strategic ED&I Advisory Forum and our BME Doctors Forum. They expressed deep disappointment with our decision to appeal and that our decision reflected a lack of organisational candour to acknowledge when we make mistakes. A duty of candour that we apply to the profession. Stakeholders felt the decision to appeal was as damaging as the ET ruling to the trust of the profession and our credibility to hold others to account for making progress on our ED&I ambitions.

5. Stakeholders recognised the work we have been taking forward on this agenda. They were positive that they had seen a significant shift in our commitment and
openness to improving but wanted to see stronger scrutiny of ourselves and assurance of the fairness of our processes. We listened to these areas of concern, and our own perspectives to scope out three areas of focus that we will take forward as our regulatory fairness project.

Future proofing through regulatory reform

6 Regulatory reform provides a once-in-a-lifetime opportunity for significant reform to improve the fitness to practise process. It has the potential to fundamentally change what concerns we investigate and how. We want to ensure that fairness has been central to our consideration and design of these processes and to be transparent with our stakeholders about how we have considered the equality dimension of our proposals in their development. We also want to support our people to do this to the best of our ability. In response we:

- delivered supplementary training during October to our teams working on our regulatory reform programme on our approach to equality analysis and targeted training on human rights to address an area identified for improvement from the Campbell Tickell ED&I governance and compliance review considered by Council in April 2021.

- commit to publishing our equality analyses that underpins our proposals for change when we consult in 2022

- will be externally quality assuring our final equality analyses and publish them post-consultation to demonstrate our confidence in the approach we adopt and our openness to scrutiny of the fairness of our proposals.

Process review and transparency

7 In addition to the medium-term changes we are seeking to embed through regulatory reform, we will also review our current processes to build stronger assurance.

8 We will systematically review high-stakes decision-points in our processes. This will consider procedural controls such as single vs group decision-making, quality assurance arrangements, and the adequacy of guidance. While we will begin this process in fitness to practise, we will develop this approach based on principles that allow us to progressively roll it out across all our high-stakes decision points across our regulatory functions.
We will update our training for our people based on a learning needs analysis that considers individual roles and their needs. This will include improving our corporate record around training completion and compliance monitoring. The learning needs analysis is being led by an expert brought in for this purpose with a view to concluding this work by the end of April 2022.

We will identify and publish additional performance data on our processes. We want to be transparent about how our processes operate and the individuals within them. We currently have challenges meeting the wide range and specificity of requests from stakeholders and they often result in numbers so low that they hit our suppression rules – which contributes to perceptions of a lack of transparency. We will develop an approach to standardised reporting on a regular and routine basis that lends visibility to our processes and the people within them for our stakeholders – which is also sustainable enough for us to produce with a frequency that demonstrates our openness to ongoing scrutiny.

Assurance stocktake

We have commissioned independent, external audits and research to help build our assurance that our processes are free from bias over the last ten years. The most recent audit of our fitness to practise decisions was completed in May 2021 by law firm FieldFisher, in partnership with the University of Edinburgh. It found no evidence of bias in the way our decision makers interpreted the guidance they use, which is consistent with past independent research we have conducted.

However, it is fair to say that the assurance we have drawn from this research has not been mirrored by some of our stakeholders who have reservations about the completeness of coverage and the robustness of these findings. We will commission an external, expert review of past research on fairness in our processes to identify and apply any learnings from this – to design and implement a forward-looking rolling programme of annual fairness audits across all our functions to better assure us, and our stakeholders, that our processes are fair. We will publicly tender for this work in November with a view to having proposals for how a rolling programme of audits should operate on an ongoing basis by April 2022.

Timeframes

We will aim to have substantively concluded all elements of this work by August 2022 but will implement and report on changes we make progressively
throughout the period. This timeframe is defined by our current expectations around regulatory reform so that we can embed major process changes in our proposals for regulatory reform, and that we can act on immediate improvements in a timely fashion. The market for specialist ED&I expertise is competitive at the moment, so we expect we may need some flexibility in our individual timeframes to reflect the availability of skilled and independent expertise we want to embed in our approach.

**Timeliness of case progression**

14 We know that an open investigation into a doctors’ fitness to practise is stressful for all parties involved and that the timeliness of the investigation into Mr Karim was a feature of the ET’s reflections.

