Council Agenda

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

Thursday 9 December 2021

<table>
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<th>Time</th>
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<tr>
<td>09:55 – 09:58</td>
<td>M1 Chair’s business</td>
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<td>09:58 – 10:00</td>
<td>M2 Minutes of the meeting on 3 November 2021</td>
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<td>10:00 – 10:25</td>
<td>M3 Chief Executive’s Report</td>
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<td>10:25 – 10:40</td>
<td>M4 Draft Business Plan and Budget 2022</td>
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<td>10:40 – 11:00</td>
<td>M5 Equality, diversity and inclusion update</td>
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<td>11:00 – 11:15</td>
<td>Break</td>
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<td>11:15 – 11:40</td>
<td>M6 Post-Brexit routes to registration</td>
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<td>11:40 – 12:05</td>
<td>M7 Report of the MPTS Committee 2021</td>
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<td>M8 Report of the Audit and Risk Committee 2021</td>
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<td>12:50 – 13:00</td>
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To approve

Minutes of the meeting held on 3 November 2021

Members present – via MS Teams
Carrie MacEwen, Acting Chair
Steve Burnett Raj Patel
Vanessa Davies Suzanne Shale
Philip Hunt Alison Wright
Paul Knight
Anthony Harnden
Deepa Mann-Kler

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
Colin Melville, Medical Director and Director of Education and Standards
Melanie Wilson, Council Secretary
Council meeting, 9 December 2021
Agenda item M2 – Minutes of the meeting on 3 November 2021

Chair’s business (agenda item M1)
1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.

2 The Chair thanked Council members for approving, via circular, Tushar Vince and Gill Edelman as new members of the MPTS Committee for a period of three years.

Minutes of the meeting on 8 September 2021 (agenda item M2)
3 Council approved the minutes of the meeting on 8 September 2021 as a true record.

Chief Executive’s Report (agenda item M3)
4 Council received an update from the CEO on the operational performance of the organisation.

5 Council noted:
   a The Right Hon Sajid Javid visited the GMC office in Manchester and opened the temporary Clinical Assessment Centre.
   b The GMC and Board of Pension Trustees are about to begin the triennial valuation process, which will lead to a negotiation of pension trustee’s longer term plans to de-risk the pension scheme.
   c The budget forecast on operational expenditure is expected to maintain the trend of a variance from budget of 6-7% at the end of the year. Income is forecast to be 5% down by year end, due in part to a delay in the relaxation of social distancing measures in PLAB exams.
   d Staff turnover is rising slightly, to a similar level as 2019, 7-8%. There are spikes in turnover in policy areas and technical areas in IT.
   e The temporary Clinical Assessment Centre opened in July and will run until 2023, when it is expected to close.
   f There are delays in the investigation processes due to the fact that the GMC investigation teams are waiting on reports from third parties. The pandemic has created a further strain on these third-party providers which has extended the delays and created a backlog.
The GMC Conference has been postponed to spring 2022.

During the discussion Council noted:

a The organisation is progressing well with its ED&I targets and is now adding an additional workstream to focus on internships and personal development.

b The Contact Centre missed its KPI to answer 80% of calls within 20 seconds. This was due to difficulty recruiting and retaining staff during the COVID pandemic, and unusually high levels of demand. The management team are actively monitoring and managing these processes, with average times to answer calls at 44 and 57 seconds in July and August.

c Revalidation recommendations are usually automated and follow a streamlined process, so this process does not require significant additional resources to maintain the performance levels.

d There is a lower target on staff turnover to ensure a balance is created to allow for new ideas and new thinking.

e The external legal review will examine the characteristics of cases to determine if there are any themes that mean cases take longer than usual to resolve.

Council

a Noted the Chief Executive’s report and noted the Performance and Corporate Opportunities and Risk Register annexes.

b Place on record their thanks to Contact Centre colleagues for their work during the pandemic.

SOMEP report (agenda item M4)

Council received an update on the State of Medical Education and Practice (SoMEP) progress prior to publication.

Council noted:

a The overall challenge of SoMEP this year is finding a balance of reporting the stresses that are being reported to the GMC and producing a report which shows how the positive changes in practice and learning during the pandemic can be built on.
b Stress in the profession has reached its highest rate yet. Specific areas of stress are similar to those outlined in the previous report where recommendations have already been made. This report will remind readers of the recommendations for improvement in the previous report.

c Retention and/or reducing hours are significant themes being reported by the profession, with the consequent negative impact on workforce.

d The SoMEP messages will be launched during December 2021.

e Questions have been included in the “giving up your licence” process to understand why doctors are leaving the profession. Analysis will begin on that date shortly.

10 During the discussion Council noted:

a Remote care has been highlighted as a new way of working; however public confidence on this is low.

b Although “intention to leave” is at 23%, during the pandemic there has been a reduction in the number of medics who actually leave, with the demographics being similar.

c The tone of the report can be considered as neutral; however Council has been reassured that the key messages will be reinforced by data.

d Medics who have recently retired, in some circumstances, have been able to return to the profession on a reduced capacity. This could be considered as useful approach to reducing retention and burnout, especially as registrants get older.

11 Council:

a Council noted the description of the SoMEP product and the presentation of narratives.

Update on the People survey (agenda item M5)

12 Council received an update on the GMC’s annual people survey results.

13 Council noted:
a Benchmarking against other organisations has been a challenge for this survey as many organisations have not run surveys during the pandemic.

b Separate ‘pulse surveys’ have taken place throughout the pandemic to monitor staff health, wellbeing and stress.

c Employee engagement and the new inclusion index have allowed the organisation to monitor and drill down into specific areas/teams to examine themes.

d Several workstreams have already been created as a result of this survey, such as additional support for managers, ED&I targets and higher visibility of senior staff.

e The survey has confirmed that the organisation’s priorities are broadly correct, and focus will remain on ED&I, bullying and harassment, workloads and flexible working.

f Following the publication of the results, managers will meet with their respective teams and discuss the survey, issues and actions for the future.

14 During the discussion Council noted:

a Although the scores for the ability to speak up are below the national average, this is a focus for the management team who have created a workstream to highlight this and address these issues.

b The survey highlighted that some teams were working additional hours; this led to heatmaps being created showing areas of concern. Capacity planning and resource planning sessions will be scheduled to accommodate this.

c There was no question in the survey highlighting Council’s involvement in the organisation, this will be considered in the next survey.

d ‘Senior Management being approachable’ score has improved; however it was recognised that there is further work to do.

15 Council

a Noted the people survey findings and the related ongoing work programmes.
Equality, Diversity and Inclusion (agenda item M6)

16 Council received its regular update on the organisation’s ED&I workstream.

17 Council noted:

a As a result of the launch of a fourth workstream on regulatory fairness, feedback has been largely positive. The BMA has requested an independent review; the team has recognised the value this could bring but also has experience of the challenges of this approach and will instead bring externality in to key elements of the work.

b A tender process will begin shortly for an external, expert review of our past research on fairness in our processes and 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.

c The team have been engaging heavily with the strategic ED&I forum and BME doctor’s forum; feedback from these meetings has been supportive.

d A full update on all the ED&I work and priorities will be provided to Council in February 2022.

18 During the discussion, Council noted:

a The governance arrangements of this programme are still being considered, currently the work of the team will report to the ED&I steering group.

b The mandate provided by Council gives the team the confidence to challenge the organisation in order to achieve the required results.

c Unconscious human bias during the investigation stage is a vital step to ensuring the decision made are fair, this has been articulated as part of the tender exercise and will be a priority for the team.

19 Council

a Noted progress against the ED&I ambitions.

Four countries update (agenda item M7)

20 Council received an update on the work of the outreach teams in the four countries.
21 Council noted:

a Throughout the pandemic the three UK fora were held virtually, to relieve pressures on the local health and care systems.

b In all of these meetings the pandemic, workforce issues and retention were all substantive topics of conversation.

c In Wales, psychological safety is a continuing topic with doctors reporting a fear of GMC ‘reprisals’ for errors resulting from working in stressful and unfamiliar environments. Members were reassured that the GMC’s position would be to consider such events in context.

d In Northern Ireland, the majority of discussions revolved around the MPTS decision in the Michael Watt hearing.

e Scotland’s UKAF will happen today, but will focus on progression and supporting trainees and workforce pressures.

f In England, work has been focused on parliamentary work, workforce pressures and the pandemic.

22 During the discussion, Council noted:

a The environment in the UKAF meetings has changed to a more collaborative working space, with more action points being raised which is benefiting the sector.

23 Council

a Noted the approach to four-country engagement over the last six months, and how this continues to evolve to serve the interests of the nations and regions of the UK.

b Thanked members organising the UKAFs for their work.

Any other Business (agenda item M8)

24 Council noted that the next evening seminar and meeting would be on 8 and 9 December 2021.
Council meeting, 9 December 2021
Agenda item M2 – Minutes of the meeting on 3 November 2021

Confirmed:

Carrie MacEwen, Acting Chair 9 December 2021
This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:

- Charlie Massey and Anthony Omo appeared before the Northern Ireland Assembly Committee for Health on 4 November to brief them about Michael Watt. They highlighted the GMC’s disappointment with the Tribunal’s decision to grant voluntary erasure to Michael Watt and acknowledged the disappointment and anger felt by patients.
- In October and November we held our UK Advisory Forum events in Wales, Scotland and Northern Ireland. Discussions centred around health service pressures and how the GMC can support the medical profession, highlighting the importance of psychological safety.
- The Department of Health and Social Care has announced that Covid vaccination will be a condition of deployment for healthcare workers in England from April 2022.
Engagement

1 On 4 November, Charlie Massey and Anthony Omo appeared before the Northern Ireland Assembly Committee for Health to brief them on Michael Watt. They highlighted the GMC’s disappointment with the Tribunal’s decision to grant voluntary erasure and acknowledged the disappointment and anger felt by patients as a result of this decision. They told the committee that we had received legal advice that suggests there would be no prospect of success for a judicial review of this decision. The MPTS published a fuller version of a Record of Determination of Dr Watt’s case on 11 November 2021.

2 Charlie Massey and Anthony Omo met with the new Cabinet Secretary for Health and Social Care in Scotland, Humza Yousaf MSP on 11 November. They discussed regulatory reform, equality, diversity and inclusion (ED&I) and workforce recruitment and retention.

UK Advisory Forum

3 Over autumn, we held our biannual UK Advisory Forum (UKAF) events virtually - Wales on 20 October, Northern Ireland on 28 October and Scotland on 3 November. These bring together political and regulatory stakeholders in each country to discuss how we can work together and progress our shared priorities.

4 Discussions centred around the pressures faced by the health services in all countries of the UK and how the GMC can support the medical profession, particularly highlighting the importance of psychological safety. In Wales, members also discussed the importance of medical associate professionals and the good work undertaken in Health Boards to support SAS doctors. In Scotland discussions covered how we support more doctors to return, how we help foster a sense of psychological safety and value, and how we protect training opportunities during periods of intense clinical demand. In Northern Ireland there was discussion on Michael Watt’s voluntary erasure as well as innovative ways medical students were deployed during the pandemic and the use of the temporary emergency register in primary care.

Trainee roundtable

5 On 26 October, we held our regular virtual meeting with trainee leaders. At this meeting, we sought input on our work in supporting doctors to become healthcare leaders (facilitated by one of our clinical fellows), spoke about recovery of training and discussed regulatory reform with the group.
Patient roundtable

6 On 10 November, we held our autumn patient roundtable with 15 representatives from organisations across the four UK countries such as the Patient Information Forum, Macular Society, British Society for Heart Failure and the National Association of Patient Participation. We discussed unitary boards, rebalancing appraisal and our project on collecting data on doctors’ sex, gender and gender identity.

System pressure and psychological safety

7 Psychological safety has been of increasing concern to us and our stakeholders as pressure on the healthcare services and healthcare workers increases. Professor Dame Carrie MacEwen wrote to the profession on 26 October reiterating that that any concerns raised about a doctor over this time will take into account the extraordinary circumstances of the pandemic. We will continue to promote this and other relevant messages over the coming winter and beyond.

8 This intense pressure is also shown by the data in our State of medical education and practice 2021 report, which highlights a return to previous pre-pandemic workload pressures though also shows several aspects of good practice and improvements that could be sustained. The report will be published before Christmas.

Legislation

9 Following submission of written evidence to the Health and Care Bill’s Public Bill Committee, we provided MPs with a further briefing ahead of consideration of Clause 123 in late October, which sets out new powers for the Secretary of State to remove a profession from regulation and abolish regulators. During the Committee debate, the lead Minister, Edward Argar MP, noted the clause formed part of a wider programme aimed at creating a more flexible and proportionate regulatory framework. He cited the GMC as an example of how the powers could be implemented and acknowledged there were ‘no plans to abolish the GMC, because clearly there would always be a need for continued regulation of medical practitioners. Therefore, given that the GMC regulates them, it would continue to do so’.

10 Our successful engagement briefing Peers about the Police, Crime, Sentencing and Courts Bill ensured a number of probing amendments were lodged at Committee Stage. We have subsequently been invited to join a ministerial meeting ahead of the Report Stage, alongside interested Peers and other
stakeholder organisations who have also expressed concerns about the impact of the provisions within the Bill on patient confidentiality.

11 We are continuing to monitor the progress of the Professional Qualifications Bill. At the Report Stage in the House of Lords, Lord Grimstone acknowledged the need to protect the autonomy of regulators, and the importance of engaging with regulators on the negotiation of trade agreements. A series of Government amendments that they shared with us over the summer were adopted – these reaffirm the autonomy of regulators over their registers and commit to consultation with regulators before any secondary legislation is proposed. When the Bill reaches the Commons, we will proactively brief MPs to ensure that the amendments passed in the Lords are maintained.

Regulatory reform

12 We are in ongoing discussions with the Department of Health and Social Care (DHSC) about their progress on drafting the legislation needed to implement regulatory reform and bring physician associates (PAs) and anaesthesia associates (AAs) into regulation. They have recently reviewed their programme and legislative timetables and have told us that regulation of PAs and AAs will not begin any earlier than summer 2023.

13 We appreciate the DHSC’s new timeline will be disappointing for PAs and AAs, but we remain absolutely committed to the future regulation of these important professions, and our work to prepare continues at pace. We are also doing everything we can to plan for broader regulatory reform and will discuss with Council at the regulatory reform workshop in January 2022.

14 We are also due to meet with the Minister of State for Health Edward Argar MP to explore how we can work with DHSC to deliver regulatory reform. The Minister’s portfolio was expanded in the last Cabinet reshuffle to include responsibility for workforce.

Standards and ethics

Mandatory vaccination

15 The DHSC has announced that Covid vaccination will be a condition of deployment for healthcare workers in England from April 2022. Staff will need to have had their first dose by 3 February 2022. The policy takes into account exemptions including those on medical or age grounds and for those not working directly with patients. The Northern Ireland government has also
launched a consultation on making COVID-19 and flu vaccination compulsory for people starting new jobs in health and social care.

16 We strongly support maximising vaccine uptake among healthcare workers. Our guidance for doctors is clear that they should be immunised against serious communicable diseases unless there is a good reason not to be. Under the proposals, vaccination would be a condition of deployment. Compliance would therefore be a matter for employers and would not be directly within our remit.

17 As Council is aware, we responded to the DHSC’s consultation outlining some of the potential challenges, including workforce impacts and obtaining consent for vaccinations. We are keen to work with others to explore how to minimise the impact of any unintended consequences and will study the more detailed implementation guidance when it is published.

18 We have made further updates to our COVID-19 ethical hub to bring the content up to date with the maturing of the vaccine programme and to highlight the UK government’s decision to make vaccination a condition of deployment in England from April.

**Good medical practice**

19 The Good medical practice (GMP) review continues to make progress following the helpful discussions at the Council away day. The team is planning a fuller update for the February 2022 Council meeting before going to public consultation. The team is defining priority groups for consultation engagement and working to put our patient engagement research out to tender. The third GMP advisory forum meeting took place on 18 November.

**Chair recruitment**

20 On 16 November applications opened for the new GMC Chair. Applications will close on 13 December. The recruitment process will follow guidelines set out by the Professional Standards Authority (PSA) - Good practice in making council appointments - providing assurance that any appointment remains fair and transparent. All stages of this process will be managed by an external agency, Gatenby Sanderson.

21 We are taking steps to make sure it attracts a diverse group of candidates for the role. This includes targeted communications to engage with underrepresented groups, appointing a diverse interview panel and ensuring both the long and shortlists are diverse before proceeding to interviews.
The selection panel is made up of three current members of the GMC’s Council and two individuals independent of the GMC. They are responsible for making recommendations for appointment to the Privy Council. The Privy Council will then make the final decision.

**Inquiries and reviews**

**Maternity**

We have been working with the NMC to update DHSC on our responses 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 planning to issue its response before the end of the year.

The Dixon investigation is one of a number of recent and ongoing inquiries relating to failings in maternity care. These include the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust and the Independent Investigation into East Kent Maternity Services. We are working with these inquiries as required.

**Other reviews and inquiries**

The Independent Investigation into Urology Services at University Hospitals Morecambe Bay Trust was published on 24 November 2021. The Investigation focused on safety, quality and governance in relation to clinical care as well as consultant culture in the department. Recommendations for the GMC include for us to seek to understand how team dysfunction issues impact on fitness to practise investigations and around the effectiveness of the Emerging Concerns Protocol.

We are expecting two other reviews to publish their findings before the end of the year and anticipate 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 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.

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.

We continue to support the task and finish groups set up by DHSC to inform their response to the Paterson Inquiry which is due later this year.

We continue to engage with DHSC on the proposed implementation of Recommendation 8 of The Independent Medicines and Medical Devices Safety Review which relates to improving the transparency of payments made to clinicians. We anticipate joining several of the DHSC working groups set up to explore the issues raised by this recommendation.

Operational performance

The annexed report details performance against our KPIs. There have been no misses for our Investigations KPIs during October despite the ongoing pandemic backlog. Our missed service target for the Contact Centre was driven by spikes of contact for various reasons, most notably due to the release of PLAB1 dates for 2022. The Senior Management Team continues to closely monitor our missed KPIs and responses. The annex also includes a summary of the performance of our investments held with CCLA. The annexed Corporate Opportunities and Risk Register includes an escalated rating for our Availability of Resources risk (Low to Significant).

Executive Board

The Executive Board met on 25 October and 29 November 2021 to consider items on:

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

The draft Business Plan and Budget for 2022
Agenda item M3 – Chief Executive’s Report

Updates on:

- Regulatory Reform
- Customer complaints and compliments
- The GMC Group Personal Pension Plan Management Board
- GMC Services International Ltd
M3 – Annex A
Performance Annex

Data presented as at 31 October 2021 (unless otherwise stated)

Working with doctors Working for patients
## Operational Key Performance Indicator (KPI) – since last report to Council

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| Decision on 95% of all registration applications within 3 months           | 97%  | 96%  | **Registration and Revalidation – Contact Centre**
In September we answered 48% of calls within 20 seconds against a target of 80%. This was driven by a surge in demand following a system upgrade in late August - which led to significant problems for doctors trying to access GMC Online and who subsequently contacted our Contact Centre.