15 A key driver of delay in our processes is caused by work being led by others – particularly police, the courts, and employers running local processes.

16 Reflecting on this, we are undertaking an external legal review of cases in our processes that are over two years old and haven’t reached a case examiner decision, to consider if they are impacted by an ongoing local employer process and whether we should close our investigation until that local process has concluded. We will also consider for future concerns - not opening an investigation if a local process is underway - so that we can minimise the time and impact they have on everyone involved. In all instances we will continue to act on any concern and open an investigation where a patient safety issue is raised or otherwise an interim orders tribunal is deemed necessary.

**Stakeholder responses**

17 The BMA have been active in calling for an independent, externally commissioned review. We have been mindful of this perspective in scoping our work to have a balance of externality together with internal expertise to deliver the work. Our experience of past externally chaired reviews has been that the onboarding process for those unfamiliar with our work can have a considerable lead-time and also contributes to the sense that we have not been fully and closely scrutinised. This has shaped our approach that seeks to draw in externality for credibility and expertise but also balanced with internal resources that will allow us to progress our review at a pace that enables us to reflect major procedural changes into the concurrent work on regulatory reform.
18 We have engaged with the BMA and other key representative bodies who were broadly supportive of the work we were committing to undertake as outlined in this paper. The assurance stocktake was particularly welcomed but was contingent on due externality and independence. Notwithstanding the general support for the focus of our work, it is clear that our credibility will remain in question with a number of stakeholders until we can more robustly evidence the active promotion of fairness, as much as the mitigation of bias.

19 We also discussed our proposals with our Strategic ED&I Advisory Forum on 21 September including their expectations on what the assurance stocktake should consider if it was to bolster their assurance, and what data more routinely published would provide them with assurance as to the transparency of our processes. We will provide regular updates on the progress of this work and its findings through this Forum and publish these updates on our website.

Regulatory targets and internal inclusivity

20 Our December update to Council will update on activity in relation to our three other priority areas for focus under our ED&I agenda. This will help frame our February conversation with Council – when we will reflect on annual progress of our activity and that of others since we set our targets. This will include progress against the key metrics. This content, or a refined version of it, will be the core of our published narrative and regular calls to action and spotlighting of progress – which Council agreed at their September away day planning - will be central to our ability to demonstrate ongoing leadership and commitment to this agenda.
**Council meeting – 3 November 2021**

**Agenda item M7**

**Four countries update**

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<tr>
<th>Action</th>
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<tr>
<td><strong>Purpose</strong></td>
<td>This update provides Council with a summary of our public affairs and stakeholder engagement activities across the four countries of the UK over the past six months.</td>
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<tr>
<td><strong>Decision trail</strong></td>
<td>Council previously discussed four country working on 29 April 2021 and received a similar update at that meeting.</td>
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<tr>
<td><strong>Recommendation</strong></td>
<td>To consider progress to date on our four-country engagement work and how we are adapting our approach in response to the external environment.</td>
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<td><strong>Annexes</strong></td>
<td>Annex A: Four country national and regional engagement</td>
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Background

1 This paper provides an update on our public affairs and stakeholder engagement across the four countries of the UK.

2 Our engagement approach aims to:

   a Broaden our key stakeholders’ knowledge about the GMC’s mission and role ensuring we have receptive audiences when we seek to collaborate with them or introduce a new policy or reform;

   b Position the GMC in the political arena as a thought-leader on post pandemic solutions to challenges facing the healthcare systems in the four countries of the UK, particularly around workforce recruitment and retention;

   c Adapt our engagement approach to take account of the pressures placed on our stakeholders, i.e., managing the pandemic response and progressing plans for recovery and reset.

UK Wide Public Affairs Engagement

3 Throughout this period our aim has been to continue to implement our proactive public affairs approach, ensuring our engagement adapts to ongoing Covid-19 restrictions across the UK. We have sought to ensure that decisions made by the UK legislatures which affect the GMC are positive and informed, and that political actors work closely with us on projects and support our campaigns. We have done this by successfully using the mechanisms of the UK’s parliaments and assembly.

4 The annex to this paper sets out some of the highlights from the last six months, however during this period our focus has been on the following priorities:

UK

5 We have sought to influence key pieces of legislation relevant to our regulatory functions, including the Health and Social Care Bill and the Professional Qualifications Bill. On the latter we were successful in influencing a series of amendments to address our concerns that the provisions could cut across our existing international routes to recognition for overseas qualified doctors.

6 A fundamental priority has been to enhance our relationships with key decision makers, such as the UK Secretary of State Rt Hon Sajid Javid MP, who visited our Manchester office in October and opened our new clinical assessment...
centre. We have also sought to broaden the coalition of support for regulatory reform, for example by hosting a roundtable for peers alongside the NMC.

Northern Ireland

7 We continue to take account of the political interest in our role in high-profile inquiries and reviews and the regulation of doctors providing cross-border healthcare on the island of Ireland.

8 Since 1 October, we have prioritised engagement with the Patient Client Council and senior stakeholders, following the MPTS decision to grant Michael Watt voluntary erasure (VE). We have also been invited to give oral and written evidence to the Northern Ireland Assembly’s Committee for Health on our role in the Michael Watt case.

9 In the meantime, we continue to support the work of the Independent Neurology Inquiry, which we expect to publish its report within the next six months.

Scotland and Wales

10 Our objectives for this period were largely influenced by May’s Scottish Parliament and Senedd elections. One of the important aspects of our public affairs strategies in Scotland and Wales is to demonstrate our relevance to the health policy landscapes in each country, and the elections provided fresh opportunity to do this.

11 Given the high turnover of post holders, we undertook a series of introductory meetings with opposition health spokespeople and health committee members. We also met with the Minister for Health and Social Care in Wales, Eluned Morgan MS on 18 August and arranged a meeting with the new Cabinet Secretary for Health and Social Care in Scotland, Humza Yousaf MSP on 11 November. Through our engagement with stakeholders during this period we know how the impact of the pressures on the system have impacted them and the medical workforce. In our meetings with parliamentarians, we have therefore explored the support we can offer the medical workforce in Scotland and Wales, and how our data and insight can feed in.

12 We also ensured that Council and senior colleagues were fully briefed on the outcome of the elections and the implications for the GMC.

UK wide stakeholder engagement

13 The ongoing pandemic has meant that our engagement has remained largely virtual, but we have increasingly had to consider the growing pressures placed
on our stakeholders and be willing to be flexible. This includes all aspects of our offering including stakeholder meetings, Outreach sessions, and meetings between our ELAs and ROs. We continue to keep our approach under consideration, as the guidance across the four countries of the UK diverges and is updated.

14 We have prioritised keeping officials in each country up to date on our continuing response to the pandemic, including the management of temporary emergency registration and derogations to post graduate medical training programmes.

15 Some of the highlights include (more information is included in the Annex):

- Demonstrating our commitment to four country engagement through our Director-level Government sponsors, who have been building relationships with senior officials in devolved governments. We also now have annual relationship plans in place for all of our regulatory partners and strategic stakeholders, focussing on areas we can improve on and relationships we want to build.

- Our Outreach teams in England have been engaging with partners at a regional level to provide advice to the system and capture insights to support the GMC’s work. We are also working with the GMC strategy team to test GMC Board engagement.

- Delivering our influencing plan on regulatory reform and garnering support from key stakeholders.

16 We have supported our ED&I, leadership, maternity wellbeing and support workstreams. This focus has helped both to position the GMC as a thought leader in post-pandemic recovery, and influence the health systems to make positive decisions to the benefit of our registrants. Highlights include:

- Influencing the Scottish Government’s recovery plan on staff wellbeing by feeding in recommendations from Caring for Doctors, Caring for Patients. This translated into an £8 million funding package for actions to support practical and emotional needs, and specialised mental health support where needed.

- Enhancing our Welcome to UK Practice offer. In Wales this has been by working with Health Education in Wales (HEIW) to incorporate it into their week-long induction programme for all new International Medical Graduates (IMGs). Likewise, we have secured a commitment that all doctors new to
Northern Ireland will be given the opportunity to attend a WtUKP session during their first three months, and in Scotland we are working to establish a programme of sessions in each of the four NHS Education for Scotland (NES) regions.

- In England, we are continuing to build our networks with regional partners and looking at areas we can work on together. One example of this is in London, where we are working with NHS London and Health Education England (HEE) regionally to look at supporting providers with their activities arising from the people plan. Many of these have a fairness or inclusivity angle so will also impact on our ED&I ambitions.