In October we answered 33% of calls within 20 seconds against a target of 80%. We had high volumes across all channels driven by the Siebel upgrade, spikes due to the release of PLAB1 dates for 2022. Wait times for calls and abandonment rates increased to 3.5 minutes and 34% respectively. Our webchat offer was turned off to allow advisers to focus on call and email contact. The Contact Centre continue to deal with a backlog of emails from this period, despite colleagues working overtime at weekends. We expect to be able to revert to our usual cycle of PLAB1 releases, meaning this level of contact due to PLAB1 is unlikely to recur. |
| Decision on 95% of all revalidation recommendations within 5 working days   | 98%  | 98%  |                                                                                      |
| Respond to 90% of ethical/standards enquiries within 15 working days       | 94%  | Not Available |
| Conclude 90% of fitness to practise cases within 12 months                 | 91%  | 95%  |                                                                                      |
| Conclude or refer 90% of cases at investigation stage within 6 months       | 93%  | 95%  |                                                                                      |
| Conclude or refer 95% of cases at the investigation stage within 12 months  | 95%  | 97%  |                                                                                      |
| Commence 100% of Investigation Committee hearings within 2 months of referral | 100% | 100% |                                                                                      |
| Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral | 100% | 100% |                                                                                      |
| **Finance**                                                               |      |      |                                                                                      |
| 2019/20 Income and expenditure [% variance +/- 2%]                         | 2.76%| 2.80%| **Finance** the cumulative variance between income and expenditure is 2.80%. Income is under budget due to holding fewer PLAB2 days than planned & the cancellation of some PLAB1 places in May. Expenditure is under budget as the variable costs linked to PLAB2 days have been removed, we expect fewer hearing days and associated legal costs than budgeted, there is lower activity than planned in a number of areas, including staff expenses and there is a higher level of vacancies now forecast than assumed in budget. |
| Rolling twelve month staff turnover within 8-15%                           | 6.8% | 7.5% |                                                                                      |
| IS system availability (%) – target 98.8%                                 | 99.91%| 99.45%|                                                                                      |
| Monthly media score                                                       | 544  | 1016 | **Media** October’s results were boosted by wide pick-up of Dame Carrie’s speech referencing the ‘Completing the picture’ research, but also proactive briefing to make clear distinction between MPTS/GMC in the Dr Watt ruling. The 2021 mean monthly media score is currently a fifth higher than 2020. |

**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.

**Rolling twelve month staff turnover within 8-15%**

**IS system availability (%) – target 98.8%**

**Monthly media score**
### Operational Key Performance Indicator (KPI) – 12 month performance summary

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<td>Answer 80% of calls within 20 seconds</td>
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<td>Respond to 90% of ethical/standards enquiries within 15 working days</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>
<td>96.1%</td>
<td>100%</td>
<td>94%</td>
<td>Not Available</td>
</tr>
<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</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>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</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>
<td>93%</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>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>
<td>95%</td>
<td>97%</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>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>No cases</td>
<td>100%</td>
<td>100%</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>92%</td>
<td>100%</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>3.19%</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>
<td>2.76%</td>
<td>2.80%</td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</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>
<td>6.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>IS system availability (%) – target 98.8%</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>
<td>99.91%</td>
<td>99.45%</td>
</tr>
<tr>
<td>Monthly media score</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>
<td>544</td>
<td>1016</td>
</tr>
</tbody>
</table>
Our strategy

Developing a sustainable medical workforce
- We’ll help develop a diverse workforce with the right skills to meet future patient needs.
- We’ll make sure everyone who interacts with us is met with empathy, efficiency and equal respect.
- We’ll continue to foster an inclusive, caring and learning environment.

Enabling professionals to provide safe care

Making every interaction matter

Investing in our people to deliver

These estimates include the immediate-project team time cost to deliver against our key priorities. This helps us to better quantify the relative size of our commitments and inform prioritisation decisions against their expected impact.

The estimated values on this slide and the next reflect 2021 estimated time-cost of project teams only. They do not account for all associated costs (such as communications support or outreach teams) though we intend to improve our practice on an ongoing basis, which we also expect to improve workload management.
Corporate Strategy Delivery – Priority activities forecast October-Dec 2021 investment (project team resource)

- Developing a Sustainable Workforce
  - MAPs 199,600
  - Post-Brexit registration programme 153,500
  - MLA 403,200
  - Education reform 72,200

- Enabling professionals to provide safe care
  - GMP 153,500
  - SPuP 162,500
  - SOMEIP (main report) 84,900

- Making every interaction matter

- Investing in our people
  - ED&I - Internal inclusivity agenda 110,700
  - Investors in people accreditation 57,000
  - Regulatory reform 906,400
Enabling professionals to provide safe care

- We work with others to improve workplace cultures in healthcare environments across the UK making them safe, inclusive and supportive
- The professionals we regulate can meet the professional standards patients expect and use their judgement to apply our ethical standards and guidance
- We use and share our data and insights to improve environments and address inequalities

<table>
<thead>
<tr>
<th>2021-23 Priority activities</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review of Good medical practice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Why:</strong> Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP. <strong>When:</strong> Complete by Q3 2023 <strong>Who:</strong> Colin Melville; Mark Swindells</td>
<td>Drafting has started and we have begun weekly drafting steering groups. In October we held our third OneGMC implementation workshop and an Outreach away day. The Team is also defining priority groups for consultation engagement and liaising internally to put our patient engagement research out to tender. The third GMP Advisory Forum meeting was held on 18 November.</td>
</tr>
<tr>
<td><strong>State of Medical Education and Practice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Why:</strong> Want to share our data and insights to highlight the experience of practising medicine in the UK and demonstrate our thought-leadership on key issues. <strong>When:</strong> Annually <strong>Who:</strong> Shaun Gallagher; David Darton</td>
<td>The overall status is amber - production timelines rescheduled to accommodate additional time required for drafting. Resource issues are ongoing across the Data Research and Insight Hub and Comms teams due to staff changes and challenging recruitment market for experienced analysts and editorial personnel. Shifting of tasks and management responsibilities has enabled the current report drafting to happen in a compressed time frame and publication expected towards the middle of December.</td>
</tr>
</tbody>
</table>

*All projects reporting green unless stated*
Enabling professionals to provide safe care

- We work with others to improve workplace cultures in healthcare environments across the UK making them safe, inclusive and supportive
- The professionals we regulate can meet the professional standards patients expect and use their judgement to apply our ethical standards and guidance
- We use and share our data and insights to improve environments and address inequalities

<table>
<thead>
<tr>
<th>2021-23 Priority activities</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting a profession under pressure</td>
<td></td>
</tr>
<tr>
<td><strong>Why:</strong> Want to work together with partners to promote environments that support better practice and patient care as highlighted in our research. We will have implemented four country plans to address areas of greatest shared interest in each UK country, and reduced disproportionality in fitness to practise referrals from employers and attainment in medical education and training. <strong>When:</strong> Complete by Q4 2023 <strong>Who:</strong> Anthony Omo; Maria Bentley</td>
<td></td>
</tr>
</tbody>
</table>

**Fair training cultures (reducing education and training differentials):** Internal workshop completed to review the scope of the workstreams, consider governance and operational resource to lead this work. CASC masterclass: (exam preparation based intervention for Core psychiatry trainees) Initial outcomes for the summer cohort of trainees has been received from the college. This data is being analysed to allow evaluation of the pass rate for those trainees who participated in the intervention - early indications are positive. Collaborative research with HEE and RCPsych continues and second cohorts of trainees are being allocated to the training intervention (training taken place in November 2021). The Fair Training Cultures scope of work is ongoing - the team have held multiple workshops with internal stakeholders to gather feedback and buy in and ultimately add gravitas to the six workstreams.

**Reducing differentials in FtP Referrals:** PID/project plan approved as part of October Planning Gateway process. Phase 1 of RO conversations with designated bodies in the data set has commenced and is due to complete by the end of the year. Pilot of RO referral form changes concluded, evaluation underway with rollout planned for end of Q4 2021. Initial meeting to develop feedback template on Case Examiner decisions taken place and template in development. Comms planning commenced.

**Wellbeing and support:** As part of rationalising our priorities, we are scaling back future planned work along this theme. Ongoing work is due to complete at the end of 2021, after which we will focus our efforts on improving wellbeing and support through our calls on others and our Welcome to UK Practice offering which can be used to leverage wider influence for others to strengthen induction. Our focus on locums will rely on our existing engagement with locum agencies and ROs, which would continue to embed the key learnings of the SPuP research in our conversations.

**Leadership:** As part of rationalising our priorities, we are scaling back future planned work along this theme. We will continue to advocate for the improvements needed in leadership that was identified through our research – but promote this agenda through the work of others rather than in initiating additional activity.

*All projects reporting green unless stated*
### Developing a sustainable medical workforce

- We work with workforce organisations to support more professionals who meet the required standards to join and remain in the UK medical workforce.
- Education and training are relevant, accessible and supportive, giving all professionals the skills they need to better meet future patient needs.
- Training for the medical workforce is more flexible, throughout their careers.

<table>
<thead>
<tr>
<th>2021-23 Priority activities</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introducing the medical licensing assessment</strong>&lt;br&gt;<strong>Why?</strong> Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors. <strong>When:</strong> Q4 2025 <strong>Who:</strong> Colin Melville; Judith Chrystie&lt;br&gt;&lt;br&gt;<strong>Why?</strong> Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors. <strong>When:</strong> Q4 2025 <strong>Who:</strong> Colin Melville; Judith Chrystie</td>
<td><strong>The overall status is amber</strong> – Discussions with medical schools and the Medical School Council (MSC) are ongoing following June Council’s approval, subject to directions, of a proposal for a university-led AKT. Work has begun on monitoring Council’s directions, and regular meetings of the joint oversight group required by Council have started. The programme is currently on track against agreed plans. The team is not yet fully resourced and with an estimated 6 month lead for recruitment we anticipate we’ll notice the resource gap in Q1 2022. The complex task of assuring that all AKTs and CPSAs meet the GMC’s standards and requirements has begun. Intensive and useful CPSA engagement sessions are underway, which begin the formal process for assessing schools’ CPSAs are compliant. That work is planned to overlap with similar AKT engagement sessions, again running directly into the activity required to assess AKTs’ compliance</td>
</tr>
<tr>
<td><strong>Regulating medical associate professionals</strong>&lt;br&gt;<strong>Why?</strong> To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors. <strong>When:</strong> Before summer 2023 <strong>Who:</strong> Una Lane; Clare Barton&lt;br&gt;&lt;br&gt;<strong>Why?</strong> To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors. <strong>When:</strong> Before summer 2023 <strong>Who:</strong> Una Lane; Clare Barton</td>
<td><strong>The overall status is red</strong> – In October DHSC announced delays to the timetable for producing the legislation that will bring PAs and AAs into regulation. Regulation is now not expected to commence before Summer 2023. Whilst this is disappointing, our work continues and we’re liaising with stakeholders to maintain momentum. Additional funding requirements presented to DHSC in November.</td>
</tr>
<tr>
<td><strong>Education Reform</strong>&lt;br&gt;<strong>Why?</strong> We want to harness opportunities which came from the pandemic within Education and Standards by working collaboratively with partners to harness change which benefits systems and the profession as a whole. <strong>When:</strong> This work is being scoped during 2021 when a detailed plan for planning, development and delivery will be produced for 2022 and beyond. <strong>Who:</strong> Colin Melville; Phil Martin. This work will be delivered in partnership with external regulatory bodies including HEE, HEIW, NES, AOMRC.&lt;br&gt;&lt;br&gt;<strong>Why?</strong> We want to harness opportunities which came from the pandemic within Education and Standards by working collaboratively with partners to harness change which benefits systems and the profession as a whole. <strong>When:</strong> This work is being scoped during 2021 when a detailed plan for planning, development and delivery will be produced for 2022 and beyond. <strong>Who:</strong> Colin Melville; Phil Martin. This work will be delivered in partnership with external regulatory bodies including HEE, HEIW, NES, AOMRC.</td>
<td><strong>The overall status is amber</strong> – although progress has been made, resourcing risks are critical. We continue to monitor both our external resources and internal resources. We are mitigating the internal resource by re-prioritising work and using knowledge and expertise from other areas of the business i.e. Clinical fellows to support us to achieve our ambitions. We have now met with the AoMRC and although we had expected them to take a lead role in both the Generalism &amp; Progression work this is not possible due to their own resources. They are very supportive of our work in these areas and will play a supporting role and assist us in gaining access to various committees and data. A programme manager has been allocated to this work. Workshops have been held for each project to refine the scope and agree key information. This is being collated and informing extensive planning to start the programme and projects, particularly around programme schedules, interdependencies and shared resource. We met with DHSC officials to discuss how required changes to legislation will be secured. DHSC have advised us they intend to launch a consultation for the changes early next year. In November we established the programme board and there is a paper at this December Council meeting, with an update on the programme being provided.</td>
</tr>
<tr>
<td><strong>Post-Brexit registration pathways</strong>&lt;br&gt;<strong>Why?</strong> To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UK’s post-Brexit registration approach for EU professionals. <strong>When:</strong> Q4 2022 <strong>Who:</strong> Una Lane; Kirstyn Shaw&lt;br&gt;&lt;br&gt;<strong>Why?</strong> To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UK’s post-Brexit registration approach for EU professionals. <strong>When:</strong> Q4 2022 <strong>Who:</strong> Una Lane; Kirstyn Shaw</td>
<td><strong>The overall status is amber</strong> – although progress has been made, resourcing risks are critical. We continue to monitor both our external resources and internal resources. We are mitigating the internal resource by re-prioritising work and using knowledge and expertise from other areas of the business i.e. Clinical fellows to support us to achieve our ambitions. We have now met with the AoMRC and although we had expected them to take a lead role in both the Generalism &amp; Progression work this is not possible due to their own resources. They are very supportive of our work in these areas and will play a supporting role and assist us in gaining access to various committees and data. A programme manager has been allocated to this work. Workshops have been held for each project to refine the scope and agree key information. This is being collated and informing extensive planning to start the programme and projects, particularly around programme schedules, interdependencies and shared resource. We met with DHSC officials to discuss how required changes to legislation will be secured. DHSC have advised us they intend to launch a consultation for the changes early next year. In November we established the programme board and there is a paper at this December Council meeting, with an update on the programme being provided.</td>
</tr>
</tbody>
</table>

*All projects reporting green unless stated*
## Regulatory reform

### Why?
To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.

### When:
Changes for MAPs to come into effect summer 2023, remaining changes to be implemented by Q4 2024.

### Who:
Shaun Gallagher; Tim Aldrich

### Status

**The overall status is amber.**

Recruitment is ongoing to bring the right level of resource to the programme. We are reporting in amber as we have concerns that the timetable remains extremely ambitious and this introduces additional risk that we may fail to deliver on time, or fail to realise the full range of benefits we are aiming to get from the programme.

---

*All projects reporting green unless stated*
### Investing in our people to deliver our ambitions

- We'll deliver our ambitions with flexibility, sensitivity to the external environment and leadership across all roles
- The GMC is a more diverse and inclusive organisation
- We take a more coordinated approach to our corporate responsibilities, including social, environmental and economic

<table>
<thead>
<tr>
<th>2021-23 Priority activities</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investors in people</strong> (Gold accreditation)</td>
<td><strong>Why?</strong> To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we will strive for Gold accreditation from Investors in People. <strong>When:</strong> Q2 2023 <strong>Who:</strong> Neil Roberts; Andrew Bratt</td>
</tr>
<tr>
<td><strong>Inclusivity</strong></td>
<td><strong>Why?</strong> To treat our people fairly and model the commitment we ask of the health service – that diverse and inclusive environments support better outcomes for all - we will achieve maturity against the TIDE framework. <strong>When:</strong> Q2 2023 <strong>Who:</strong> Neil Roberts; Andrew Bratt</td>
</tr>
</tbody>
</table>

*All projects reporting green unless stated*
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.

Underlying measures and targets

<table>
<thead>
<tr>
<th>Increase the level of BME representation at Level 3 and above</th>
<th>Applications 2020 (%)</th>
<th>2020 (Vol)</th>
<th>2021 (%)</th>
<th>2021 (Vol)</th>
<th>2023 (%)</th>
<th>% off 2023 target</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the level of BME representation at Level 2+</td>
<td>Applications</td>
<td>22.8%</td>
<td>170</td>
<td>31.1</td>
<td>253</td>
<td>27%</td>
<td>+15.2%</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
<td>15.2%</td>
<td>118</td>
<td>21.7</td>
<td>60</td>
<td>22%</td>
<td>-1.4%</td>
</tr>
<tr>
<td></td>
<td>Offers</td>
<td>14.6%</td>
<td>36</td>
<td>31.1</td>
<td>16</td>
<td>17%</td>
<td>+82.9%</td>
</tr>
<tr>
<td></td>
<td>Workforce</td>
<td>11.1%</td>
<td>64</td>
<td>12.8</td>
<td>77</td>
<td>16%</td>
<td>-20.0%</td>
</tr>
<tr>
<td>Reduce differential turnover rates for BME staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023</td>
<td>Applications</td>
<td>29.4%</td>
<td>663</td>
<td>40.2</td>
<td>1332</td>
<td>37%</td>
<td>+8.7%</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
<td>18.2%</td>
<td>118</td>
<td>27.2</td>
<td>260</td>
<td>32%</td>
<td>-15.0%</td>
</tr>
<tr>
<td></td>
<td>Offers</td>
<td>18.2%</td>
<td>36</td>
<td>32.7</td>
<td>88</td>
<td>27%</td>
<td>+21.1%</td>
</tr>
<tr>
<td></td>
<td>Workforce</td>
<td>14.3%</td>
<td>211</td>
<td>16.0</td>
<td>247</td>
<td>17%</td>
<td>-5.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proportion of BME staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level**</th>
<th>BME (%)</th>
<th>Non-BME (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8%*</td>
<td>7.0</td>
<td>6.2</td>
</tr>
<tr>
<td>% points between BME and Non-BME groups</td>
<td>2.0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

| Pay differentials within a confined band limited to 2% from 2023^2 (table shows the proportion of bands that are outside of the tolerance) | 50.0%  | 6/12 | 41.7% | 5/12 | 2.0% | N/A | 2.0% |

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^BME Differential turnover rates and promotion proportions target column are expressed as % points between groups (all other measures in column are now % difference).

^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.
## Financial summary (October)

### Financial summary as at Oct 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2021</th>
<th>Forecast 2021</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Operational expenditure</td>
<td>96,581</td>
<td>89,518</td>
<td>7,063</td>
<td>7%</td>
<td>119,104</td>
<td>9,467</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>454</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>
<td>1,300</td>
<td>0%</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>4,794</td>
<td>4,786</td>
<td>8</td>
<td>0%</td>
<td>8,833</td>
<td>287</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>102,675</td>
<td>95,604</td>
<td>7,071</td>
<td>7%</td>
<td>129,691</td>
<td>10,208</td>
</tr>
<tr>
<td>Operational income</td>
<td>103,838</td>
<td>99,155</td>
<td>(4,683)</td>
<td>(5)%</td>
<td>126,102</td>
<td>(6,504)</td>
</tr>
<tr>
<td>Operational surplus/(deficit)</td>
<td>1,163</td>
<td>3,551</td>
<td>2,388</td>
<td>(5)%</td>
<td>(3,589)</td>
<td>115</td>
</tr>
</tbody>
</table>

### Financial summary as at Oct 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2021</th>
<th>Forecast 2021</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,703</td>
<td>3,818</td>
<td>2,115</td>
<td>124%</td>
<td>2,282</td>
<td>1,536</td>
</tr>
<tr>
<td><strong>Total surplus/(deficit)</strong></td>
<td>2,866</td>
<td>7,369</td>
<td>4,503</td>
<td>(1,307)</td>
<td>3,933</td>
<td>5,240</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

There may be still significant volatility in our investment returns, as reflected by the recent fluctuations in value.

### Expenditure Variance

The drop in expenditure is made up of the variable costs of holding PLAB 2 test days, an increase in the vacancy factor compared to budget and significantly reduced discretionary activity linked to extended restrictions.

### Expenditure financial risks/forecast sensitivity

We don’t expect a significant shifts in operational expenditure as we approach the year end linked to activity levels, as we have factored in the latest position. There may be a risk some capital expenditure is not spent if a financial liability is not created prior to year end.
## Financial detail (October)

### Expenditure as at Oct 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2021</th>
<th>Forecast 2021</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>%</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Staff costs</td>
<td>61,278</td>
<td>60,135</td>
<td>1,143</td>
<td>2%</td>
<td>74,099</td>
<td>1,136</td>
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<tr>
<td>Staff support costs</td>
<td>2,623</td>
<td>1,797</td>
<td>826</td>
<td>31%</td>
<td>3,621</td>
<td>1,063</td>
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<tr>
<td>Office supplies</td>
<td>1,320</td>
<td>966</td>
<td>354</td>
<td>27%</td>
<td>1,740</td>
<td>997</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>3,861</td>
<td>3,828</td>
<td>33</td>
<td>1%</td>
<td>4,531</td>
<td>38</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>6,421</td>
<td>5,712</td>
<td>709</td>
<td>11%</td>
<td>7,733</td>
<td>735</td>
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<tr>
<td>Legal costs</td>
<td>3,380</td>
<td>3,371</td>
<td>9</td>
<td>0%</td>
<td>4,338</td>
<td>127</td>
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<tr>
<td>Professional fees</td>
<td>2,164</td>
<td>2,404</td>
<td>(240)</td>
<td>(11)%</td>
<td>3,037</td>
<td>2,646</td>
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<tr>
<td>Council &amp; members costs</td>
<td>313</td>
<td>283</td>
<td>30</td>
<td>10%</td>
<td>384</td>
<td>30</td>
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<tr>
<td>Panel &amp; assessment costs</td>
<td>14,109</td>
<td>10,321</td>
<td>3,788</td>
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<td>18,563</td>
<td>5,187</td>
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<td>PSA Levy</td>
<td>713</td>
<td>701</td>
<td>12</td>
<td>2%</td>
<td>858</td>
<td>15</td>
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<tr>
<td>Under/over-achievement of efficiency savings</td>
<td>399</td>
<td>0</td>
<td>399</td>
<td>0%</td>
<td>200</td>
<td>(166)</td>
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<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>96,581</strong></td>
<td><strong>89,518</strong></td>
<td><strong>7,063</strong></td>
<td><strong>7%</strong></td>
<td><strong>119,104</strong></td>
<td><strong>9,467</strong></td>
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<tr>
<td>New initiatives fund</td>
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<td>0</td>
<td>0</td>
<td>0%</td>
<td>454</td>
<td>0</td>
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<tr>
<td>Pension top up payment</td>
<td>1,300</td>
<td>1,300</td>
<td>0</td>
<td>0%</td>
<td>1,300</td>
<td>0</td>
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<tr>
<td>Capital expenditure</td>
<td>4,794</td>
<td>4,786</td>
<td>8</td>
<td>0%</td>
<td>8,833</td>
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<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>102,675</strong></td>
<td><strong>95,604</strong></td>
<td><strong>7,071</strong></td>
<td><strong>7%</strong></td>
<td><strong>129,691</strong></td>
<td><strong>10,208</strong></td>
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</table>

### Income as at Oct 2021

<table>
<thead>
<tr>
<th></th>
<th>Budget Oct</th>
<th>Actual Oct</th>
<th>Variance</th>
<th>Budget 2021</th>
<th>Forecast 2021</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>%</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
</tr>
<tr>
<td>Annual retention fees</td>
<td>82,393</td>
<td>82,472</td>
<td>79</td>
<td>0%</td>
<td>99,258</td>
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<tr>
<td>Registration fees</td>
<td>4,971</td>
<td>4,464</td>
<td>(507)</td>
<td>(10)%</td>
<td>5,667</td>
<td>(488)</td>
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<tr>
<td>PLAB fees</td>
<td>12,499</td>
<td>8,288</td>
<td>(4,211)</td>
<td>(34)%</td>
<td>16,584</td>
<td>(6,089)</td>
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<tr>
<td>Specialist application CCT fees</td>
<td>2,459</td>
<td>2,573</td>
<td>114</td>
<td>5%</td>
<td>2,755</td>
<td>2,899</td>
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<tr>
<td>Specialist application CESR/CEGPR fees</td>
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<td>(88)</td>
<td>(9)%</td>
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<td>1,093</td>
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<td>Interest income</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0%</td>
<td>78</td>
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<tr>
<td>Other income</td>
<td>438</td>
<td>368</td>
<td>(70)</td>
<td>(16)%</td>
<td>544</td>
<td>(87)</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td><strong>103,838</strong></td>
<td><strong>99,155</strong></td>
<td><strong>(4,683)</strong></td>
<td><strong>(5)%</strong></td>
<td><strong>126,102</strong></td>
<td><strong>(6,504)</strong></td>
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</tbody>
</table>
GMCSI summary & investments (September)

<table>
<thead>
<tr>
<th>GMCSI summary as at Oct 2021</th>
<th>Budget Oct £000</th>
<th>Actual Oct £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>295</td>
<td>182</td>
<td>(113)</td>
<td>(38)%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>286</td>
<td>175</td>
<td>111</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Profit/(loss)</strong></td>
<td><strong>9</strong></td>
<td><strong>7</strong></td>
<td><strong>(2)</strong></td>
<td><strong>(2)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget 2021 £000</th>
<th>Forecast 2021 £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>388</td>
<td>220</td>
<td>(168)</td>
<td>(43)%</td>
</tr>
<tr>
<td>384</td>
<td>231</td>
<td>153</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profit/(loss)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>(11)</td>
<td>(15)</td>
<td></td>
</tr>
</tbody>
</table>
1) The Investment mandate, approved by Council, given to our Investment managers CCLA
* Our objective is to protect against the erosion of capital by inflation
* Our target annual return is CPI plus 2% measured over 5 year rolling periods.
* Our benchmark for assessing performance is based on 25% Global Equities/65% Gilts/10% property
* Ethical exclusions where companies are excluded if greater than 10% of Turnover for Tobacco/Alcohol/Gambling/Pornography/High Interest rate lending/Cluster munitions and landmines/Extraction of thermal coal

2) Holdings as at 30 September 2021

<table>
<thead>
<tr>
<th>£millions</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Total Equities</td>
<td>20.2</td>
</tr>
<tr>
<td>Fixed Interest</td>
<td>9.6</td>
</tr>
<tr>
<td>Property</td>
<td>4.1</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>3.6</td>
</tr>
<tr>
<td>Other Income</td>
<td>1.8</td>
</tr>
<tr>
<td>Private Equity</td>
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<tr>
<td>Cash</td>
<td>19.3</td>
</tr>
<tr>
<td>Total</td>
<td>59.6</td>
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</table>
The table below provides a summary of appeals and judicial reviews as at 28 October 2021:

<table>
<thead>
<tr>
<th></th>
<th>Open cases carried forward since last report</th>
<th>New cases</th>
<th>Concluded cases</th>
<th>Outstanding cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>16</td>
<td>5</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PSA Appeals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Explanation of concluded cases

s.40 (Practitioner) Appeals

a. 3 GMC successful –
   i. 2 appeals dismissed
   ii. 1 appeal withdrawn

b. 1 GMC unsuccessful – appeal allowed by consent

s.40A (GMC) Appeals

a. 5 GMC successful
   i. 3 permission refused
   ii. 2 claims dismissed

Judicial Reviews

b. 2 GMC unsuccessful
   iii. 2 claims allowed and decisions quashed

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

PSA Appeals

There have been no new referrals by PSA to the High Court under Section 29 since the last report, and one concluded (PSA successful and the decision substituted), therefore no appeals outstanding.

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

IOT challenges

There have been four new applications in the High Court challenging the imposition of interim orders since the last report, and one concluded (GMC successful – order maintained), therefore three challenges outstanding.

Any other litigation of particular note

We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.
Corporate Opportunities and Risk Register
## Corporate Threats and Opportunities - Council November 2021

<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Category</th>
<th>Detail</th>
<th>Owner</th>
<th>Assigned To</th>
<th>Mitigation/Enhancement</th>
<th>Council and/or Board Assurance</th>
<th>Assurance</th>
<th>Further Action Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Delivery of statutory functions</td>
<td>Operational</td>
<td>The assurance we can evidence that our regulatory decision-making is fair is not persuasive to key corporate stakeholders and weakens confidence in regulation</td>
<td>Malcolm Gallagher</td>
<td>Paul Sandon</td>
<td>• Equality, diversity and inclusion (EDI) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress</td>
<td>• Executive Board and Council consideration of Campbell Tickell compliance report (July and April 2022)</td>
<td>• Strategy and policy ENA compliance and governance review - Campbell Tickell (2020)</td>
<td>Engagement, not personal characteristics, was associated with the awareness of regulatory adjudication decisions about physicians: a cross-sectional study, Ameer A. Kabaddes, Steve P. Brown, British Medical Journal (2020)</td>
</tr>
<tr>
<td>2</td>
<td>Likelihood - Inherent</td>
<td></td>
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<td>3</td>
<td>Impact - Residual</td>
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<td>4</td>
<td>Likelihood - Inherent</td>
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<td>5</td>
<td>Impact - Inherent</td>
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<td>6</td>
<td>Likelihood - Inherent</td>
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<td>7</td>
<td>Impact - Inherent</td>
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<td>8</td>
<td>Likelihood - Inherent</td>
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<td>9</td>
<td>Impact - Inherent</td>
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<td>11</td>
<td>Impact - Inherent</td>
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<td>Likelihood - Inherent</td>
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<td>Agenda item</td>
<td>M3 - Chief Executive's Council meeting - 9 December 2021</td>
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<td><strong>Report</strong></td>
<td>Inability to respond effectively to inequality in the education system, and within the health and care system, leaves us vulnerable to delivery of care that is not safe or meets people's needs. It threatens our ability to deliver the changes we are seeking and the potential for different levels of safety and reputational damage.</td>
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<td><strong>Report</strong></td>
<td>The DHSC's plans for reform, to influence and reduce public, professional, and patient confidence in the medical profession (including legislation and the regulator's corporate strategy), presents opportunities that this programme can exploit to improve content of daily media summary, to show all stakeholders how we use our emerging intelligence, coordinate and escalate concerns to senior DHSC stakeholders as appropriate.</td>
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<td><strong>Report</strong></td>
<td>The impact of an event in the external or internal environment poses our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.</td>
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<td><strong>Report</strong></td>
<td>The role of GPC leaders in supporting stakeholders to understand their role in the changes to the external environment, including legislation and wider social impact changes, could lead to increased influence and reduced public, professional, and political confidence in our role.</td>
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<td><strong>Note</strong></td>
<td>ED&amp;I split check completed in June 2021 and March 2021</td>
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<td>Regulatory Reform: Spot Check (June 2021, March 2021)</td>
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<td>Horizon scanning (June 2020, amber)</td>
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<td>Update on Outreach implementation (October 2020)</td>
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<td>Horizon scanning arrangements (June 2020, amber)</td>
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Working with patients and our data capability

Exploring innovative ways of collaborating on data and insight with patients and the public during the Covid-19 pandemic.

Provide data support to the rest of the GMC in managing our response to the pandemic.

Together to drive positive changes in practice and training environments.

We use our influence to bring regulatory partners and key stakeholders together to drive positive changes in practice and training environments.

We have processes to identify and manage key staff risks.

Use insights and perspectives from patients to emphasise the increased risks to the regulator's corporate strategy.

Insights and perspectives from patients regularly shared with the regulator's corporate strategy.

Risk deep-dives (February 2021)

We are working closely with the Pension Trustees to address the increased risks to the regulator's corporate strategy.

Evidence and perspectives from patients are regulated and feedback on working relationships with patient and public bodies.

• Risk deep-dives (June 2020)

• Raising concerns arrangements (March 2021, green)

• Project Initiation Document for programme submitted to Business Planning Gateway for consideration at the end of September

• Engagement, Policy and Experience Workstream being established (first meetings in October)

• Risk deep-dives (March 2021, green)

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• Requirements for involving patients in regulatory reform programme and CPD review established and discussed with Research Team (for inclusion in 2023 research programme).

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**Action** | To approve  
---|---  
**Purpose** | To seek Council’s approval of our business plan and associated budget for 2022 in delivering against the ambitions of our Corporate Strategy.  
**Decision trail** | The budget outlook and priorities for 2022 was considered by Council on 27 September 2021.  
**Recommendation(s)** |  
| a | Approve the business plan and budget for 2022.  
| b | Delegate authority to the Chair of Council to amend the GMC Registration Fees Regulations and GMC Certification Fees Regulations.  
| c | That the reserves policy be updated to set the target range of free reserves between 20% and 35% of annual expenditure.  
**Annexes** | Annex A: 2022 Business plan  
| | Annex B: Income movement from 2021 to 2022  
| | Annex C: Expenditure movement from 2021 to 2022  
| | Annex D: 2022 Budget - summary  
| | Annex E: 2022 Budget – impact on free reserves  
| | Annex F: Reserves Policy  
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**Sponsoring director/Senior Responsible Owner** | Neil Roberts, Director of Resources  
| | neil.roberts@gmc-uk.org, 0161 923 6230  
| | Shaun Gallagher, Director of Strategy and Policy  
| | shaun.gallagher@gmc-uk.org, 0207 189 5015
Background

1 The Corporate Strategy sets out the strategic direction of the organisation and the business plan sets out the immediate priorities to realise the ambitions of the Strategy. Our priorities and the resources required to deliver them determine our budget. Our budget, planned expenditure, and financial reserves cumulatively determine the fees charged.

2 For 2022 and beyond we are facing a range of challenges, and so we approached the 2022 budget and priority setting process with the aims of: delivering a more rationalised set of change priorities; and minimising expenditure growth while providing contingency funding for must-do initiatives and responding to unanticipated demands during the year.

3 Our planned expenditure for 2022 represents a significant increase over our 2021 forecast expenditure. However, this is largely driven by our recovery plans and regulatory reform costs. Core operational expenditure within directorates has increased by an average of only 2.4% pa since 2020.

2022-24 priorities

4 In September Council reflected on our current and future commitments and our budget outlook. We are facing the cumulative impact of a range of challenges that meant our budget and priority setting process this year needed to balance a range of tensions:

a maintaining the delivery of our core operations to a high standard, to continue to protect patients and improve medical education and practice

b additional intensive and challenging must-do commitments such as regulatory reform, managing the end of Brexit standstill arrangements, and addressing pandemic backlogs that must be resourced. However, we still have a degree of uncertainty around the scale and timing of resources required to do that successfully

c we expect the demand to be most acute next year for policy, project and transformation resources. We know that a number of the key teams supporting these priorities have been experiencing ongoing workload pressures for many months and this was again reflected in the people survey. We needed to find opportunities to rationalise commitments and provide more resilience within existing teams working on these key priorities.
d it is an increasingly competitive labour market where we cannot rely on our traditional ability to recruit additional staff to meet any resource shortfall. Also, new people need training and induction from the people under most pressure, so we need to have sharper focus on what is of most strategic importance to us so we can mobilise resources accordingly.

e a heightened financial risk environment

5 Consequently we entered the 2022 budget and priority setting process with the ambition of:

- delivering a more rationalised set of change priorities to be clearer internally and externally about what we are focussed on. Ultimately so we have a stronger focus on a fewer number of core priorities that are better resourced with more resilience in them.

- minimising expenditure growth to meet our ambitions around efficiency and effectiveness, but also to provide a greater degree of contingency for funding our must-do initiatives during 2022 and be able to respond to the unanticipated demands they will likely present.

Rationalising priorities

6 We have made significant improvements in how we prioritise our work programme over the last twelve months. A long-standing challenge of how we work and a contributory (though not single) factor in persistent workload pressures and perceptions that we don’t manage change as well as we should – has been the lack of clear cross-GMC prioritisation to ensure that we make decisions on deploying resources in a transparent way that aids our highest priority initiatives, while helping moderate expectations for our people engaged on lower priority initiatives.

7 In February and March we went through a prioritisation exercise and since this time have maintained a published list that ranks our cross-GMC change projects in order of priority. We have further refined this list. We’ve adopted a firmer discipline about when an activity constitutes a project to minimise unnecessary governance and reporting overheads and more strictly scrutinised some of our commitments where we had projects focussed on influencing large scale change across stakeholders and no levers. In these instances we have made a decision to scale-back our ambitions to be clearer about where we have a corporate position and ‘ask on others’ that we will continue to push for, but not form projects seeking to marginally impact large-scale issues when we have more urgent and immediate priorities directly related to our function.
This has identified seven key priorities for us that are reflected in the business plan at Annex A. We expect these priorities to be significant commitments that extend beyond 2022 and have a high alignment to our strategic ambitions and its core is the ongoing delivery and recovery of our regulatory functions in the pandemic context.

Since 2019 our business plan has covered a forward three year view of our key priorities (versus annual). We adopted this longer horizon to better focus on our strategic priorities, and to help us better sequence work, balance workloads, and more routinely reassess and shift lower order priorities around these commitments to respond to capacity and changes in the environment.

2022 Budget

2022 financial context

For the current year 2021 we originally budgeted for a deficit of £1.3m, but coronavirus has continued to constrain our ability to operate at normal levels for longer than we anticipated. This deferral of work to 2022 and beyond will generate a surplus of around £3.9m at the end of 2021 leading to a temporary increase in our free reserves to around £46.5m.

As a consequence the 2022 budget will need to increase to address PLAB demand, fitness to practise investigations, and MPTS hearings which were constrained by coronavirus restrictions in 2020 and 2021. We also know that we will incur additional costs on regulatory reform, and we face a number of financial challenges and risks that are difficult to quantify in terms of likelihood, timing and cost, such as:

- Pension fund deficit
- Outcomes of legal cases
- Investigation and hearing volumes
- Future IMG registrations and demand for PLAB tests
- Volatility in financial markets
- The initial costs of regulatory reform, and the ongoing benefits and potential savings
- Further coronavirus restrictions
12 We have therefore refined our budget-setting process for 2022 to focus on the challenge and scrutiny of existing priorities and budgets, to release resources for regulatory reform and the other challenges and risks we face. We have completed a round of budget scrutiny sessions led by the Chief Executive and directors exploring targeted reductions to specific activities rather than applying a flat efficiency reduction across all directorates.

13 Bids for additional resources will continue to be scrutinised and prioritised through the Gateway process that we introduced earlier this year.

2022 income

14 Council has previously agreed that fees should increase annually in line with the September Consumer Price Index (CPI). We therefore propose to increase all fees by 3.1% with effect from 1 April 2022. The main changes are:

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<th>2021 £</th>
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<td><strong>Newly qualified doctors</strong></td>
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<tr>
<td>Provisional registration</td>
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<td>53</td>
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<tr>
<td>Full registration (year 1)</td>
<td>157</td>
<td>161</td>
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<tr>
<td>Annual retention fee (years 2 to 5)</td>
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<td>161</td>
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<td><strong>Other doctors</strong></td>
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<tr>
<td>Full registration</td>
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<td>420</td>
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<tr>
<td>Annual retention fee with a licence</td>
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<td>Annual retention fee without a licence</td>
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<td>150</td>
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<td><strong>Other fees</strong></td>
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<tr>
<td>PLAB test – part 1</td>
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<tr>
<td>PLAB test – part 2</td>
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<td>906</td>
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<td>Certificate of completion of training</td>
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<td>Certificate of eligibility for specialist registration</td>
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<td>Certificate of eligibility for GP registration</td>
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<td>Certificate of GP acquired rights</td>
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15 We provide an Annual Retention Fee (ARF) discount of 50% for doctors whose income is below a certain threshold. The threshold for this discount is currently £32,000 and the salary for a FY1 doctor ranges from £24,994 to £28,808. Our income discount threshold has been unchanged for a number of years, so we propose to increase it by 3.1%, to £33,000 from 1 April 2022. The income discount is not available on those fees for newly qualified doctors that have already been discounted.