- In England, the Outreach teams are also supporting our response to the Ockenden and East Kent Maternity Reviews, specifically providing an Employer Liaison Adviser for Fitness to Practice advice to the review teams. We are also working with the NHSE/I Maternity Culture Working group to understand maternity culture and explore potential support interventions we can deliver, including the Professional Behaviours Patient Safety programme.

17 We have also continued our engagement with Responsible Officers to understand:

- Whether they have addressed/are addressing/will address the issues set out in the recommendations for employers;
- Where there might be any barriers;
- How we might be able to support (possibly alongside other organisations);
- Where we might need to escalate concerns if we believe they are not supporting doctors appropriately.

Focus on the next six months

18 Given the increasing pressure on healthcare systems and projections of a challenging autumn and winter, our autumn UKAF meetings will be shorter and focused on how we can support workforce pressures. We are also providing assurance that the GMC is committed to ongoing engagement with our stakeholders across the UK.

19 Our teams across the UK will provide support and advice on the pre-consultation engagement ahead of the review of Good Medical Practice and
Agenda item M7 – Four countries update

further consultations on Regulatory Reform. We will focus on supporting open conversations with stakeholders and developing a strategy for seeking views from diverse patient groups.

20 As the Health and Social Care Bill moves forward, we will focus on pressing government to clarify how the provisions will be implemented, their interaction with the ongoing government-commissioned reviews of regulators and emphasising the importance of our independence.

21 We

22 In NI, we will prioritise engagement with the patients and elected representatives who have queries relating to high profile fitness to practice cases. Our engagement activity will take into account the NI Assembly spring 2022 election.

23 In Scotland, we will focus on developing relationships with the Cabinet Secretary for Health and Social Care, Humza Yousaf MSP. We will also seek to work more closely with officials and other stakeholders on areas where our policy priorities align. This will include a focus on support for the service as it continues to work under considerable pressure, the wellbeing of the profession, and equality, diversity and inclusion.

24 In Wales, we will focus on developing a relationship with the new Minister for Health and Social Services, Eluned Morgan MS. We will provide support and advice to her and relevant partners on our role in quality assuring a new medical school in North Wales. We plan to work closely with the Welsh Language Commissioner once the standards are laid in the Senedd. We will also join a stakeholder group to inform the development of the new Citizen’s Voice Body for Wales.

25 Our Outreach teams across the UK will continue to offer support to Responsible Officers and system partners; focusing on our ED&I targets and support for IMG doctors.

26 In England, the Outreach teams will pilot the revised virtual Professional Behaviours Patient Safety training programme, aimed at helping doctors challenge unprofessional behaviours in colleagues.
Annex A: Four country national and regional engagement

England

1. In England, we have ensured positive engagement with both senior politicians and their advisers continued across the summer recess period and once parliament returned.

2. Easing of restrictions, in England, has enabled us to attend the Labour and Conservative party conferences, prioritising meetings and fringe events focussed on health workforce, pandemic recovery and constitutional developments. We have reconvened our senior annual party conference dinner with senior colleagues to support strategic discussions with our partners and stakeholders across the system.

3. We have worked with our cohort of medically qualified peers to press the Government to address the concerns that the Professional Qualifications Bill could cut across our existing international routes to recognition for overseas qualified doctors. Lord Grimstone agreed with our concerns and submitted a set of amendments which have since been adopted. During the second reading debate, the GMC was mentioned by Peers over 30 times, and at the committee stage debate by Peers over 20 times.

4. In July 2021, we met the then Minister of State (Minister for Care), Helen Whately MP, to secure ministerial support for the GMC’s approach to mutual recognition agreements as discussed with Council in June. She agreed that patient safety must be the prime consideration and that regulators must have control over access to their registers and be able to determine the standards of entry, regardless of the country in which an applicant has qualified.