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

17 The 2022 income budget is £135.7m. An analysis of the changes from 2021 to 2022 is at Annex B.

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

2022 Expenditure

19 We adopt a building block approach to budget-setting, and have used the 2021 forecast of actual expenditure as our starting point for the 2022 budget, adjusted to reflect:

   a  the full year effect of 2021 business plan decisions and in-year allocations from the new initiatives fund

   b  the removal of 2021 costs that are not required in future years

   c  the inclusion of additional costs for our recovery plans to clear backlogs of work caused by the impact of coronavirus on our activities

   d  increased staffing costs of 5% (reflecting pay inflation of 3.1% based on September CPI, plus 1.9% for progression, grading reviews, gender and ethnicity pay gaps, and to remain competitive as an employer)

   e  a staff churn adjustment based on a 4% vacancy rate

   f  general staff travel based on 40% of pre-pandemic levels, and 60% for the outreach teams, to reflect greater hybrid working in future

   g  investment returns to be in line with CPI. We have set a target for our fund manager of CPI +2% pa, but our budget assumption is prudent to recognise the significant volatility in market returns

   h  an additional contribution of £0.4m pa for three years, to help address the pension fund deficit

   i  a gateway fund of £3.5m to support in-year bids for additional resources to deliver our core priorities
existing regulatory reform costs of £2.8m, plus a central fund of £1.5m to support the expansion of work to deliver the regulatory reform programme

budget scrutiny savings of £2m in 2022, with ongoing savings of £1.4m pa in future years. We will monitor the achievement of these savings throughout the year, and we have also identified a number of areas for further detailed review during 2022, to explore the opportunities for savings in 2023.

A summary of the overall changes from 2021 to 2022 is at Annex C.

The total 2022 expenditure budget is £140.2m, comprising operational expenditure of £124.1m, recovery costs of £6.7m, regulatory reform costs of £4.2m, a gateway fund of £3.5m, and a pension contribution of £1.7m. Details are at Annex D.

While our total expenditure in 2022 represents a significant increase over our 2021 forecast expenditure, this is largely driven by our recovery plans and regulatory reform costs. Any comparisons over the last two years are distorted by the impact of coronavirus, but core operational expenditure within directorates has increased by an average of only 2.4% pa since 2020.

As our total expenditure in 2022 is budgeted at a higher level than our income, we will generate a deficit of £4.5m. Our free reserves will therefore reduce to around £42m by the end of 2022.

Our work on recovery plans will be substantially completed over the next 12-18 months and our projections show that expenditure and income will move broadly in balance over time, with the result that our free reserves will stabilise at around £43m over the medium term. Annex E sets out a projection of our free reserves.

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

Reserves policy

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

- To provide working capital to undertake our day-to-day business.
To provide funds to deal with any risks that materialise, resulting in an unexpected increase in expenditure and/or a reduction in income.

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

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

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

Our current policy to maintain free reserves in the range £25m to £45m has been in place since 2012 and since then our size, complexity and risk profile has changed.

We have reviewed our current policy and propose that the upper threshold of the target range of free reserves should be increased to £50m, as set out in Annex F. This equates to around four and a half months of normal operational expenditure, which is not excessive.

For future years, to ensure that the free reserves policy continues to reflect changes in the size of the organisation, we propose to link the target range directly to expenditure, expressed in percentage terms, and so set a target range of free reserves between 20% and 35% of annual expenditure.
2022 Business plan
Our priorities 2022-2024
Effective, relevant & compassionate regulation

Our role is to protect patients and improve medical education and practice across the UK. Our people make key decisions every day, across our operations, to support this. Our corporate strategy sets out our vision to be a more effective, relevant and compassionate regulator for patients, the public and medical professionals.

Here we set out our key priorities for the next three years to do this.

At the core of our priorities is the ongoing delivery of flexible and responsive regulation that meets the needs of the health system. Patient care backlogs and concerns over workforce well-being from the Covid-19 pandemic will be a feature of the health system for years to come. We also want to embed as many of the positive changes that emerged from the pandemic into our future ways of working. We’ll continue to listen to the experience and needs of patients, the public, and the professions – to maximise the value we play in ongoing pandemic recovery and renewal.

We are also facing the most significant opportunity to fundamentally redesign our regulatory approach and processes as the government amends the legislation that governs how we work.

Meeting these challenges will require us to make the most of our resources in a targeted and strategic way. Reflecting this, our priorities for the next couple of years are targeted on a fewer number of better resourced activities to help us maximise the impact of our work – outlined on the following pages.
Pandemic recovery

We are committed to being an effective part of the response to the covid-19 pandemic and its longer term impacts on the public and professions.

Throughout the pandemic we’ve continued to deliver our core business as a regulator by:

• Setting the standards for medical practice
• Registering and revalidating our medical professionals
• Promoting high standards of medical education
• Investigating and acting on concerns

These functions are central to how we protect patients, and support professionals to deliver quality care. In response to government guidelines and pressures on the health service, we paused or modified our work at various times during 2020 and 2021, and at other times significantly increased our activity – such as the issuing of ethical guidance.

As we emerge from the pandemic we are renewing our emphasis on being proportionate, fair and empathetic in our approach, and making a permanent feature of our work – some of the changes that were introduced during the pandemic.

• In 2020 and 2021 we made major investments to deliver covid-safe exams that enable international medical graduates to practise in the UK. This included converting our office space into an exam centre. We’ll continue with an expanded offering of these exams to help support workforce needs
• We’ll reduce the backlog of open investigations and hearings to pre-pandemic levels by early 2023
• We’ll embed the ongoing use of technology where it’s improved our approach – such as virtual and hybrid hearings
• As long as the government maintains our emergency powers, we will manage the temporary emergency registration of suitable people to maximise the number of professionals available to support care
• We’ll improve the way we do identity checks of those joining our registers – by trialling new digital technology and checking the identity of doctors that joined the register during the pandemic
• Consider what changes were made to education and training and how positives of that experience can be made a feature of how we approach regulatory reform
• Continue to explore learnings through our surveys, data and research
Regulatory reform – we’re developing and implementing more flexible regulation to be more supportive, responsive, inclusive and fair. It will include changes to our legal framework; the re-design of our processes and bringing physician associates (PAs) and anaesthesia associates (AAs) into regulation.

Who: Shaun Gallagher  
When: Summer 2023 for the first changes including bringing PAs and AAs into regulation and then ongoing

Manage the end of Brexit standstill - we’re updating our registration pathways and processes to respond to the end of the Brexit standstill arrangements. This will ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available.

Who: Una Lane  
When: Process changes complete July 2023 with standstill arrangements ending 31 December 2022

Introduce a Medical Licensing Assessment – we’re introducing an assessment, embedded within final exams for UK graduates and administered by us for international medical graduates that will create a consistent level of core knowledge, skills and behaviours required from any doctor practising in the UK.

Who: Colin Melville  
When: Assessments commencing from 2024

Investing in our workforce – we’re working to achieve Gold accreditation under Investors in People (IiP) so we can continue to attract and retain talent. We’re also expanding the diversity of our workforce and targeting barriers colleagues experience to become a more inclusive work environment.

Who: Neil Roberts  
When: July 2023 (IiP), 2026 for wider diversity

Fairer regulatory outcomes – we’re focussed on making fairness central to our work. Against this we have three projects to eliminate differentials in employer fitness to practise referrals (1) education and training outcomes (2) and we’re reviewing the fairness and transparency of high-stakes decision we make (3).

Who: Anthony Omo (1); Colin Melville (2); Shaun Gallagher (3)  
When: by 2026 (1); by 2031 (2); September 2022 (3)

Review of Good medical practice - To make sure our standards for the professions we regulate reflect current patient and public expectations and that our approach to embedding those with the profession maximises their relevance and application to care – we are revising and will publish updated guidance.

Who: Colin Melville  
When: September 2023
Getting the latest updates

We report on our progress against these priorities regularly throughout the year. These are published on our website as part of our CEO update to Council.

If you’d like to speak to our teams working on these priorities - contact us so we can help you speak to the right people.
Council meeting – 9 December 2021

Agenda item M4

Draft Business Plan and Budget 2022

Income movement from 2021 to 2022
Income movement from 2021 to 2022

This chart relates to operational income and excludes investment income.
Council meeting – 9 December 2021

Agenda item M4

Draft Business Plan and Budget 2022

Expenditure movement from 2021 to 2022
Expenditure movement from 2021 to 2022
Council meeting – 9 December 2021

Agenda item M4

Draft Business Plan and Budget 2022

2022 Budget - summary
## 2022 Budget – summary

<table>
<thead>
<tr>
<th>Financial summary</th>
<th>Budget 2020 £000</th>
<th>Budget 2021 £001</th>
<th>Budget 2022 £000</th>
<th>Projection 2023 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational income</td>
<td>117,006</td>
<td>126,102</td>
<td>133,782</td>
<td>141,005</td>
</tr>
<tr>
<td>Investment income</td>
<td>2,044</td>
<td>2,282</td>
<td>1,926</td>
<td>1,986</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>119,050</td>
<td>128,384</td>
<td>135,708</td>
<td>142,991</td>
</tr>
<tr>
<td>Core expenditure (Capital &amp; revenue)</td>
<td>118,419</td>
<td>119,832</td>
<td>124,086</td>
<td>128,460</td>
</tr>
<tr>
<td>Recovery expenditure</td>
<td>0</td>
<td>5,699</td>
<td>6,661</td>
<td>2,800</td>
</tr>
<tr>
<td>Regulatory reform existing costs</td>
<td>0</td>
<td>0</td>
<td>2,778</td>
<td>2,778</td>
</tr>
<tr>
<td>Regulatory reform additional costs</td>
<td>0</td>
<td>0</td>
<td>1,500</td>
<td>2,000</td>
</tr>
<tr>
<td>Gateway funds</td>
<td>3,500</td>
<td>2,860</td>
<td>3,500</td>
<td>3,500</td>
</tr>
<tr>
<td>Pension top up</td>
<td>1,300</td>
<td>1,300</td>
<td>1,300</td>
<td>1,300</td>
</tr>
<tr>
<td>Additional pension top-up (TBA)</td>
<td>0</td>
<td>0</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>123,219</td>
<td>129,691</td>
<td>140,225</td>
<td>141,238</td>
</tr>
<tr>
<td>Operational surplus/(deficit)</td>
<td>(4,169)</td>
<td>(1,307)</td>
<td>(4,517)</td>
<td>1,753</td>
</tr>
</tbody>
</table>
Council meeting – 9 December 2021

Agenda item M4

Draft Business Plan and Budget 2022

2022 Budget – impact on free reserves
2022 Budget – impact on free reserves
Reserves Policy

Requirement for reserves

1. The GMC needs to hold reserves for the following reasons:
   - To provide working capital to undertake our day-to-day business
   - To provide funds to deal with any risks that materialise, resulting in an unexpected increase in expenditure and/or a reduction in income
   - To provide funds to respond quickly to new initiatives, opportunities and challenges that may present themselves during the year
   - To cover the time period before any changes to fee levels take full effect.

2. In accounting terms, total reserves are shown on the balance sheet and are represented by all of our assets less all of our liabilities.

3. It is important to draw a distinction between total reserves and free reserves. Some of our total reserves are committed for specific purposes and so are not readily available to meet the requirements set out above:
   - A significant proportion of our total reserves is represented by fixed assets, which cannot easily be converted into cash at short notice without adversely affecting our ability to fulfil our charitable aims. The value of fixed assets is therefore disregarded for reserves policy purposes.
   - The GMC has a defined benefit pension scheme, and in line with Financial Reporting Standard FRS 102 any surplus or deficit on the scheme is recognised on the GMC balance sheet. The FRS 102 valuation is for accounting purposes and is distinct and separate from the triennial valuation. The GMC has an obligation to make good any deficit on the pension scheme and so the associated financial risk is taken into account when determining the target level of free reserves that we should hold. Any surplus on the scheme must be held for the benefit of scheme members and cannot be drawn down by the GMC, and so is disregarded when measuring the actual level of our free reserves.
4 The balance of our reserves, after excluding fixed assets and any surplus on the pension scheme, is our free reserves.

**Level of reserves**

5 All charities need to develop a policy on reserves which establishes a level of reserves that is right for the charity and clearly explains to its stakeholders why holding these reserves is necessary.

6 The Charity Commission recognises that there is no single method or approach to setting a reserves policy. The approach adopted will vary with the size, complexity, structure and funding arrangements of each charity.

7 It therefore follows that there is no standard formula that can be used to calculate the appropriate level of reserves. In line with Charity Commission guidance we have set a target range of free reserves based on an assessment of the cashflow requirements and risks facing the organisation. Our aim is to hold reserves at a level which is not excessive, but does not put our solvency at risk.

8 Cashflow is important to the GMC, as our expenditure is spread fairly evenly, whereas income fluctuates during the year reflecting the summer peak of doctors’ registrations. An analysis of cash inflows and outflows throughout the year indicates that a minimum cash balance of £15 million needs to be included in our free reserves in order to fund this phasing.

9 In addition, we also need to hold funds to meet any risks or unplanned challenges that materialise. Our analysis of cashflows and risks facing the organisation indicates that we need to maintain free reserves in the target range of £25m to £50m:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Risk Assumptions</th>
<th>Potential impact Lower £m</th>
<th>Upper £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core requirement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash flow</td>
<td>£15m is needed for working capital</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Activity based risks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential increase in fitness to practise volumes</td>
<td>5% - 10% increase in costs</td>
<td>1.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Potential increase in registration volumes</td>
<td>5% - 10% increase in costs</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Potential increase in MPTS volumes</td>
<td>5% - 10% increase in costs</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Cost overruns - capital</td>
<td>5% - 10% increase in costs</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Income based risks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in registered doctors</td>
<td>Typical 2.5% pa growth in register ceases</td>
<td>0.0</td>
<td>2.6</td>
</tr>
</tbody>
</table>
### Draft Business Plan and Budget 2022

**Loss on investments**

<table>
<thead>
<tr>
<th>5% - 10% of capital value</th>
<th>3.0</th>
<th>6.0</th>
</tr>
</thead>
</table>

**Other risks**

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension fund deficit: Provision for increased contributions to the pension fund (in addition to the current contribution of £1.3m pa)</td>
<td>1.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Litigation: Potential costs of legal claim against GMC</td>
<td>0.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Bank failure: Maximum amount held with any one bank is £40m. UK public sector losses following Icelandic banking collapse estimated at 15%</td>
<td>0.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Business disruption event: Estimated one-off costs associated with unplanned incident</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Corporate risk register: General provision to cover one or more corporate risks / unforeseen events materialising</td>
<td>0.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Strategic development opportunities: Unplanned expenditure in excess of Gateway Fund</td>
<td>0.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Total**

| 25.0 | 50.0 |

10 This equates to around four and a half months of normal operational expenditure, which is not excessive and falls within the typical range held by other health profession regulators and charities. For example: the NMC aims to hold reserves between £0 and £25m (which roughly equates to 4 months expenditure); the HCPC aims to hold positive realisable net assets; the GDC aims to hold reserves equating to between 3 and 6 months expenditure; and the GCC aims to hold reserves equating to six months expenditure.

**Managing the level of free reserves**

11 The level of reserves will inevitably fluctuate year on year, reflecting variations in actual levels of income and expenditure compared to budget.

12 Our policy is to maintain actual free reserves in line with the target range over the medium term. If our actual reserves vary from the target range set out in the policy, we will address the variation as part of the annual budget-setting process in order to bring actual reserves back into line.

13 To ensure that the free reserves policy continues to reflect changes in the size of the organisation, we propose to link the target range directly to expenditure, expressed in percentage terms, and so set a target range of free reserves between 20% and 35% of annual expenditure.

14 Charities are required to have a reserves policy, and the policy should guide financial planning, ensuring sustainability and an appropriate balance between the interests of current and future beneficiaries of the charity. Our reserves policy is published in the GMC’s Annual Report and Accounts.
<table>
<thead>
<tr>
<th><strong>Action</strong></th>
<th>To discuss</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 to improve inclusivity as an employer.</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>
<td>Annex A: ED&amp;I Employment Targets Matrix (October 2021)</td>
</tr>
<tr>
<td><strong>Author contacts</strong></td>
<td><strong>Claire Light</strong>, Head of ED&amp;I – Strategy and Policy</td>
</tr>
<tr>
<td></td>
<td><strong>Robert Scanlon</strong>, Assistant Director, Business Planning &amp; ED&amp;I</td>
</tr>
<tr>
<td></td>
<td>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></td>
</tr>
<tr>
<td><strong>Sponsoring director/Senior Responsible Owner</strong></td>
<td><strong>Shaun Gallagher</strong>, Director of Strategy and Policy</td>
</tr>
<tr>
<td></td>
<td><strong>Neil Roberts</strong>, Director of Resources</td>
</tr>
</tbody>
</table>
Background

1 Our Corporate strategy 2021-2025 commits to making fairness a central platform of our work as a regulator and employer. These ambitions have been reflected in four priority areas:

- **Fairer employer referrals** - eliminating disproportionality in fitness to practise referrals from designated bodies based on ethnicity and place of primary medical qualification (PMQ) by 2026.

- **Fairer training cultures** - eliminating ethnic discrimination, disadvantage, and unfairness for all index measures of fair medical education and training pathways by 2031.

- **Internal inclusivity** - eliminating differentials within our own staffing performance, in BME recruitment, representation across staffing levels, retention, progression, pay and employee engagement by 2026.

- **Regulatory fairness** - reviewing our assurance and controls around how robustly we test, and can evidence, the conscious management of bias in our regulatory processes.

2 Our February 2022 Council discussion will consider progress against our regulatory targets. This update provides council with an interim overview of progress in the last quarter on our aspiration to be a more inclusive employer.

Progress and performance against our aspirations

3 Routine reporting of progress against our employment related targets is included as an Annex to the Chief Executive’s report considered at each Council meeting. In November, we launched directorate specific performance reports to allow leadership teams to monitor their own performance against the targets, in addition to the corporate level performance reporting. The following provides an analysis of performance against those measures.

Recruitment and retention

4 The first steps delivered early in 2021, were improvements to our recruitment process to support achieving our aspirations. As a result, we are now seeing measurable improvements in the diversity of candidates going through our recruitment processes. This progress has not been achieved without challenges and we recognise that we need to build on this early progress to maintain momentum. It is a competitive labour market and candidate attraction is proving challenging – regardless of diversity. We also need to provide continued
support to recruiting managers, some of whom may have had limited exposure to the new recruitment approach during this period and some of whom will be continuing to learn how they can effectively contribute. Performance (2020 compared to the end of October 2021) only 7 months after Council approved the targets, indicates the following trends:

- All recruitment measures are showing improved performance and some aspects of recruitment performance are already exceeding either the 2023 or 2026 targets

- The attraction measures we have put in place are generating more diverse candidate pools, although we are seeing some drop off at the interview stage

- Representation of staff from different ethnicities at ‘offer’ stage has significantly improved. All staff – an increase of 14.5 percentage points [up from 18.2 to 32.7], staff at L3+ an increase of 16.5 percentage points [from 14.6 to 31.1], and staff at L2+ an increase of 2.8 percentage points [up from 8.0 to 10.8]

- Resulting in overall workforce representation improving, taking us closer to our targets. All staff – an increase of 1.7 percentage points [up from 14.3 to 16.0], staff at L3 an increase of 2.0 percentage points [up from 12.0 to 14.0], staff at L3+ increase of 1.7 percentage points [up from 11.1 to 12.8], and L2+ an increase in 2.8 percentage points [up from 8 to 10.8]

5 We will undertake a detailed review of our recruitment performance as part of our overall update for Council in February 2022. We will consider whether maintaining the current level performance improvement will, on compound basis, be enough to generate the shift we are seeking on overall workforce representation by 2026.

6 We expect the challenge of attracting quality, diverse candidate pools to continue. We also know that we need to more actively manage candidates that were suitable but not appointed or were marginal in the process that with further time and development might be appointable. To support a more strategic approach to talent attraction and management and develop a firmer pipeline of potential candidates, we have approved a dedicated Resourcing Outreach role in our HR function to provide dedicated oversight to this – and ideally to also expedite our recruitment timelines.

7 Performance against the measure on retention of staff from ethnic groups is important to understand alongside our recruitment performance. There has
been a perception in the organisation that a number of talented staff from ethnic groups have left the organisation because of lack of progression. In the absence of exit interview data, there is anecdotal evidence to support this. However, performance against the retention measure indicates that we are on target to reduce differential turnover rates (pre-pandemic the gap in turnover rates was 3.9% and currently this has reduced by 3.1 percentage points to 0.8%) and we are strengthening our exit interview processes to more routinely capture the reasons for our people leaving the organisation.

**Development and progression**

8 We have continued to work on a programme of learning and development initiatives to support achieving our aspirations.

9 This includes two programmes delivered by an external training provider, that supplement our existing leadership offering for all staff, to make sure colleagues from ethnic groups currently underrepresented at a senior level are supported to reach their potential:

- Developing diverse leadership for colleagues at levels 2, 3 and 4
- Developing diverse talent for colleagues at levels and 5 and 6

10 Staff have been engaged in the development of both programmes, attending several focus group sessions with the external training provider to feed into the design of the programme and to ensure that the content would address the issues/concerns about career progression. Both programmes have now been formally launched to staff. Participants are currently starting the process with an initial psychometric assessment followed by a webinar to explore their results, identify their strengths and preferred ways of working and their potential development needs. The main programmes will start early in 2022 and will consist of a mix of learning, reflection and coaching or mentoring, and will include the opportunity to work with coaches or mentors from diverse backgrounds, career planning sessions and access to tailored resources.

11 At the time of drafting this report we had 122 staff signed up across both the talent and leadership programmes, this represents approximately half of those eligible to participate. Our initial cohorts commencing the core delivery in 2022 are now full. We are working with directorates to promote the programmes, but we recognise the importance of the first cohorts advocating the benefits of the
programmes to those who have yet to sign up. We will ensure we share staff experiences and stories from the early cohorts.

12 The performance measure on progression has also shown improvement, having previously shown that staff from underrepresented ethnic groups were less likely than white staff to progress, this is now showing that more staff from underrepresented ethnic groups are progressing. The progression rate for staff from for other ethnic groups has increased 0.3 percentage points resulting in 15.3% of ethnic minority staff now progressing. This compares to a reduction of 3.3 percentage points for white staff with 12.7% of white staff progressing.

**Inclusive Culture**

13 At the beginning of 2021, as an important foundation for our inclusion aspirations, we embedded inclusivity into OneGMC behaviours, included inclusivity in objective setting for staff and promoted our internal and external aspirations widely across the organisation. We included additional questions in the 2021 people survey to assess how effectively we had embedded an understanding of our aspirations and expectations of staff. The people survey data showed:

- 94% of staff indicated that they were aware of the GMC's equality, diversity, and inclusion aspirations
- 91% of staff indicated that they know what inclusive behaviours are expected of them, and
- 65% of staff indicated that they had been set personal objectives that relate to equality, diversity and inclusion

14 The findings from the survey on objective setting has been picked up in our check in chat and end of year communications to ensure colleagues take the time to reflect on our OneGMC behaviours and are working towards one or two objectives that relate to our behaviours.

15 Council have received a broader update at the November 2021 meeting on the wider inclusivity outcomes from the people survey. These indicate other positive findings on inclusivity and also some issues we need to address. We will reflect on the entirety of these findings as we consider the priorities for 2022.
In October 2021 we launched our Fostering inclusion programme, designed to help managers build more inclusive teams. Leaders and managers are starting their learning journey with initial self-evaluation and self-led learning modules. The programme will be rolled out in cohorts, each one including managers from a mix of levels and directorates. All people managers will take the course over the next 18 months. The first session of the Fostering Inclusion programme to SMT and assistant directors (ADs) is in November.

We have now completed the first phase the anti-racist allies programme, delivering five separate cohorts of this training to over 50 allies across all directorates and levels (3 all staff cohorts, one Head of Section/AD cohort and one for SMT). We are taking stock to consider the next steps. The informal feedback we have received from participants overall is positive, but we will be seeking more detailed feedback. And we will be bringing our existing allies back together to inform and our plans for 2022, which are likely to focus on supporting our existing allies.

The design phase of the Professional behaviour e-learning for staff is complete. The pilot commenced in November and it will be made available to all GMC staff in the New Year.

Our staff networks continue to make an invaluable contribution to inclusivity at the GMC. Following the launch of the Disability Network in May this year, we now have 8 staff networks. Our staff networks are helping to drive a more inclusive culture and are raising awareness and generating ideas and solutions to the issues we need to address. In the previous few months, the networks have been involved in a great deal of activity, including awareness raising on specific issues (eg deafblind awareness, menopause awareness, Islamophobia awareness) and events to celebrate diversity and difference, (eg World Menopause Day and Black History Month).

Working with the new Disability Network, we have established a working group with members of the network to collaborate on the development and implementation of a Guaranteed Interview Scheme within our recruitment process for candidates with disabilities. We are finalising the scope of a pilot to run on a small number of recruitment campaigns before a full launch later in 2022 for all roles.

The support mechanisms that we provide to staff must be accessible and inclusive. We have received feedback from our staff networks that the offers available could be improved to better meet the needs of some staff within the workforce. This year, as we re-tender for our Employee Assistance Programme,
we have established a diverse working group to collaborate with staff on the future specification for the service. This group have been supporting embedding ED&I considerations in the tender and overall procurement processes. During November we have completed the tender evaluations and tender interviews and will be planning the appointment and implementation of the new service for 2022.

**Staff and stakeholder feedback**

22 Our internal ED&I Steering Group considered the approach to reporting against the employment targets. The ED&I Steering Group considered there was a need to provide greater scrutiny and visibility of performance against the employment measures and for the group to have a more detailed understanding of the underlying issues and the steps we are taking to address them. This will therefore feature in the forward plan for the ED&I Steering Group.

23 We have extensively engaged and communicated with staff across the organisation on implementation progress. Staff have indicated overall significant levels of support for the approach and most of the changes. There has been some scepticism from a small number of staff about whether certain interventions will help us achieve our aspirations or indeed are appropriate for the organisation and our staff. However, further in-depth engagement and conversations have resulted in an improved understanding and support for the changes. Whilst we had communicated widely across the organisation, some of the underpinning principles of this work (equality, equity and positive action) need to be more effectively communicated through updates and communications materials for staff.

24 We engaged with external stakeholders from the BME Doctors Forum in June 2021 who welcomed the employment measures and targets. What does remain clear from these conversations, however, is that there is an expectation that we should be capable of ‘shifting the dial’ on our employer aspirations faster than we can on those relating to our regulatory functions. And, that this is an important enabler to accelerating our performance on our regulatory targets.
## ED&I Employment Targets Matrix (October 2021)

<table>
<thead>
<tr>
<th>Underlying measures and targets</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020 (%)</td>
<td>2020 (Vol)</td>
</tr>
<tr>
<td>Increase the level of BME representation at Level 3 and above</td>
<td>Applications</td>
<td>22.8%</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
<td>15.2%</td>
</tr>
<tr>
<td></td>
<td>Offers</td>
<td>14.6%</td>
</tr>
<tr>
<td></td>
<td>Workforce</td>
<td>11.1%</td>
</tr>
<tr>
<td>Level of BME representation at Level 2+</td>
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</table>

*difference is not set against the 2023 figure; the target is that the proportion of staff will be equal across BME and Non-BME

**2020 is a flawed baseline year due to the pandemic. Retention rates for BME staff have historically been outside this range – in 2019 the difference in retention rates against the average for BME staff was 3.9%.
### Action
- To note

### Purpose
This paper outlines the plans in place to ensure that our international routes to registration are updated and expanded in preparation for the expected end of the EU exit standstill period in December 2022.

The paper outlines the programme of work that will take place over the next 12 months and highlights the external dependencies that must be met for us to implement key elements of the work.

### Decision trail
- A Council seminar on the wider Brexit implications took place in September 2020.
- SMT considered the post-Brexit routes to registration in July 2021.

### Recommendations
- **a** To note the programme of work for the coming 12 months.
- **b** To note the key external dependencies that may impact on delivery of the work.
- **c** To note the risks and the next steps in the programme.

### Annexes
- Annex A: Registration process for International Medical Graduates
- Annex B: Presentation slides

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### Sponsoring director/ Senior Responsible Owner
- **Una Lane**, Director of Registration and Revalidation
- **Shaun Gallagher**, Director of Strategy and Policy
Introduction

1 As noted in the recent Council awayday, the programme of work on post-Brexit routes to registration is one of our top three priorities for the coming year, alongside regulatory reform and pandemic recovery. The changes to registration following the UK’s departure from the EU are expected to take full effect at the end of 2022, as the “standstill” provisions come to an end.

2 This paper sets out the programme of work in train to ensure we are ready for the changes, with the objectives of:

   a Moving to a more consistent approach to international registration, to ensure that standards and patient protection are assured regardless of which country a doctor qualified in.

   b Supporting the UK’s medical workforce needs by making registration pathways as efficient as possible whilst remaining consistent with safeguarding standards.

   c Ensuring our operations and systems are well supported to be ready in good time and communicated clearly to applicants.

Background

3 On 1 January 2021, a standstill period was initiated for a period of up to two years for all healthcare professional regulators. For the GMC, this was implemented via amendment of the Medical Act.

4 Under the terms of the amendment, the recognition of qualifications gained in the EEA is no longer based on nationality but on the qualification.

5 All EEA doctors became international medical graduates (IMGs) with a new Relevant European Qualification (REQ) pathway put in place. This pathway allows EEA qualified doctors to maintain access to full and specialist/GP registration by ensuring ongoing recognition of EEA qualifications listed in Annex V of the mutual recognition of professional qualifications directive.

6 In addition to this new pathway, in December 2018 the UK Government agreed a Swiss Citizens’ Rights Agreement which maintains the old mutual recognition of professional qualifications arrangements for Swiss nationals until end 2025. Then in June 2021, Government signed the EFTA trade deal with Iceland, Liechtenstein and Norway which will put in place a separate registration pathway for holders of qualifications from these countries.
The standstill period is due to expire at the end of 2022 following a review by the Secretary of State. The Swiss and EFTA pathways will remain. The review is likely to close the REQ pathway meaning that we need to ensure that our remaining IMG pathways to registration are updated and expanded to accommodate EEA qualifications without creating any disproportionate burdens or negative impact on workforce supply.

Post-Brexit registration programme

Since the outcome of the EU exit referendum, we have completed a range of work to ensure that EEA qualified doctors are able to register with us in a timely and streamlined way whilst also maintaining important patient safety safeguards. This included maintaining systems of recognition throughout the transition period followed by the introduction of the REQ pathway during the standstill period, with the additional assurance measures of primary source verification and enhanced English language requirements.

Following the standstill period and the closure of the REQ pathway, we would like all non-UK qualified doctors to move to our established IMG pathways for both full and specialist/GP registration. This will ensure that we are able to apply a consistent standard to assess whether all doctors are fit and safe to practise, regardless of where in the world they qualified.

In order to prepare for the end of standstill, a programme of work commenced in autumn 2021. This programme includes outcomes relating to:

a. The expansion of established IMG pathways to include EEA qualifications for full registration

b. The development of new IMG pathways for specialist/GP registration

c. The development of any new pathways for both full and specialist/GP registration arising out of UK government trade deals

d. The introduction of new registration provisions to better support cross-border working on the island of Ireland

Whilst we have a defined set of outcomes for the end of standstill and the future of our international routes to registration, there are several key external dependencies that we will rely on to ensure we can meet our objectives.
These include:

a Confirmation from Government on the timing of the end of the standstill period. Government must undertake the Secretary of State review, public consultation and then adopt secondary legislation before the standstill period can end.

b The content of this secondary legislation must contain key elements to give us the legal powers to implement an amended registration framework, for example the legal power to implement any new pathways arising from UK trade deals.

c Unless Government takes forward our proposals to amend the PMET Order as part of the end of standstill amendments, we will not be able to implement new IMG pathways to specialist and GP registration.

d The timing of both regulatory reform and the end of standstill work must be sufficiently distinct. We will need a clear three months between the implementation of MAPs and the end of standstill implementation for us to successfully operationalise the many changes required. The recent changes to the MAPs timetable appear to mitigate this risk.

There are also several risks inherent in our work programme for the next twelve months which may impact on delivery.

The principal risk is the reliance on Government to take forward our proposals to amend the PMET Order before the end of standstill S60 legislation is enacted. If they fail to do this, the only route to specialist and GP registration for EU doctors will be the CESR/CESGPR routes which we have already identified are overly burdensome and lengthy. We are working with DHSC to ensure that they prioritise this legislation. As long as they deliver this, we will be able to put in place provisions for specialist and GP registration that are much less burdensome than currently, particularly important in respect of EEA qualified doctors, where in 2019 we registered over 1,220 as specialists or GPs.

There also remain risks around the trade negotiations that Government is engaging in with third countries. The inconsistency in the approach to the

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1 Education and Training Order 2010 (the PMET Order), from which we draw our education responsibilities and other regulatory powers

2 Physician associates and anaesthesia associates

3 Certificate of Eligibility for Specialist Registration or Certificate of Eligibility for GP Registration which allows applicants to show they have knowledge, skills and experience equivalent to the approved curriculum for their specialty
recognition of professional qualifications in trade agreements could result in the imposition of routes to recognition based on individual nationality and/or qualification. This would increase the complexity of our registration pathways and prove difficult to operationalise as well as undermining our ambition to simplify the registration framework and apply a consistent standard to assess whether all doctors are fit and safe to practise, regardless of where in the world they qualified. Over the past year we have been successful in building relationships and influencing within Government in this area and we will continue to engage and influence to mitigate this risk.

Next steps

16 The post-Brexit workstreams began in the autumn and will continue throughout the next twelve months.

17 We will continue to engage with Government to influence the Secretary of State review and the S60 legislation consultation in 2022 and will continue to press for the PMET Order amendments as part of the post-standstill legislation.

18 We will build on our successful engagement on the Professional Qualifications Bill to continue to push for a consistent approach to the recognition of professional qualifications in trade agreements that safeguards our ability to ensure that all doctors joining the register are fit and safe to practise.

19 In 2022, we will develop a communications and engagement plan to ensure that doctors and key stakeholders are aware of the new routes to recognition that will be in place from 2023 onwards.
Registration process for International Medical Graduates

Background

1 Registration with a licence to practice is the legal status that allows doctors to exercise the rights and privileges associated with practising as a doctor in the UK. Doctors who have qualified outside the UK and the European Economic Area are known as international medical graduates (IMGs). IMGs have no entitlement to registration. The onus is on the applicant to satisfy us that they should be registered and that their fitness to practise is not impaired.

2 Before they are granted registration with a licence to practise, they must satisfy the GMC that they:
   a Hold an acceptable primary medical qualification (PMQ) that meets our criteria
   b Possess the knowledge, skills and experience for practice in the UK
   c Have no outstanding fitness to practise concerns from their practice in other jurisdictions
   d Have the necessary knowledge of English to practise safely in the UK

Primary Medical Qualification

3 All IMGs must have an acceptable primary medical qualification (PMQ) that meets all our criteria:
   a It must have been awarded after a programme of study, comprising at least 5,500 hours over a minimum period of years, depending on circumstances
   b The qualification must be awarded by an institution listed in the World Directory of Medical Schools.
The institution listed in the directory must have sufficient contact details (address or email address, fax or telephone number) to allow verification of the qualifications it has issued.

The doctor must have done clinical rotations as part of their primary medical qualification, which has given them appropriate clinical experience. This means the clinical rotations:

- must have been of an acceptable duration
- included exposure to medicine and surgery
- were overseen or approved by the institution the doctor attended
- formed part of the overall programme of study.

Having an acceptable PMQ is only the beginning of the process. The applicant must then go on to provide evidence of their knowledge skills and experience, their knowledge of English and their fitness to practise in the UK as set out below.

Evidence of Knowledge and Skills

There are five main ways of demonstrating evidence of knowledge and skills:

- PLAB test
- Acceptable Overseas Registration Examination
- Acceptable postgraduate qualification
- Sponsorship
- Recognised European Qualification (post-Brexit standstill until end 2022)

PLAB

The majority of IMGs demonstrate that they have the necessary knowledge and skills by sitting and passing a two-part exam set by the GMC. This exam is known as PLAB. This is in addition to their demonstrating that they have an acceptable PMQ.
7 The PLAB test is designed to assess whether IMGs have the knowledge and skills equivalent to those of a doctor at the start of Foundation Year 2 in the UK Foundation Programme. This is the point at which UK medical graduates gain full registration.

8 The PLAB test comprises two parts:

a Part 1 is a written paper of 200 single best answer multiple choice questions delivered at British Council venues around the world and the UK. Candidates have a limit of four attempts; and must pass Part 1 before taking Part 2.

b Part 2 is an objective structured clinical examination delivered in the GMC’s Clinical Assessment Centre in Manchester. Candidates must pass Part 2 within four attempts. This part of the exam comprises 18 ten-minute stations and two rest stations. Each station is designed to reflect a realistic activity or interaction with a patient in Foundation Year 2, and includes ethical as well as clinical challenges.

9 Candidates must pass Part 2 within two years of passing Part 1; and must register with the GMC within two years of passing Part 2. Each part of the assessment is overseen by a panel of senior clinicians and medical educators.

Acceptable Overseas Registration Examination

10 In January 2020, we introduced a new pathway for registration that allows IMGs to apply for registration using a pass in one of three overseas registration exams.

- The Medical Council of Canada qualifying examination 2 (in English only)
- United States Medical Licensing Exam: step 1, step 2 clinical knowledge and step 2 clinical skills
- The Australian Medical Council clinical examination

11 There is a two-year validity period for a pass in an acceptable overseas registration exam where the doctor wants to apply for full registration. This is the same as our arrangements for PLAB. Eligible doctors no longer need to sit PLAB and their exam pass is verified by our application advisers. They are required to meet all our other criteria for registration including evidence of fitness to practise, internship experience and English language proficiency.
Postgraduate Qualification

12 Doctors who hold a PGQ from our acceptable list can use it to demonstrate they have the necessary knowledge, skills and experience to apply for full registration. The PGQ must have been conferred no more than 3 years before the doctor applies for full registration.

13 To be included a PGQ must include both written and simulated clinical assessments and should provide assurance that those holding the qualification can practise safely at the standard of full registration. Currently, approved PGQs are UK college membership examinations and overseas membership exams or master's degrees from commonwealth countries or the US.

Sponsorship

14 Sponsorship – a certificate of sponsorship from a GMC approved sponsor indicating that the applicant has been assessed by the sponsor against the framework submitted to and approved by the GMC as having the knowledge and skill necessary for practice under full registration.

15 The majority of doctors who gain registration through the sponsorship route are practising in the UK as part of the Medical Training Initiative scheme. There is a list of sponsoring bodies with the main sponsors being the medical Royal Colleges and Faculties but also some NHS Trusts and a small number of postgraduate institutions.

16 Sponsored doctors must be capable of working at the level of a UK graduate with a minimum of 3 years postgraduate experience. The MTI is a learn, earn and return scheme and doctors are placed in a specialty post that includes a substantive educational component. The time limit for doctors working on the scheme is 3 years.

Recognised European Qualification

17 Following Brexit, EU doctors no longer benefit from mutual recognition of professional qualifications (MRPQ).

18 The Medical Act was amended to remove MRPQ and a new IMG pathway was established to support the ongoing recognition of most EEA qualifications (those listed on Annex V of the directive on 31 December 2020). This is known as the standstill position and the Act requires these amendments to be reviewed 2 years after EU exit date by the Secretary of State.
19 Any doctor who holds a recognised European qualification, regardless of nationality, can apply for full and/or specialist/GP registration using this pathway. Doctors applying through this pathway are still required to evidence their knowledge of English language and primary source verify their qualifications.

Evidence of Experience

20 Applicants must demonstrate evidence of successful completion of an internship (or a period of suitable postgraduate employment). This means they must have done at least 12 months' continuous medical practice in an approved training post in a public hospital. They must have done this either immediately before or after you graduated. The internship must have included:

- at least three months in medicine and three months in surgery, which lasted between 12 and 18 months,

  or

- at least six months in medicine and six months in surgery, which lasted for 18 months or longer.