5. On 18 August we participated in a roundtable with senior NHS leaders hosted by the new Secretary of State for Health, Sajid Javid MP, to discuss priorities facing the healthcare system including the backlog, the impact of the pandemic on workforce, and NHS finances. We emphasised our priorities of supporting the health system, help ease pressure on the profession and protect patients during this challenging period. Sajid Javid recognised the critical role that we play in supporting international recruitment and expressed his commitment to regulatory reform.
6 We invited the Secretary of State to open our temporary clinical assessment centre on Monday 4 August. As well as officially opening the new facility, the Secretary of State met with examiners, actors, and visited some of the interactive stations to support his understanding of how we played our part in responding flexibly and competently to the pandemic.

7 The Health and Care Bill was introduced to the Commons on 6 July 2021 and is currently proceeding through the committee stage. We briefed parliamentarians who broadly welcomed the Bill, acknowledging its intention to improve integration and collaboration within England’s NHS. We also support the general move toward more accountability and clarity on workforce planning. Of particular interest to us are provisions setting out our interactions with Health Service Safety Investigations Body (HSSIB) as it is put onto a statutory footing, and the Secretary of State’s new powers to abolish a professional regulator and to bring professions in and out of regulation set out in Clause 123.

8 Following a discussion with the National Data Guardian (NDG) about new information sharing requirements in the Police, Crime, Sentencing and Courts Bill, we briefed peers ahead of second reading and secured mentions in the debate highlighting our concerns. We are now in discussions with peers interested in lodging amendments. In parallel, we are engaging DHSC and home office officials to try and secure a commitment from Government to amend the Bill.

9 We have continued to build on our relationship with senior officials in the Department of International Trade (DiT) as they progress trade talks with Australia, New Zealand and others. In July we responded to two Department of International Trade consultations – one on the mandate for trade talks with India and one on the talks with Canada and Mexico. Following our successful engagement, DiT have created a formal Regulated Professions Advisory Forum to allow regulators to have a formal input into the content of trade negotiations on a confidential basis.

10 We met Michelle Donelan MP Minister of State (Education) ahead of the government announcement on the expansion of medical school places. The meeting set out our role and explained our work with HEE and MSC in supporting medical schools responding to the A-Level results.

11 In Outreach, we are engaging with NHS England and NHS Improvement (NHSE/I) nationally around their Civility workstream to identify where we can amplify their work and use it to drive home some of our work around encouraging culture change.
12 Our engagement with perinatal oversight groups continues across England. We are exploring collaborative pieces with the Nursing and Midwifery Council (NMC), Regional Chief Midwives and the Royal College of Midwives. An introductory webinar is planned in the North of England.

13 We are also exploring opportunities to engage with board members. We are participating in a regional ED&I working group in November 2021 attended by Chief Executives of NHS trusts. We are also presenting to Human Resource Directors/Chief People Officers in October 2021 at a NHSE/I regional Human Resources Directors’ network. To support this engagement, we are also engaging with NHSE/I regional ED&I leads and wellbeing leads networks.

Patient Engagement and Involvement

14 We held our bi-annual patient roundtable in the spring, with representation across the four countries. We worked to increase the diversity of the roundtable and successfully encouraged new patient groups to join. The roundtable focused on gaining patient feedback on regulatory reform and updating patients on Good Medical Practice.

15 We developed a specific patient engagement plan for regulatory reform and held a number of meetings with patient leaders to understand their concerns around regulatory reform and encourage their support.

16 We are continuing our work to build on the improvements we have already made to patient group engagement and are considering new collaborative opportunities. During Autumn 2021 to Summer 2022 we are piloting engagement with local patient advocacy groups and a trust complaints teams to raise awareness of GMC processes and thresholds, and to support better signposting of patient complaints locally.

Engagement with Westminster committees and the Devolved Legislatures

17 We provided written evidence to the public bill committee established to scrutinise the Health and Care Bill focussing on the provisions that will enable the Secretary of State to bring a profession into or out of regulation, as well as powers to abolish a professional regulator.

18 In addition to seeking assurances about how these powers would be used, and consulted upon, we emphasised that independence is key to the trust and confidence that the public and professions have in regulation. We are seeking an explicit commitment from government that it will maintain the principle of regulatory independence.
19 We also highlighted the significance for us of the Government’s plans to simplify the legislative framework of professional regulators to allow more flexible and proportionate medical regulation and the DHSC recently commissioned KPMG review of healthcare regulators.