21 The applicant will need to send the GMC a certificate or letter of completion from the relevant institution, which gives details of the dates and specialties covered during rotations.

Evidence of English language skills

22 All applicants must provide evidence that they have the necessary knowledge of English to practise safely in the UK. The vast majority do this by sitting and reaching the required standard in one of two tests recognised by the GMC – the International English Language Test (IELTS) or the Occupational English Test (OET).

23 Alternatively if their primary medical qualification was taught in English and is not one listed on our website, they will not need to sit a test.

Fitness to Practise in the UK

24 All applicants must demonstrate that there are no outstanding concerns about their practice in other jurisdictions. To do this they must:

- Provide their most recent five years’ employment history
Council meeting – 9 December 2021

Agenda item M6 – Post-Brexit routes to registration

- Provide an employer’s reference from their most recent employer
- Provide evidence of good standing from any jurisdiction where they currently hold registration or have done so within the most recent five years. This certificate must be provided by the GMC equivalent regulator in their home countries
- Complete a fitness to practise declaration and sign a declaration giving the GMC wide ranging powers to conduct further investigations and enquiries as we deem appropriate during the application

Primary source verification

25 All IMG applicants must also have their primary medical qualification independently verified by an external organisation called the Educational Commission for Foreign Medical Graduates (ECFMG) who verify the qualification is genuine by checking this directly with the doctor’s awarding institution.

Final Check

26 Once we are satisfied that the applicant has met all our requirements, we invite them to complete an ID check. The ID check interview includes an assessment of identity document(s) and all other credentials and a current photograph. ID checks take place in our London and Manchester offices.
| Paper withheld from publication | Please note that this annex is being withheld from publication. For further information, please contact the Corporate Governance team via email, GovernanceTeamMailbox@gmc-uk.org. |
Agenda item: M7
Report title: Report of the MPTS Committee 2021
Report by: Dame Caroline Swift, Chair of the MPTS, dame.caroline.swift@mpts-uk.org, 0161 240 7115
Considered by: MPTS Committee, GMC/MPTS Liaison Group
Action: To note

Executive summary
This report provides an update on the work of the Medical Practitioners Tribunal Service (MPTS) since its last report to Council in June 2021.

Key points to note:

► Council have approved the appointment of Gill Edelman and Dr Tushar Vince to the MPTS Committee.

► The MPTS is running hearings both virtually and at its hearing centre in Manchester.

► To deliver the hearing days that were lost in 2020, the MPTS has increased its capacity to the point of being able to run up to 17 concurrent hearings a day from October. All other things remaining equal this will enable the return to pre-pandemic hearing volume levels by the end of 2022.

Recommendation
► Council is asked to consider the report of the MPTS Committee.
Governance

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

2. This paper is the MPTS Committee’s second report of 2021.

3. The MPTS Committee met virtually on 14 September 2021 and considered our response to the pandemic and recovery planning, tribunal member resourcing, salient points from recent appeals and our annual report to Parliament.

4. Dr Patricia Moultrie and Judith Worthington both retired from the MPTS Committee following this meeting, having reached the end of the maximum eight-year appointment period.

5. On 3 November 2021 Council approved the appointment of Gill Edelman as a new lay member of the Committee and Dr Tushar Vince as a new medical tribunal member of the Committee.

6. The newly constituted MPTS Committee met for the first time on 10 November 2021 and considered our response to the pandemic and recovery planning, adjournments and the Committee’s work programme for 2022.

7. The Committee also approved changes to the MPTS Vision, which is attached at Annex A for Council’s information.

8. This was the Committee’s first in-person meeting since the start of the COVID-19 pandemic. The Committee will continue to meet four times a year and will alternate between virtual and in-person meetings.

9. The MPTS annual report for 2020 was laid before Parliament on 19 July 2021.

Operational update

10. We have continued to run hearings at our hearing centre and virtually.

11. Keeping the hearing centre open means we can avoid postponing hearings that are ready to proceed. Concluding hearings as quickly as possible is important as delays can be stressful for doctors, patients and others involved in our hearings.

12. We have extensive safety and hygiene measures in place at the hearing centre.

13. Doctors and their representatives and the GMC continue to have the opportunity to make relevant submissions about the venue of the hearing to the MPTS as part of our case management process.
14 We continue to hold an increased number of hearing days. The number of days held in quarter 3 2021 represents an increase of 24% on quarter 3 2019 and of 128% when compared with the same period last year.

15 In September 2021 we held 305 hearing days. This represents an increase of 51% on September 2019 and of 78% when compared to the same month last year.

16 To deliver the hearing days that were lost in 2020 we have increased our capacity to the point of being able to run up to 17 concurrent hearings a day in October.
All other things remaining equal this will enable us to return to pre-pandemic hearing volume levels by the end of 2022.

Virtual hearings
17 In August we successfully moved the operation of our virtual hearings to a new online platform. This involved testing, training and updates to our operational processes.

18 As well as updated guidance for our staff and tribunal members, we have published a guide for parties and witnesses appearing in virtual hearings. This includes a new video guide on our website.

19 The new platform is working well, with improved connections and transition for parties between the virtual waiting room and the hearing itself.

Doctor contact service
20 Our Doctor Contact Service (DCS) continues to offer support to doctors, particularly those attending hearings alone or without legal representation. The DCS aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of MPTS staff unconnected to the doctor’s case can be available to talk by phone or video call.

21 Between January and September 2021 our DCS staff have supported 82 doctors on 290 separate occasions.

Tribunal members
22 As of 30 September 2021, we had 266 tribunal members, of whom 51% were medical members and 49% lay members.

23 In total, 47% of tribunal members are female and 21% have declared they come from black, Asian and minority ethnic (BAME) backgrounds.

24 In October we launched a Legally Qualified Chair (LQC) appointment campaign, with the aim of appointing up to 50 new LQCs.

25 This has been necessary because of our increased hearing volumes and an increase in the number of LQCs ending their MPTS contracts early to take up judicial appointments.

26 The vast majority of our hearings are chaired by an LQC, sitting with a medical and lay tribunal member. A small proportion of hearings are chaired by a lay or medical chair with a legal assessor present to provide advice.
Quality assurance

27 Appeals and challenges to decisions made by MPTS Tribunals can (generally) be brought in the following ways:
   a Doctors’ appeals of MPT decisions, under section 40 of the Medical Act 1983;
   b Doctors’ challenges to MPT decisions to issue a warning, or to refuse an application for restoration to the register, by way of application for judicial review;
   c Doctors’ challenges to an Interim Order Tribunal’s (‘IOT’) decision, by way of a claim brought under Part 8 of the Civil Procedure Rules;
   d GMC appeals of a Medical Practitioners Tribunal (MPT) decision under section 40A of the Medical Act 1983 (including decisions about non-compliance (NC) or restoring a doctor to the register);
   e Professional Standards Authority (PSA) appeals of MPT decisions under section 29 of the NHS Reform and Health Care Professions Act 2002.

28 Although any appeal of / challenge to an MPT, NCT or IOT decision is usually some form of challenge to the decision making of that tribunal, neither the tribunal itself nor the MPTS are a party to the appeal / challenge; the GMC and doctor (and PSA, where appropriate) are the relevant parties.

29 The In-House Legal Team of the GMC conducts all of the appeals / challenges mentioned above and the MPTS does not actively participate. However, the MPTS takes a keen interest in the outcome of any such appeal / challenge so that any learning points can be identified.

30 The MPTS also considers:
   a Any notes received from the PSA of both Section 29 Case Meetings to consider whether or not the PSA will refer a case for appeal and with more general feedback;
   b Any notes of meetings of the GMC’s section 40A Panel to consider whether or not it will exercise the power to appeal a MPT decision (published on the recent appeal decisions page of the GMC website);
   c A selection of decisions made by MPTS Tribunals each month, at meetings of the MPTS Quality Assurance Group (QAG);
   d Appeals / challenges to decisions made by other regulators, where relevant.

31 The MPTS communicates any relevant learning points arising from appeals / challenges to tribunal members:
   a In appeal circulars, which summarise key information from judgments and identify learning points or good practice (published on the circulars page of the MPTS website);
   b At training sessions, webinars or in eLearning modules delivered to tribunal members;
   c By updating individual tribunal members on appeals of hearings they were involved in (including updates on the outcome of any remitted hearing following an appeal);
d By providing direct feedback to individual tribunal members, if necessary, as part of their continuous professional development.

32 The MPTS also communicates any relevant learning points arising from feedback received from the PSA and GMC or identified at QAG meetings to tribunal members:

a In tribunal circulars, to identify any learning points or good practice. All tribunal circulars are published on the circulars page of the MPTS website;

b At training sessions, webinars or in eLearning modules delivered to tribunal members.

Hearing outcomes

33 Hearing outcomes for recent years, including the first three quarters of 2021, are set out at Annex B.

34 New IOT hearings have been held virtually throughout 2021. Doctors were interim suspended in 9% of cases and received interim conditions in 72% of cases. No order was made in 19% of cases. This is a similar spread of outcomes to previous calendar years.

35 Before the COVID-19 pandemic, we regularly reported to Council on the relative consistency of new Medical Practitioner Tribunal (MPT) outcomes from year to year.

36 Following the postponements that were necessary in 2020, we listed new MPT hearings on a prioritised basis, applying criteria which included whether a doctor had an interim restriction, whether a hearing was part-heard, the age of the case and how prepared parties were to proceed.

37 This means that some types of cases are more likely to have proceeded before others, making it difficult to compare outcomes in 2020 and 2021 with pre-pandemic years.

38 We will continue to report on this as we proceed with our recovery.
Annex A – Vision statement

Who we are
The MPTS runs hearings for doctors whose fitness to practise is called into question.

We are independent in our decision making and operate separately from the investigatory role of the GMC.

As a statutory committee of the GMC, we are accountable to the GMC Council and the UK Parliament.

Our vision
To provide a modern tribunal service that is effective, fair and impartial. A service that:

1. Makes high quality, well-reasoned, independent decisions to protect the public.
2. Treats all tribunal service users with respect and fairness.
3. Uses modern technology to enhance the efficiency and effectiveness of running hearings.
4. Shares its knowledge and makes a positive contribution to the future direction of adjudication.

Working towards our vision

A service that makes high quality, well-reasoned, independent decisions to protect the public
We will protect the public by delivering a tribunal service which makes and shares high quality, proportionate and well-reasoned determinations in a timely manner.

Our decisions will be underpinned by our over-arching objective:
   a to protect, promote and maintain the health, safety and well-being of the public,
   b to promote and maintain public confidence in the medical profession, and
   c to promote and maintain proper professional standards and conduct for members of that profession
Our decisions will continue to be made by tribunal members who are independent of those who present and defend cases before the tribunal.

We will continue to ensure tribunal members are recruited for decision making skills and competencies and to train them, appraise their performance and quality assure their decisions.

**A service that treats all tribunal service users with respect and fairness**

Everyone using our tribunal service can expect to be treated with fairness and respect - doctors, complainants, witnesses and legal professionals.

Equality, diversity and inclusion are integral to the work of the MPTS, both as an adjudicator and in the support we give to our staff.

We will continue to provide equality training to staff and tribunal members, to provide reasonable adjustments for tribunal service users where appropriate and to share and monitor our decision data to support a fair process.

We will continue to signpost doctors and witnesses to the GMC’s witness and doctor support services.

We will continue to support doctors without legal representation, providing user-friendly resources that will help them prepare for a hearing and by offering our Doctor Contact Service to help lessen the isolation and stress they might encounter.

**A service that uses modern technology to enhance the efficiency and effectiveness of running hearings**

We will maintain public confidence by conducting tribunal hearings efficiently and expeditiously to minimise delays in resolving cases. By making timely decisions we will reduce the impact on all service users.

We will continue to embrace modern technology to find effective ways of meeting our over-arching objective, including the use of virtual hearings where appropriate.

We will continue to demonstrate value for money by using resources efficiently and utilising hearing rooms efficiently.

**A service that shares its knowledge and makes a positive contribution to the future direction of adjudication**

We will clearly articulate our role as an adjudication service making independent decisions which are fair to all.

We will engage with the medical profession and its representatives, medico-legal professionals, medical students and others, to share our knowledge and to advocate the importance of engagement in the fitness to practise process.
We will contribute to discussions on the future shape of adjudication within medical regulation and more widely.
## Annex B - Hearing outcomes 2018 – Q1-3 2021

### Interim orders tribunals

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### Medical practitioners tribunals

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<td></td>
<td>Cases</td>
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<td>%</td>
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<td>1%</td>
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<td>2019</td>
<td>2020</td>
<td>Q1-3 only 2021</td>
</tr>
<tr>
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<td>------</td>
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<th>2020</th>
<th>Q1-3 only 2021</th>
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**Number of review hearings**

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<td>Non-compliance review hearings</td>
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## Council meeting – 9 December 2021

**Agenda item M8**

**Report of the Audit and Risk Committee 2021**

<table>
<thead>
<tr>
<th>Action</th>
<th>To approve</th>
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<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>To report the work of the Audit and Risk Committee June - November 2021.</td>
</tr>
<tr>
<td><strong>Decision trail</strong></td>
<td>This report was considered by the Committee at its meeting on 17 November and is based on scrutiny and discussion from papers discussed on 14 September and 17 November 2021.</td>
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| **Recommendations** | a To consider the report and the assurance provided by the work of the Committee. In particular members are asked to discuss:

- Which of the reported items have been most helpful in understanding assurance processes
- How Council may wish to explore risk further in its meetings
- Direction as to areas of assurance Council would like the Committee to explore in 2022.

b To approve the changes to the Committee’s Statement of Purpose. |
| **Annexes**  | Annex A: Statement of Purpose of the Audit and Risk Committee |
| **Author contacts** | **Lindsey Mallors**, Assistant Director of Audit and Risk Assurance and Freedom to Speak Up Guardian

Any enquiries to: [GovernanceTeamMailbox@gmc-uk.org](mailto:GovernanceTeamMailbox@gmc-uk.org) |
| **Sponsoring director/Senior Responsible Owner** | **Paul Knight**, Chair Audit and Risk Committee

**Charlie Massey**, Chief Executive and Registrar |
Introduction

1. The Audit and Risk Committee has met twice since its last report to Council – 13/14 September and 16/17 November. The meetings, which were preceded by a seminar the evening before, were in person with the majority of attendees in the room. Overall, we found these to work better than anticipated and they also provided welcome opportunity for more informal conversations in the margins of the main sessions.

2. The September seminar, led by Dan Bonner, Senior Manager, BDO, focused on looking at risk and assurance through the lens of organisations that had experienced a major event or failing. The case studies examined were the financial failure of Patisserie Valerie, the governance and safeguarding failures at the RNIB schools and the NAO report looking at learning from the government’s handling of the pandemic. These and additional case studies will be the focus of the Council’s risk seminar discussion in December.

3. The Committee discussed the importance of its role in providing appropriate scrutiny of key activities in conducting GMC business, including those that might be less immediately visible, such as safeguarding arrangements. It also considered the GMC’s own learning in response to the pandemic providing assurance to Council.

4. November provided an opportunity for the Committee to reflect on its role and the results of its annual effectiveness review.

5. Committee meetings continue to be supported by the Executive Team and have included the attendance (mostly remotely) of relevant directors, assistant directors and teams when reports relating to their area of business have been presented. The Committee continues to be assured by the depth of knowledge and professionalism of colleagues across the business. The ongoing response to the pandemic continues to highlight the organisation’s resilience and ability to adapt.

6. The Committee continues to review and discuss all reports to ensure that the message of celebrating success as well as learning from audit findings is visible to colleagues who work hard to ensure areas of operation have the highest levels of control and assurance. Members appreciate the commitment given to meetings which contribute to assurance on the effectiveness of operational processes, the ongoing ability of management teams and their leadership to follow up and deal with issues arising from audit review and the quality of audit work undertaken.
At the meeting on 17 November 2021, the Committee undertook its annual review of the Statement of Purpose. The Statement (attached at Annex A) accurately captures our remit, but we have suggested a number of small wording amendments for Council approval.

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

Committee update

In July, independent member, Liz Butler, stepped down after eight years of service to the Committee. As the longest standing member, Liz has seen a number of changes to the organisation and to the development of risk, audit and assurance functions and activities. Her contribution has been invaluable in shaping their progress and we would like to express our appreciation for her thoughtful contributions over the last eight years.

The role of independent members on the Committee is an important one, bringing valuable additional skills and experience, and fresh eyes and perspectives to discussions. Replacing Liz, we welcomed new independent member, Jon Hayes, to his first meeting in September.

Very sadly we lost a second member of the Committee, Lara Fielden, who passed away unexpectedly in August. Although she had only been on the Committee for a brief time, Lara’s enquiring mind provided insightful, constructively challenging contributions which will be missed.

In line with good governance practice, annual appraisals for independent members, are being conducted by the Chair.

Integrity of the financial statements and performance of the external auditor

In November the Committee approved the external audit fee, terms of engagement, external audit plan and audit scope for the work to be undertaken in 2022. The Committee noted areas where Crowe will focus and where they may rely on internal audit work to maximise the benefit of resources, including the work on payroll.

Under the Ethical Standard, we noted that the Crowe partner has had 10 continuous years as audit engagement partner. We considered whether this created the potential for a perception of lack of robustness or integrity in performing the external audit for the GMC and concluded that a proposed additional quality review by another partner mitigated this. The external audit
contract is due for renewal in 2023 and the current partner will not participate in the procurement exercise should Crowe chose to compete again.

15 The Committee has met privately with the external auditor since the last report to Council providing an opportunity to discuss any issues without the presence of senior management and considered their performance for the past 12 months. We noted the confidence expressed in them by members and management.

**Governance and risk management**

16 The Committee continues to use risk as the basis for its approach to oversight and scrutiny, and it has continued to be flexible, balancing the need for assurance with delivery of business activities and management’s ongoing organisational response to the pandemic and capacity challenges.

17 The high-level strategic risk discussion which forms the first section of every meeting provides an important backdrop to the Committee’s understanding of the challenges and opportunities the organisation and wider health landscape faces and the work that goes on across the GMC to mitigate and enhance risks. The insight from the CEO is particularly welcomed and the Committee is able to reflect on the risk conversations from Council and where assurance may be needed. Discussions have covered a wide range of external and internal threats and opportunities reflecting on the potential implications of the ongoing nature of the pandemic and thinking about the future plans and activities of the GMC.

18 The Committee remains assured that there is good understanding of the threats and challenges both in the external environment and in the complexity of the GMC’s internal operations. It has also received regular updates on plans to return to the offices and remains confident that staff safety and welfare are a priority.

19 This year’s internal audit review of risk focused the risk management framework (RMF) through the lens of managing projects. As in previous years, the review RMF considered the RMF to be best practice with a good level of detail to inform those charged with the governance of projects on how to manage risk. As we continue to drive risk maturity, more visible focus and discussion on opportunities as well as threats could potentially further enhance project outcomes and impact.

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

21 Following the adaption of audit work in 2020 to respond flexibly to the emerging pandemic, this year the audit team has delivered a comprehensive audit programme based on the key risks the organisation faces as articulated on the Corporate Opportunities and Risk Register. The work covered a mixture of operational compliance-based audits and review of areas with a clear key strategic impact, such as regulatory reform, and embedding the Outreach engagement function. Work has also been undertaken to assess confidence in how progress against delivery of the Corporate Strategy will be measured and reported.

22 A further important review is currently underway to scrutinise and test the sufficiency of action plans in place to deliver against our two externally facing ED&I targets - eliminating the disproportionate pattern of fitness to practise complaints we receive from employers, in relation to a doctor’s ethnicity and place of qualification this by 2026, and eliminating discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031.

23 Two further pieces of work from the programme will be completed in the New Year. The first is a review of the Clinical Assessment Centre arrangements, and the second a review of strategic engagement and relationships arrangements. These are taking place later than originally anticipated to take account of current priorities, workloads and capacity in the relevant teams.

24 Overall, the Committee is satisfied that there is a good control framework in place. The outcomes from individual reviews undertaken since the last report to Council and the number of recommendations for each are shown in the following table. A green rating indicates an overall sound control framework, green/amber that minor weaknesses have been identified. An amber rating would indicate that weaknesses had been identified which put achievement of objectives at risk and remedial action is required.
There were two high priority recommendations from the second regulatory reform spot check. The first was to ensure that the individual workstream terms of reference were completed to the same level of consistency to ensure there was visibility that they were aligned to the goals and benefits of the overall programme. The second was that the Programme Management Team should complete detailed plans to ensure that the workstreams have clarity on what they need to deliver to enable effectiveness progress tracking to be undertaken. A third spot check is underway and progress against these high priority actions will be considered at the Committee’s January meeting.

As well as work by BDO, an independent review of the GMC’s BS 10008 (the standard for legal admissibility and evidential weight of electronic information) to which the GMC became fully accredited in 2016, was commissioned.
separately by the Assistant Director Audit and Risk Assurance with an external supplier expert. The reviewer identified four minor non-conformities against the standard, which were of a housekeeping nature.

27 The independent reviewer was again complimentary about the work of the team concluding that the information management system at the GMC is effective in ensuring the trustworthiness of electronic information. They continue to be impressed with the GMC’s ongoing response to the pandemic and the organisation’s ability to maintain standards, some of which they observed remotely when a GMC colleague was working on site.

28 This year’s cyber security review, in the form of two phishing campaigns, was conducted by the specialist team from BDO. The campaigns focused only on the cyber security awareness amongst GMC employees and did not test any of the central technical and operational controls which were deliberately not activated. The Committee noted the improvement in results compared to a similar exercise last year. Benchmarking data suggests the GMC is not out of line with other organisations, and that frequency of training appears to correlate with higher levels of awareness and vigilance. The Team are releasing refreshed phishing mandatory training in December.

29 Commissioned by the CEO, BDO has undertaken a learning review into the handling of information sharing between the GMC and Belfast Health and Social Care Trust. The review concluded that there was not a fundamental breakdown in the GMC’s process of handling the issue of the Trust’s inadequate information sharing. It also highlighted opportunities to provide greater clarity of responsibilities in such situations and improvements in how the GMC teams involved work together.

30 At each meeting, the Committee has received a progress report from the Assistant Director Audit and Risk Assurance, including an update on the status of actions arising from internal audit work. At the time of this report, there are no recommendations overdue.

Significant event reviews

31 Since the last report to Council the Committee has considered three significant event reviews. The first was in relation to email communications being sent to a doctor on after the GMC had been informed of their death (on the 21st and 19th April respectively). It is not known whether anyone accessed those communications. However, the incident highlights the potential for distress to the public and reputational damage to the GMC if its process for managing communications following a doctor’s death does not operate as intended. A
number of changes to the notification process have now been implemented to strengthen controls. The event did not meet the threshold for reporting to the Charity Commission.

32 The second SER related to a data breach when sensitive information was inadvertently shared in response to a FOI request. The Information Commissioner was notified in line with the statutory GDPR notification process but decided not to investigate or take action and closed the matter. On this basis, the incident did not meet the threshold for reporting to the Charity Commission. The review concluded that the event was avoidable and that there is a need to increase measures to prevent data sets containing confidential information and information for external disclosure being sent around the organisation. A number of additional steps are now being taken to mitigate the risk of such a disclosure occurring again.

33 The final SER covers the learning from the Employment Tribunal judgment in the case of Mr Karim, which has already been shared in full with Council. The Charity Commission is aware of this case and we will be reporting further to them on the outcome of the GMC’s appeal.

Internal audit management arrangements

34 The co-sourcing model continues to bring value to the internal audit work programme. The GMC benefits from having carefully tailored audit scopes and the right level of expertise and knowledge delivering individual reviews. An open and collaborative approach by audit team members and the Assistant Director Audit and Risk Assurance when liaising with auditees allows audit engagements to be constructive and the team continue to receive positive feedback about their interactions and value.

35 In advance of a procurement exercise next year, when BDO come to the end of a four-year term for the delivery of internal audit services, a review on models of audit delivery has been conducted through the Institute of Internal Auditors. The report concludes that a co-sourcing arrangement remains the best fit for the GMC’s needs. The Assistant Director Audit and Risk Assurance is now undertaking some preliminary market review exercises to help ensure we maximise the breadth of potential applicants when the tender process is officially launched later next spring.

36 The Committee has regular private discussions with the internal audit team without management present.
Audit programme 2022

37 To better align with the GMC’s annual business planning and budget cycle, the internal audit programme for 2022 will be considered at the meeting in January. However, in advance of that, we reviewed the principles of the internal audit assurance work programme. We agreed it should remain risk based but were comfortable in extending the elapsed time for cyclical reviews which had a history of good performance, subject to the Assistant Director Audit and Risk Assurance continuing to be supported in exercising professional judgement as to areas of focus as risks emerged or priorities changed.

38 In particular in 2022 we are keen to ensure there is sufficient visibility of assurance on how the GMC manages reputation and ‘trustworthiness’ in the context of its wider strategic ambitions. Our January seminar will explore this further.

The Committee’s 2021 review of its effectiveness

39 The Committee has undertaken its annual review of effectiveness which has included seeking views from Council, the Executive and assistant directors through short, tailored surveys. We concluded from the feedback that our role is well understood, there is an appropriate focus on risk areas and overall, we work effectively as a Committee.

40 There are two aspects of learning we will address in the coming months. The first is a ‘teach in’ session on finance for non-accountants with a focus on demystifying some of the technical language which accompanies financial statements and external audit work. We plan to run this at the March seminar and all Council members are welcome to join us for the session.

41 The second is to continue our focus on widening knowledge of the business. To that end, we plan to hold the March meeting in Manchester and use this as an opportunity to explore and visit operational areas of the business.

42 We have already addressed some of the feedback from Council members, including a longer de-brief note after the November meeting, and making internal audit reports routinely available in full for members on Board Intelligence. Going forward we will also be making draft minutes of meetings available on Board Intelligence. In addition, we would like to extend an invite to Council members to observe one of our meetings to see first hand how risk and assurance is handled through our business.
43 There was also feedback which is for Council to consider collectively. One of the comments reflected that risk did not get enough exposure at Council itself and a second comment that the corporate opportunities and risk register, along with details of mitigating activities, did not feature strongly on the Council’s agendas.

Adding value

44 By continually improving its knowledge of the business and seeking assurance through audit and risk activity, and taking on board executive and member views as part of a 360 effectiveness review process, the Committee believes it is improving its own performance and consequent value to the business. Auditees attending the Committee regularly report that the audit reviews have provided useful findings and learning which enables them to continually improve local processes and activities. Recent examples include the reflections on efficiency from the FTP in a COVID environment, and the forward thinking challenge from the regulatory reform spot checks.

45 More broadly, the Committee adds value through:

- Being clear on its role and purpose and continuing to check that this is still appropriate for the business’s needs.
- Developing agendas and a programme of work which are pertinent to regular business and emerging issues so that meetings are relevant and focused.
- Holding seminars which focus on continual development of the Committee’s knowledge and understanding of the business and specific risk areas.
- Providing scrutiny of the Corporate Opportunities and Risk Register and Corporate Issues Log.
- Holding management to account by calling directors and senior staff to meetings to respond to the findings from audit reviews and following through on the implementation of audit recommendations.
- Meeting internal and external auditors without management present.
- Regular dialogue between the Chair and Assistant Director of Audit and Risk Assurance between meetings.
Dialogue between the Chair of Council and Chair of the Committee on emerging issues and sharing of key issues from each meeting with Council members.

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

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

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

Next steps

Having noted the feedback from Council and to provide the opportunity for members to further test confidence in the assurance the Committee provides, we would be interested to hear:

- which of the reported items have been most helpful in understanding assurance processes
- how Council may wish to explore risk further in its meetings
- direction as to areas of assurance Council would like the Committee to explore in 2022.
Statement of purpose of the Audit and Risk Committee

Purpose

1 The Audit and Risk Committee provides Council with independent assurances on the effectiveness of arrangements established by the Executive to ensure the:

   a Integrity of the financial statements.
   b Effectiveness of the systems of internal control, governance and risk management.
   c Adequacy of both the internal and external audit services.

2 The Committee is specifically authorised by Council to:

   a Investigate any activity within its terms of reference including any activity by a trading subsidiary of the GMC. Any investigation will normally be initiated in consultation with the Chief Executive.
   b Seek any information it may reasonably require from any member, employee or associate of the GMC or of any trading subsidiary of the GMC. All members, employees and associates are directed to co-operate with any reasonable request made by the Committee.
   c Obtain outside legal or other independent professional advice and to secure the attendance of people with relevant experience and expertise if it considers this necessary. The Committee may not incur direct expenditure in this respect in excess of its allocated budget without prior approval of the Chair of Council, in consultation with the Chief Executive.
Duties and activities

Financial Reporting

3 Review the annual financial statements taking into account reports\advice from the external auditors and ensure they are a true and fair\accurate reflection of the activities of the GMC and of any trading subsidiary of the GMC. If necessary, this should involve challenging the actions and judgements behind the preparation of the annual financial statements and related documents, before submission to and approval by Council.

4 Review the organisation’s accounting policies.

5 Consider any other topics, as directed by Council.

Internal Control and Risk Management

6 Monitor the integrity of internal controls. In particular, review management and the internal audit reports on the effectiveness of the system of internal control.

7 Assess the scope and effectiveness of the systems designed to identify, assess, manage and monitor significant risks including those of any trading subsidiary.

8 Review statements in the annual report and accounts relating to audit and risk management.

9 Monitor anti-fraud and anti-corruption policies and procedures and review arrangements for raising concerns.

10 Review all delegated authorities at least once in every four-year Council term.

11 Review and assess the risks relating to General Data Protection Regulations (GDPR) and cyber security.

Internal Audit

12 The appointment or dismissal of the Assistant Director of Audit and Risk Assurance and the external provider of internal audit services is the responsibility of the Director of Resources in consultation with the Chief Executive, but should be ratified by the chair of the Audit and Risk Committee. In the event of any unresolved disagreement between the Chief Executive and the chair of the Committee, the matter will be referred to the Chair of Council.

13 Ensure that the Assistant Director of Audit and Risk Assurance has direct access to the Chair of Council and the Committee and is accountable to the Committee.
14 Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation.

15 Consider and monitor the organisation’s response including the response of any trading subsidiary to any major internal audit recommendations.

16 Monitor and assess the role and effectiveness of the internal audit function.

17 Ensure the provision of any non-audit services separate to the audit programme does not impair the internal auditors’ independence or objectivity.

18 Fulfil the further duties set out in the Internal Audit Charter.

External Audit

19 Consider and make recommendations to Council on the appointment, reappointment and removal of the external auditors.

20 Approve the terms of engagement and fee to be paid to the external auditor in respect of audit services provided.

21 Assess the qualification, expertise, resources, effectiveness and independence of the external auditors annually.

22 Discuss in advance with the external auditor the nature and scope of the audit.

23 Review with the external auditors their findings, the content of the management letter and management’s responses and the audit representation letter.

24 Ensure the provision of any non-audit services does not impair the external auditors’ independence or objectivity.

Working arrangements

25 Meetings will be held at least four times a year. At the discretion of the chair of the Committee, additional meetings can be convened.

26 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

27 The external auditors or internal auditors may request a meeting of the Committee.

28 At least once a year the Audit and Risk Committee should meet the external auditors and internal auditors without management.

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Members of the Committee (including the co-opted members) may meet alone at any time. Normally, senior staff will be in attendance including the Chief Executive, the Director of Resources, the Assistant Director of Finance, and the Assistant Director of Audit and Risk Assurance. Others may attend meetings at the invitation of the Committee.

Draft minutes should be cleared by the chair and circulated to members for comment within two weeks of the meeting. Minutes are circulated to all Council members.

Where the Committee is not satisfied with any aspects of the organisation’s performance or the performance of any trading subsidiary of the GMC in relation to audit and risk or other systems of internal control it will report its views to Council.

The Committee prepares a report, for inclusion in the annual report and accounts, on its role and responsibilities and the actions it has taken to discharge those responsibilities. The report includes any unresolved disagreements between Council and the Committee.

The chair or another designated member of the Committee, if the chair is not available, presents a report and answers questions on the Committee’s activities for Council at least twice a year.
### Purpose
The Remuneration Committee is required to report to Council on its activities at least annually. The report summarises the work undertaken in 2021. The Committee is also required to review its Statement of Purpose, included at Annex A. It has done so and proposes one update to recognise the Committee’s role in relation to the recruitment process for the new Chair of Council. It also noted the potential implications of legislative reforms for this committee.

### Decision trail
Considered by Remuneration Committee on 25 November 2021.

### Recommendations
a. To note the report of the Remuneration Committee.
b. To approve the proposed changes to the Committee’s Statement of Purpose.

### Annexes
Annex A: Remuneration Committee Statement of Purpose

### Author contacts
**Melanie Wilson**, Head of Corporate Governance and Council Secretary

Any enquiries to: [GovernanceTeamMailbox@gmc-uk.org](mailto:GovernanceTeamMailbox@gmc-uk.org)

### Sponsor
**Anthony Harnden**, Council Member and Chair of Remuneration Committee
Background

1. The Committee has met three times in 2021. It has the scope to consider issues on email circulation where action was required to be taken between meetings, but this has not been required as a formal process in the current year. The Committee is satisfied that in undertaking its work programme for 2021 it has fulfilled its responsibilities under its terms of reference. The Remuneration Committee’s Statement of Purpose is at Annex A.

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

Membership changes

3. Anthony Harnden took over the role of Committee chair from 1 January 2021.

4. During 2021, three new members joined the Committee following the end of term of office for three previous members. Philip Hunt joined the committee for the first time and Vanessa Davies and Deepa Mann-Kler joined as new Council members as well as new committee members.

Home to work travel

5. We reported on this matter to Council this time last year. In relation to the matter of taxing the reimbursement of Members’ expenses incurred when travelling to the London office, HMRC have assured us that they will respond to our query as soon as possible but given the pandemic and the changes to home working arrangements, we are not anticipating a rapid conclusion. As soon as we are able, a briefing note will be prepared.

Recruitment to the Medical Practitioner Tribunal Service Committee

6. The Committee agreed to a proposal to appoint two new MPTS committee members

7. This was successfully concluded, and Council approved the appointment of Tushar Vince and Gill Edelman, as confirmed at its meeting in November.

8. Looking forward to 2022, the committee will be making arrangements to recruit a new Chair of MPTS, as Dame Caroline Swift will come to the end of her term of office at the end of 2022.
2021 Pay award

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

10  The Committee considered the available options, which included making no annual base award, applying the base award as agreed for all other GMC staff, and recognising performance by applying a variable non-consolidated element.

11  The Committee agreed that the base pay award for roles within its remit would be 0.5%, in line with the CPI figure applied to the annual retention fee. This was less than the base pay award made to the GMC staff in the middle pay zone, which was 1%.

12  The committee decided not to use the variable pay element for 2020 performance given the current climate and in line with the approach taken for GMC staff as a result of the challenges of the pandemic and its differential impact upon colleagues’ ability to perform.

Talent and succession planning

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

14  The overall position remains stable at a senior level, with Shaun Gallagher starting as Director of Strategy and Policy at the end of 2020 being the only change to report since the last report to Council.

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

Review of Statement of Purpose

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

17  The Committee noted that the whilst the appointment of the Chair is not within its remit (this power belongs to the Privy Council), it has nonetheless provided advice and support to the co-ordination of the process and suggested this
should be included in the Statement of Purpose. An amendment has been suggested for Council approval at point 2 as follows:

The Remuneration Committee will agree and oversee the process for the recruitment or re-appointment of the Chair and Council members in accordance with Professional Standards Authority (PSA) guidance and the requirements of the Privy Council.

18 The committee noted that changes which may be introduced as part of the expected regulatory reform changes and this will be factored into the wider governance work programme for 2022.

2022 Work programme

19 The Committee reviewed and agreed the work programme for 2022.

Extraordinary meeting held on 22 July 2022

20 Following Clare Marx’s decision to step down due to her diagnosis of pancreatic cancer in July, the Committee held an extraordinary meeting to:

- Agree arrangements for the remuneration of the acting Chair

- Confirm that given the Chair is an appointee and not an employee, there was no scope for any ongoing ill-health retirement arrangements but that the committee was keen to mark Clare’s significant contribution with a legacy fund or scholarship in her name.

- Agree the arrangements for recruitment of a new substantive chair, including make up of the panel, the need for due diligence in the choice of an executive search agency and to review the competency framework.
Statement of purpose of the Remuneration Committee

Purpose
1 The Remuneration Committee advises Council on remuneration, terms of service, and the expenses policy for Council members including the Chair.

2 The Remuneration Committee will agree and oversee the process for the recruitment or re-appointment of the Chair and Council members in accordance with Professional Standards Authority (PSA) guidance and the requirements of the Privy Council.

3 The Remuneration Committee will determine:
   a The appointment process for the Chief Executive.
   b The remuneration policy and underlying principles for remuneration of the senior management roles within its remit.
   c Remuneration, benefits, and terms of service for permanent and interim appointments to the role of Chief Executive and directors.
   d The appointment and suspension/removal process for the Chair of the Medical Practitioners Tribunal Service (MPTS) and members of the MPTS Committee.
   e Remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee.

Duties and activities
4 The Committee is responsible for reviewing and advising Council on the remuneration arrangements and levels (including expenses policy) for Council members, including the Chair.

5 The Committee sets all aspects of salary or honoraria, the provision of any other benefits, and any other arrangements or contractual terms, unless these are required by employment law or are routine changes to GMC staff policies.

6 The Committee will consider all proposed changes which will have a material impact
on agreed terms and conditions, such as an extended leave of absence, sabbatical arrangements and relocation support, and offers advice in respect of the following roles:

a  The Chief Executive.

b  Directors.

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

d  Any other such staff and posts as may be required.

7  In respect of the appointments of the Chief Executive and the Chair of the MPTS and members of the MPTS Committee, the Committee is responsible for designing the recruitment/appointment processes in accordance with Council’s agreed delegation.

8  The Committee will:

a  Ensure that the assessment and measurement of performance takes place within an appropriate framework for the senior management roles within its remit.

b  Ensure that the assessment of talent management and succession planning issues takes place within an appropriate framework for the senior management roles within its remit.

9  The Committee will ensure that equality and diversity principles are embedded in the issues relevant to its remit.

Working Arrangements

10  The Committee may commission appropriate external advice where required.

11  Meetings are held twice a year. At the discretion of the Chair of the Committee, additional meetings can be convened.

12  The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

13  Papers for each meeting will be sent electronically to Committee members at least seven days in advance of meetings.

14  Draft minutes, recording conclusions of the issues discussed, should be cleared by the chair and circulated to members for comment within two weeks of the meeting. The Committee approves minutes at its next meeting.

15  The Chair of the Committee presents a report on its activities to Council at least annually.
### Action
To note

### Purpose
To provide Council with information on our handling of customer complaints from April 2021 – September 2021, identifying key trends and summarising any business improvements that arise as a result of learning from complaints across the organisation.

### Decision trail
As agreed at the meeting in November 2017, Council will receive a biannual report on customer complaints and compliments. This is the second update for this year. This report was considered by the Executive Board on 29 November 2021.

### Recommendation
Council is asked to note the review of customer complaints and compliments and discuss any issues arising from the trends identified.

### Annexes
Annex A: Complaints Report

### Author contacts
Jennifer Broadley, Head of Corporate Review Team
Any enquiries to: GovernanceTeamMailbox@gmc-uk.org

### Sponsoring director/Senior Responsible Owner
Sophie Brookes, Assistant Director – Corporate Directorate
Background

1. The GMC has ISO 10002 accreditation for customer complaints handling, which is audited annually. The last audit in November 2021 was successful and no non-compliances were identified.