20 We responded to the Health and Social Care Committee’s report into maternity services in England with a letter to the Chair of the Committee, Jeremy Hunt MP. Our evidence was referenced in the report, and its recommendations for closer working among regulators. We continue to collaborate with the NMC and CQC on maternity issues.

21 Jointly hosted (with the NMC) a roundtable for peers in the House of Lords to highlight the need for professional regulatory reform and anticipate any concerns that peers may have before the proposal begin the parliamentary process.

22 In NI we submitted evidence to the NI Assembly Health Committee on the *Severe Fatal Fetal Impairment Abortion (Amendment) Bill*, clarifying we do not issue clinical guidance or take a policy position on what the law on termination of pregnancy should be.

23 Our response to the Scottish Government’s consultation on the Patient Safety Commissioner for Scotland addressed the complexities patients face when making complaints and encouraging the local resolution of complaints.

24 In Wales, we responded to the Senedd’s Health and Social Care Committee’s Consultation to inform its priorities for this mandate. We highlighted our research, data in insights on workforce, culture and ED&I issues.

25 We also responded to the Welsh Government National Bereavement Framework consultation in May 2021, highlighting our Treatment and care towards the end-of-life guidance and resource on the Ethical Hub.

**UK Advisory Fora**

26 Our Spring UK Advisory Fora were held virtually in May 2021. The meetings focussed on our ED&I targets and the pressures in the three healthcare systems.

27 We made a commitment at our NI UKAF to have conversations about the challenges facing the medical workforce with senior officials at DoH (NI). Following the meeting in Wales, we are progressing our engagement with groups representing minoritized communities including the BMA Cymru and
identifying how we can best support. At the meeting in Scotland, we secured support to use our ED&I data to inform areas for collaboration with stakeholders. We have since set up regular data sharing sessions with key government officials, and through our Outreach function have engaged with the BMA Scotland Race Equality Forum on joint sessions for doctors.

**Northern Ireland (NI)**

*Regulatory alignment progress*

28 Since March 2021 we have provided secretariat and co-Chairing of the monthly meetings of the re-established NI Joint Regulators’ Forum. The other members of the Forum are the NMC, Regulation and Quality Improvement Authority (RQIA), Pharmaceutical Society of Northern Ireland (PSNI), Northern Ireland Social Care Council (NISCC), General Dental Council (GDC) and the Health and Care Professions Council (HCPC). Members have agreed to progress an Emerging Concerns Protocol for NI and work collaboratively to increase the understanding of the benefits of regulatory alignment within the NI Health and Social Care system.

*Inquiries and Reviews*

29 We continue to monitor the progress of NI’s healthcare related Inquiries and Reviews. An introductory letter has been sent to the Urology Inquiry, which commenced on 6 September 2021. We continue to consider our engagement with the Muckamore Abbey Hospital (MAH) Inquiry, which began work on 1 October 2021.

30 We are continuing to prepare for the publication of the Independent Neurology Inquiry report, expected within the next six months. We submitted a final witness statement in March 2021 and are in regular communication with the Inquiry team.

31 The NI Health Committee have invited us to give evidence at their session considering the Inquiry, Reviews and investigations relating to the practice of Dr Michael Watt, on 4 November 2021.

32 In August 2021, we submitted a response to the Department of Health (NI) (DoH(NI)) consultation on proposals for a statutory Duty of Candour (DoC) and a Being Open Framework. Our response began by acknowledging how difficult and distressing the deaths of children, investigated by the Inquiry into Hyponatremia-related Deaths, continue to be for their families. We go on to
outline evidence that statutory DoC for individuals with criminal sanctions attached is unlikely to drive the culture change that’s needed to support doctors in being open and honest.

**Summary of engagement with DoH (NI)**

33 In June 2021 Clare Marx met with NI’s Chief Medical Officer, Professor Sir Michael McBride. They discussed the continuing pressures in the NI Health and Social Care system. Sir Michael committed to participating in the review of Good Medical Practice.

34 We have built on our good relationship with DoH (NI) Workforce Policy officials, who seek our input on a number of policy areas including workforce planning and all-Ireland regulatory issues. We have provided advice to officials leading development of an Advance Care Planning Framework for NI and are collaborating with the newly established Abortion Commissioning Project team.