2. We will continue to provide information to the Professional Standards Authority (PSA) at their request, in line with their standard. This formalises actions we have already been taking and provides an additional layer of external oversight of our complaints handling.

April 2021 – September 2021 trends

3. We received 816 complaints in the period, 40% fewer than the 1,147 complaints received in the previous six monthly period of October 2020 – March 2021. We had experienced an increase in complaints over the twelve months prior to this reporting period in relation to our pandemic response, and more specifically in the context of limited availability of Professional and Linguistic Assessments Board (PLAB) test places.

4. We responded to 820 complaints which, given the lower volume of complaints received, is significantly fewer than the 1,129 complaints responded to in the previous six months.

5. 82% (674) of the complaints received were resolved by providing an additional explanation of our approach, whilst 9% (73) concluded with us apologising for a service failure. A service failure could include significant delays to our handling or administrative errors such as communicating by email when the customer has requested all correspondence is sent by post. We generally see apologies being issued in approximately 10% of complaints so it is positive to note that this level is remaining consistent, and we aren’t experiencing any increase in potential service failures.

6. The remaining 9% were either closed with no response, as a result of us previously terminating correspondence, or were signposted to other areas of our processes such as a review under Rule 12 or information access.

7. Our complaints policy allows for three stages of escalation. Previous external audits have confirmed that it is important to manage the expectations of our customers and not to unfairly raise their expectations by engaging in lengthy, repetitive correspondence. Taking this into account, the Corporate Review Team send the intended final response and explain that we have exhausted all of the mechanisms available to us to address their complaints. Our letters also
set out that, absent of new information, we will not be responding further on the issues related to that complaint. To contextualise, of the 816 complaints received in this period, 22 were considered under stage three of our complaints policy. In 15 complaints, we received no further correspondence and seven reiterated their complaints but were not responded to.

8 We met the 10 day service level agreement (SLA) in 91% of cases, an improvement on the 90% reported in the last paper. The organisation’s SLA is for complaints to be responded to within 10 working days in 90% of cases, although Registration and Revalidation (R&R) work to a directorate target of a 95% SLA.

9 At the time of writing, we had recorded 894 compliments in the period, compared with 1,639 compliments for the period October 2020 – March 2021.

10 Overall, complaint volumes have continued to decrease. In the equivalent period last year, we received a total of 920 complaints, 11% more than the 816 received this year.

11 We have continued to log complaints which feature an element of equality, diversity and inclusion/Equality Act issues. There were 64 (8%) in this period. This is a further increase on the 50 (4%) recorded in the previous six months. Five of these complaints related to a Twitter response outlining how concerns could be raised about a doctor, with the recipient being identified as holding extreme views. A further five complaints were received about our processes and concerns about the disproportionate referral of BAME doctors, following the media coverage of the Employment Tribunal findings in Mr Karim’s case. The complaints related to our Twitter response and disproportionate referrals of BAME doctors were not about our dealings with individuals, but rather our approach in general. In each of the 64 complaints, we were satisfied the complainant had been dealt with as their comparator would have been and there was no evidence of discrimination.

12 As with the previous paper, the majority of complaints are recorded by R&R. This is in the context of that directorate having by far the most interactions with doctors and the public, in handling doctors coming on and off the register, revalidation, contact centre enquiries and PLAB appointments.

13 For example, of the 717 complaints recorded by R&R, 202 (28%) related to PLAB examinations and 59 (8%) related to our equivalence criteria for GP and Specialist registration. Since July, we have been running two PLAB 2 circuits and will be opening a third circuit this month. Any PLAB 1 cancellations
overseas as a result of Covid earlier this year were addressed by doubling capacity in those locations for the August sitting.

**Business improvements**

14 In the last paper, we highlighted improvements to some of our communications in Fitness to Practise (FTP), making it clearer for customers where some of their concerns about doctors were going to be investigated and others weren’t. Since updating those letters, we have not received any complaints about correspondence in this area.

15 Since updating the content of our standard emails to doctors about their annual return submission, we have not had any further complaints about these emails.

16 We are also continuing to monitor the impact of updating our PLAB booking system.

17 As a result of feedback and complaints, we identified 10 improvements in the period April – September 2021. To date, we have carried out the following:

- **a** Following complaints in response to our signposting of how to raise concerns on Twitter (paragraph 10 above), we have updated the wording we use in our responses so that it is not perceived as encouraging Twitter users to raise complaints about doctors unnecessarily.

- **b** A doctor received an initial disclosure about a fitness to practise concern over the weekend. We have reminded staff of the importance of not sending correspondence late on a Friday afternoon and to be mindful of the support available to a doctor on receipt of our correspondence.

- **c** We are in the process of updating our Certificate of Eligibility for Specialist Registration (CESR) applications, to widen the date column to make the application more reader friendly and to add a line about costs incurred if a third party, such as a solicitor, is used to authenticate accompanying documents. By adding this line, it will be clearer for doctors that the GMC will not reimburse costs incurred where a third party is used to authenticate documents.

- **d** We have reminded staff of the importance of checking communication needs recorded on our system before sending correspondence to customers.
Council meeting – 9 December 2021

Agenda item M10 – Compliments and complaints report

- We have added screenshots for the new GMC Online page to CESR/GP user manual. By including screenshots for the new GMC Online page, the user manual is easier to follow and reflects the information doctors will see on GMC Online when completing their application.

18 Since the last paper, we have continued our business improvement work in the following areas:

a Widening columns in our applications to make completed applications more reader friendly.

b Updating our website guidance in relation to the academic or research (AoR) CESR route.

c Enhancing the user experience for the online CESR application portal.

Other improvements in the period

19 The Corporate Review Team are working with colleagues in Education and Standards to provide guidance on logging complaints.

20 FTP and the Corporate Review Team are working with colleagues in Learning & Organisational Development and the Contact Centre to put together a bespoke package of training with an external provider in relation to vulnerable customers. This will ensure that they can access our processes whilst keeping in mind our duty to staff and their wellbeing during challenging interactions.

Compliments

21 We have continued to record more compliments than complaints.

22 The majority of compliments (840) were received by R&R. As well as general emails expressing thanks, there were positive comments about processes and the manner in which customers were dealt with both on the phone and via email, for example:

a ‘My deepest thanks for your most kind and patient listening about my traumatic experiences, and for contacting me as promised via the mail. Also, thank you so much for encouraging me to write to the GMC and for sending valuable links about the other support organisations.’

b ‘You were always so kind & considerate when you spoke with me...This lady is one in a million.’
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c  ‘You can’t imagine how grateful I am to you... Thank you so much for making my day... I am so thankful to you and so grateful to you. I will never make you regret for giving me my license.’

d  ‘I would like to express my gratitude for your help and prompt responses. You have been very kind and professional and have made this entire process easier for me. Again, thank you very much.’

e  ‘Thank you for the time you have spent corresponding with us, your professionalism you have shown and indeed how timely you have always replied to our emails, we truly appreciate it.’
Council meeting – 9 December 2021

Agenda item M10

Compliments and complaints report

Complaints report

Number of complaints received

Annex A
Council meeting – 9 December 2021

Agenda item M10 – Compliments and complaints report

**Breakdown of complaint sources**

<table>
<thead>
<tr>
<th>Complainant</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint - Doctor</td>
<td>720</td>
</tr>
<tr>
<td>Complaint - Patient/Patient Rep</td>
<td>30</td>
</tr>
<tr>
<td>Complaint - MOP</td>
<td>26</td>
</tr>
<tr>
<td>Complaint - Advocate</td>
<td>9</td>
</tr>
<tr>
<td>Complaint - Parliamentarian</td>
<td>8</td>
</tr>
<tr>
<td>Complaint - Witness</td>
<td>5</td>
</tr>
<tr>
<td>Complaint - Info Requestor</td>
<td>4</td>
</tr>
<tr>
<td>Complaint - Employer</td>
<td>3</td>
</tr>
<tr>
<td>Complaint - College/Fac/Jnt Bdy</td>
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</tr>
<tr>
<td>Complaint - Legal Rep</td>
<td>1</td>
</tr>
<tr>
<td>Complaint - Other</td>
<td>1</td>
</tr>
<tr>
<td>Complaint - Professional Body</td>
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</tr>
</tbody>
</table>

**Breakdown of complaints made by doctors by directorate**

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>R&amp;R CSC</td>
<td>680</td>
</tr>
<tr>
<td>Corporate Directorate</td>
<td>26</td>
</tr>
<tr>
<td>FPD ALL</td>
<td>7</td>
</tr>
<tr>
<td>MPTS</td>
<td>3</td>
</tr>
<tr>
<td>E&amp;S</td>
<td>2</td>
</tr>
<tr>
<td>SC&amp;E</td>
<td>1</td>
</tr>
</tbody>
</table>

R&R received by far the most complaints from doctors, but we know they also handle the most interactions across the organisation.
Agenda item M10 – Compliments and complaints report

**Number of compliments received by directorate**

![Bar chart showing the number of compliments received by directorate from August 2021 to September 2021. The chart indicates a significant increase in compliments received in June 2021.]
### Action
To note

### Purpose
The Council forward work programme for 2022 has been developed to reflect the strategic aims of the GMC’s Corporate Strategy, the Business Plan and statutory requirements and to enable the effective conduct of Council’s work.

The proposed work programme is not a static document and will be continuously reviewed to ensure it continues to meet Council’s needs throughout 2022. The Governance team meets regularly with directors and holds a watch-list of potential items to add as timings become clear.

Council is asked to note the proposed work programme.

### Decision trail
N/A

### Recommendation(s)
To note the 2022 work programme

### Annexes
Annex A: 2022 Council Work Programme

### Author contacts
**Melanie Wilson**, Council Secretary/Head of Corporate Governance

Any enquiries to: [GovernanceTeamMailbox@gmc-uk.org](mailto:GovernanceTeamMailbox@gmc-uk.org)
Council meeting – 9 December 2021

Agenda item M12

Council forward work programme 2022

Council forward work programme 2022

*Draft as of: 15 November 2021*

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
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<tbody>
<tr>
<td>Tuesday 11 and Wednesday 12 January 2022</td>
<td>Council workshop</td>
</tr>
<tr>
<td>London</td>
<td></td>
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<tr>
<td>Seminar</td>
<td></td>
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<td>Regulatory Reform:</td>
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<table>
<thead>
<tr>
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<th>Meeting:</th>
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<tbody>
<tr>
<td>Wednesday 23 February (evening seminar) and Thursday 24 February 2022 (Meeting) 09.00 – 13.00</td>
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<tr>
<td>London</td>
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<td>Evening seminar 16:00-17:30</td>
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<tr>
<td>▪ Learning from Inquiries and Reviews</td>
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<tr>
<td>▪ Tbc</td>
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</table>

Confidential items

▪ Annual Review of Governance Framework: GMC and GMCSI
▪ Safeguarding update (tbc)

Meeting

▪ Chief Executive’s report
▪ Equality, diversity and inclusion Update
▪ Sex, gender and gender identity consultation
▪ Update on regulatory reform
▪ Progress on MAPs
▪ Quality Assurance update
▪ Update on GMP
▪ Report of the Investment Committee 2021

Below the line

▪ Report of Executive Board
▪ 2023 meeting schedule

<table>
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<tr>
<th>Date and time:</th>
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<tr>
<td>Wednesday 27 April (evening seminar) and Thursday 28 April 2022 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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<tr>
<td>Edinburgh (tbc)</td>
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<td>Evening seminar (tbc)</td>
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<tr>
<td>Scotland focus</td>
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<tr>
<td>Confidential items</td>
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</tr>
<tr>
<td>Meeting</td>
<td></td>
</tr>
<tr>
<td>- Chief Executive’s report</td>
<td></td>
</tr>
<tr>
<td>- Equality, diversity and inclusion update</td>
<td></td>
</tr>
<tr>
<td>- PSA annual review of our performance</td>
<td></td>
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<tr>
<td>- Human Resources report 2021 and gender pay gap reporting</td>
<td></td>
</tr>
<tr>
<td>- Freedom to speak up guardian annual report</td>
<td></td>
</tr>
<tr>
<td>- Biannual s40a appeals update</td>
<td></td>
</tr>
<tr>
<td>- Communications and Engagement update</td>
<td></td>
</tr>
<tr>
<td>- Update on regulatory reform</td>
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<tr>
<td>- Approval of awarding bodies</td>
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<tr>
<td>Below the line</td>
<td></td>
</tr>
<tr>
<td>- Council members’ register of interest</td>
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<tbody>
<tr>
<td>Meeting:</td>
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<td>Tuesday 21 June (evening seminar) and Wednesday 22 June 2022 (Meeting) 09.00 – 13.00 – <strong>London</strong> (TBC)</td>
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<td>Council</td>
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<td>Evening seminar tbc</td>
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<tr>
<td>Perceptions audit</td>
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<tr>
<td>Pension scheme update</td>
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<tr>
<td>Confidential items</td>
</tr>
<tr>
<td>- GMCSI</td>
</tr>
<tr>
<td>Meeting</td>
</tr>
<tr>
<td>- Chief Executive’s report</td>
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<tr>
<td>- Equality, diversity and inclusion update</td>
</tr>
<tr>
<td>- Report of the MPTS Committee</td>
</tr>
<tr>
<td>- Trustee’s Annual Report and Accounts 2021</td>
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<tr>
<td>- Fitness to Practise Statistics Report 2021</td>
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<tr>
<td>- Report of the Audit and Risk Committee</td>
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<tr>
<td>- Compliments and Complaints report</td>
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<tr>
<td>- Update on regulatory reform</td>
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<tr>
<td>- Credentials update</td>
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<tr>
<td>- Update on Brexit standstill</td>
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### Council meeting – 9 December 2021

**Agenda item M12 – Council forward work programme 2022**

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<tr>
<td>Tuesday 12/Wednesday 13 July 2022</td>
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<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
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<tbody>
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<td>Wednesday 28 September (evening seminar) and Thursday 29 September 2022 (meeting) 09:00 – 13:00</td>
<td>Council</td>
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<td><strong>Manchester</strong></td>
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</table>
| Seminar | **Safeguarding**
| | **tbc**
| Confidential items | **Outline draft Business Plan and Budget 2023**
| | **SoMEP report – early messages**
| Meeting | **Chief Executive’s report**
| | **Equality, diversity and inclusion update**
| | **Biannual s40a Appeals Update**
| | **Adapting to the future report**
| | **Update on Education reform**
| | **Pensions update – re triennial valuation (tbc – here or November)**
| **Below the line** | **Council members’ register of interest** |

<table>
<thead>
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<th>Meeting:</th>
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<tr>
<td>Wednesday 2 November (evening seminar) and Thursday 03 November 2022 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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<tr>
<td><strong>Virtual?</strong></td>
<td><strong>Tbc</strong></td>
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</table>
| Evening seminar | **Tbc**
| | **Tbc**
| Confidential items | **Update on the staff survey** |
### Meeting
- Chief Executive’s report
- Equality, diversity and inclusion update
- SOMEP report – final draft
- Compliments and Complaints report
- Update on regulatory reform
- PPI update
- Pensions update – re triennial valuation (tbc – here or September)

### Below the line

### Date and time:

<table>
<thead>
<tr>
<th>Time and Date</th>
<th>Meeting</th>
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<tr>
<td>Wednesday 13 December (evening seminar) and Thursday 14 December 2022 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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<tr>
<td>Evening seminar 17:00 – 19:00 to be followed by dinner</td>
<td></td>
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<tr>
<td>Tbc</td>
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</tbody>
</table>

### Confidential items
- Draft Business Plan and Budget 2023
- GMCSI

### Meeting
- Chief Executive’s report
- 2023 Business Plan and Budget
- Three-year business plan (activities, monitoring/reporting, evaluating)
- Report of the Medical Practitioners Tribunal Service Committee 2022
- Report of the Audit and Risk Committee 2022
- Report of the Remuneration Committee 2022
- Update on regulatory reform
- MLA – update on MSC pilots

### Below the line
- Council forward work programme 2023
- Committee membership 2023
- Annual report on DC pension scheme
To note the work of the GMC Pension Plan Management Board undertaken during 2021.

Council receives an annual report on the work of the GMC Pension Plan Management Board. This report was considered by the Pension Management Board and the Executive Board.

To note the report.

None

Samuel Curtis, Corporate Governance Manager

Any enquiries to: GovernanceTeamMailbox@gmc-uk.org

Neil Roberts, Director of Resources
Background

1. The GMC Pension Plan Management Board is an advisory forum which monitors and reviews the operation of the GMC Pension Plan, the defined contribution (DC) scheme of which the majority of GMC employees are members. This board is not a legal requirement and provides an additional layer of reassurance to GMC employees that the service of the provider is being actively monitored.

2. The GMC defined benefit (DB) scheme, now closed to new members and contributions, is separate to this and has an independent Board of Trustees. The DC scheme Management Board does not have the same legal responsibilities as that for the DB scheme.

3. The Board met three times during 2021, 3 March, 23 June and 11 November. At each meeting the Board received advice from the GMC’s pension advisers, Aon and were provided with an update on performance and investment from the scheme’s managers, Aviva.

4. The Board comprises of four employer nominated members and four Scheme member nominated members; and is chaired by the Director of Resources. Changes in membership during 2021 included the appointment of a Scheme Member Nominee; Regina Lawton who replaced Liam Conlon who left the GMC in June.

Monitoring the investment performance and administration of the GMC Pension Plan

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

6. The investment market has been volatile this year due to COVID-19. The investments have been actively managed by Aviva, monitored by Aon and reviewed by the Board.

7. Following a full market review by the Board, and a decision to change platforms by the Executive Board, the scheme moved to Aviva’s MyMoney platform on 1 April 2021 which included a bulk transfer of members’ assets in July 2021.
Throughout this transfer the internal pension’s team was fully supported by Managers in Aviva and Aon. Feedback from the Pensions team has been positive and advice has been that the transfer to the new platform was smooth. The Board will continue to monitor this platform and advise those, as necessary.

Both Aon and Aviva have provided the Board with their crisis plans and Business Continuity documents; both organisations have remained stable throughout the pandemic with robust contingency plans in place.

As of 30 September 2021, the number of active members of the DC scheme was 1,505 and the total the total value of scheme members’ assets under management was £37,677,757.

At the Board’s meeting on 11 November 2021, it was noted that Aon was content with Aviva’s management of all of the investment funds as they have been generally been performing in line with benchmarks.

Communications and Member Engagement

Whilst we are evidencing a healthy improvement in member interest, member engagement continues to remain a focus for the Board. A communications schedule for 2021 was agreed by the board which included seminars, newsletters and drop-in sessions. COVID-19 continues to restrict the ability to hold physical drop-in sessions but in person sessions are being considered for 2022.

‘Myaviva’, a monitoring app from Aviva is the recommended method of communication between members and the provider. There is ongoing work to increase the usefulness of the app and ensure all members are registered on it. Currently 67% of the membership have registered for the online facility.

The Pensions team have continued to work with the Aviva and Aon to find ways to improve engagement with members. A member engagement objectives framework has been created to understand what the membership needs and to establish if the current engagement methods are effective and what improvements, if any, are needed.

An induction programme has been created for new GMC members, which will give new employees a comprehensive overview of the pension scheme and offers a platform to ensure they have the knowledge to make effective decisions on their provision.
**Risk Register**

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

**Board Governance**

17 The Board reviewed their governance arrangements at the beginning of 2021, which met all the principles of good governance, as determined by the Institute of Governance and The Pension’s Regulator.

18 The Board now undertake training sessions at each meeting to ensure their skills and knowledge are up to date.

19 A full induction programme has been created for new members joining the Board.

20 A further effectiveness review has been scheduled for 2022.

**Keeping up to date with legislative change**

21 The Board receives updates at each meeting from Aon on legislative changes effecting DC pension schemes.