35 Jane Kennedy, National Head, was invited to speak at the official opening of Ulster University Medical School in September 2021. This event was attended by NI’s First Minister, Paul Givan MLA, and Health Minister, Robin Swann MLA, who informally commented on the positive contribution the GMC had made to the pandemic response.

**Scotland**

**Regulatory alignment progress**

36 We have submitted our feedback on Healthcare Improvement Scotland’s (HIS) draft Emerging Concerns Protocol for Scotland, which is expected to be in place by the end of this year. We particularly welcome the protocol’s requirement for professional regulators to meet biannually with the Sharing Intelligence for Health and Care Group, to discuss areas of common concern.

37 We are continuing conversations with Scottish Government, NHS Education (NES) for Scotland and Healthcare Improvement Scotland (HIS) on regulatory alignment and what good leadership looks like and have committed to comment on HIS’s draft quality framework, which include a leadership domain.

**Public affairs update**

38 We had a positive introductory meeting with a newly elected medical member of the Scottish Parliament, Dr Sandesh Gulhane MSP (Conservative), who has
been appointed Shadow Cabinet Secretary for Health. Dr Gulhane is a practicing GP and member of British Association of Physicians of Indian Origin (BAPIO) and former Chair the BMA GP Trainees committee. Our discussion focused on ED&I issues. Dr Gulhane noted that the work we are doing to build the trust of the profession.

39 We also met the health spokesperson and leader of the Scottish Liberal Democrats, Alex Cole-Hamilton MSP. He was interested in our data offering and was positive towards the GMC’s targets on differential attainment and disproportionate referrals. In a separate meeting with Gillian Martin MSP (SNP), Convener of the Health, Social Care and Sport Committee, she spoke about workforce issues and showed interest in our data and insight.

Stakeholder engagement summary

40 Charlie Massey and Anthony Omo had an introductory meeting with Caroline Lamb, the new Chief Executive of NHS Scotland and Director General of Health and Social Care in June 2021. The meeting covered our ED&I targets, work on wellbeing and the workforce planning opportunities around temporary emergency registration. We also covered regulatory reform and the regulation of MAPs and our plans on education and training, as well as regulatory alignment.

41 We continue to participate in the Medical Workforce Wellbeing Stakeholder Group. In the last six months the group has focused on wellbeing appraisals, the principles of the NHS Recovery Plan and the establishment of the Workforce Specialist Service.

42 We have put in place a programme of quarterly meetings with Karen Reid, Chief Executive of NHS Education for Scotland, and quarterly workforce data update sessions with Scottish Government officials.

Wales

Regulatory alignment progress

43 In May we attended the bi-annual HIW Healthcare Summit with regulatory partners, including Health Boards, NMC and CHCs and continue to work towards increasing regulatory alignment, especially around ED&I and workforce planning. We also continue to liaise with HIW around the development of the Emerging Concerns Protocol.
44 In September we responded to HIW’s request for feedback on their Service Concern Process to around engagement, information sharing and escalation of concerns.

Public affairs update

45 Following the Senedd election in May, we have prioritised post-election engagement, holding a number of meetings with new Ministers and key shadow spokespeople. This included Eluned Morgan MS (Minister for Health and Social Services), Russell George MS (Welsh Conservative Spokesperson for Health and Social Services and Chair of the Sixth Senedd’s Health and Social Care Committee), Rhun ap Iorwerth MS (Plaid Cymru Spokesperson for Health and Social Care and Deputy Leader).

46 In August we met with the Senedd Research Service Health and Social Care policy team, who work closely with the Senedd’s Health and Social Care Committee.

Welsh Language Standards

47 We have taken a proactive approach to engagement with the Welsh Language Commissioner’s office, to ensure the future Welsh Language Standards are effective and fit for purpose. We have commissioned external advisors to provide expertise and advice to ensure that we will be compliant when the regulations are enforced.

48 Over the summer, we met with the Deputy Welsh Language Commissioner to reiterate our support in progressing with the laying of the regulations. We also discussed areas of concern and received assurance that the Commissioner’s office will provide support during the period of formal negotiation.

Medical Education and the new medical school in North Wales

49 We liaised with the Minister for Health and Social Services and Government Officials around our role in quality assuring the applications for new medical schools and programmes. We advised the Minister on the fastest route to ensure that the programme is established before the next election and offered our support during this process.