December 2019 - Council Meeting

MEETING
12 December 2019 09:00

PUBLISHED
4 December 2019
Council Meeting
Meeting Room 2.64/66
3 Hardman Street,
Manchester, M3 3AW

Agenda

Thursday 12 December 2019
09:35 - 12:30

Meeting

09:35– 09:38  M1  Chair’s business
3 mins

09:38-09:40  M2  Minutes of the meeting on 6 November 2019
2 mins

09:40 – 10:00  M3  Chief Executive’s Report
20 mins

10:00 – 10:20  M4  Review of Customer Complaints
20 mins

10:20 – 10:35  M5  Review of UK Advisory Forum meetings
15 mins

10:35– 10:50  Break
15 mins

10:50 – 11:10  M6  2020 Business Plan and Budget
20 mins

11:10- 11:30  M7  Report of the Medical Practitioners Tribunal Service Committee 2019
Council meeting, 12 December 2019

20 mins

11:30 – 11:50  **M8**  Report of the Audit and Risk Committee 2019
20 mins

11:50 – 12:10  **M9**  Report of the Remuneration Committee 2019
20 mins

12:10 – 12:20  **M10**  Any other business
10 mins

**M11**  Council Forward work programme

**M12**  Committee membership 2020
# Contents

M2 - Minutes of the meeting on 6 November 2019  
M3 - Chief Executive’s Report  
   Annex A - Council portfolio  
   Annex B(i) - CORR Strategic  
   Annex B(ii) - CORR Operational  
M4 - Review of Customer Complaints  
   Annex A - Annual report 2019  
M5 - Review of UK Advisory Forum meetings  
M7 - Report of the Medical Practitioners Tribunal Service Committee 2019  
   Annex A - Hearing outcomes  
M8 - Report of the Audit and Risk Committee 2019  
   Annex A - Council risk seminar key messages  
M11 - Council Forward work programme  
   Annex A - Council forward work programme  
M12 - Committee membership 2020
Minutes of the meeting on 6 November 2019

Members present

Clare Marx, Chair
Steven Burnett, Paul Knight
Christine Eames, Suzi Leather
Anthony Harnden, Denise Platt
Philip Hunt, Amerdeep Somal
Deirdre Kelly

Others present

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

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

2 Apologies were received from Suzi Leather and Shree Datta

Minutes of the meeting on 26 September 2019 (agenda item M2)

3 Save for minor amendments at paragraphs 18d and 18f, Council approved the minutes of the meeting on 26 September 2019 as a true record.

Chief Executive's report (agenda item M3)

4 Council considered the Chief Executive’s report, noting that:

   a Preparations for Brexit are ongoing and the organisation has made arrangements for the various potential scenarios that may occur.

   b The first SoMEP workforce report has been launched which was well received. The two focus points from this report were the fact that the international workforce market was expanding and the issues in relation to medical staff retention facing the NHS.

   c The pre-election rules do not impact the GMC’s publications; however it may be counterproductive to publish some of the reports during this time. As a result the SoMEP report will be delayed until after the general election.

   d The GMC is writing to the political parties to reflect on their manifestos highlighting areas of potential reform.

5 During discussion, Council noted that:

   a Guidelines issued by the communications team would be beneficial for Council members to ensure they are within protocol during the general election. Council should be cautious with their public views and should direct any GMC related requests to the relevant team within the GMC.

   b A follow up report to Council after each round of UKAF meetings would be beneficial to Council to ensure members remain sighted on the issues.

   c The change in the abortion legislation in Northern Ireland is a divisive topic and has the potential to cause friction, despite the legal resolution. Further guidance for the profession may be needed.
6 Council noted the Chief Executive’s Report.

**Review of guidance on decision making and consent (agenda item M4)**

7 Council noted that:

- **a** Review work began in 2016. When it was brought to Council in 2018, the wording and tone was changed to reflect Council’s view on supporting the profession under pressure.

- **b** The late-stage testing of the draft guidance was a welcome step in engaging the relevant stakeholder groups and ensuring the tone of voice of the document was right and the key messages were communicated effectively.

- **c** Implementation is a key part of the success of this guidance. It will be rolled out via the new ‘oneGMC’ approach which takes the focus off individual doctors and promotes a more collaborative approach to healthcare.

8 Council noted that:

- **a** Consent in relation to post-mortem and organ donation remain difficult areas for both doctors and the public. While not expressly listed in this guidance, the GMC’s end of life care document provides guidance in this area. A review will be done to link the two guidance documents next year.

- **b** The outreach teams are vital in the implementation of this guidance. Newly qualified doctors already receive training on consent. The focus should be on doctors already in practice, employers and Boards to highlight their responsibility in ensuring this guidance is implemented effectively.

- **c** It would be beneficial to stakeholders if ‘real life’ scenarios and more modern methods of delivery were used to bring this guidance to life and make it easier to use.

- **d** The team will return in 12 months to discuss with Council how the guidance has been received and their ongoing implementation plans.

9 Council:

- **a** Agreed that the process by which the guidance on consent was reviewed provided sufficient and appropriate opportunities for key interest groups to inform the decisions about content and format.

- **b** Approved for publication the revised guidance *Decision making and consent*.

- **c** Considered the developing plans to support doctors to put the guidance into practice over a 12-18 month period.
People planning across the United Kingdom (agenda item M5)

10 Council received an update on the work that is being done by the GMC to support workforce planning in the four countries of the UK in response to the stress and pressure on the healthcare sector.

11 Council noted:

   a The GMC is involved in all four countries’ initiatives on workforce; developing ideas on how the GMC can best support the workforce and encourage a collaborative approach.

   b Leadership and workforce of the healthcare sector will be the top priorities for the GMC when the 2021-25 corporate strategy is developed.

   c Regular updates once the plans become more operational would be beneficial to members.

12 During the conversation Council noted:

   a The NHS interim people plan focuses on increasing workforce as a short term measure, however since publication, long term strategies involving international recruitment are now being implemented.

   b Great work is being done in recruiting international doctors, however more work needs to be done to retain doctors already working in the NHS.

   c Caps on international recruitment were an issue for workforce planning, however the Home Office has eased the process and lifted some of the caps.

   d In order to implement the measures, the focus must be on supporting NHS employers at practical, operational levels.

13 Consideration is being given to engaging a workforce economist to provide a financial impact to the health service on the issues covered in the report such as retention and sickness absence Council:

   a Considered the GMC’s role in the workforce initiatives across the UK.

Any Other Business (agenda item M6)

14 Council noted that the next evening seminar and meeting would be on 11 and 12 December 2019 in Manchester.
Confirmed:

Clare Marx, Chair

6 November 2019
Executive summary
This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:

- We have published the independent review into the mental health and wellbeing of doctors and medical students across the UK. The review focuses on practical steps that can improve the working environment for doctors and other healthcare professionals, and we now intend to work with others to help deliver them;

- We have responded positively to a suggestion from NHS England and NHS Improvement of a common framework for the management of concerns for all healthcare staff;

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

Mental health and wellbeing

1 In November we published *Caring for doctors, Caring for patients*, an independent review into the wellbeing of doctors and medical students across the UK, led by Professor Michael West and Dame Denise Coia.

2 Professor West and Dame Denise carried out an extensive review to pinpoint the key factors that impact doctors’ and medical students’ wellbeing in the workplace, and have provided eight recommendations that aim to tackle the primary causes. These focus on practical things that could be done to improve the working environments for doctors and other healthcare professionals, drawing on existing best practice across the UK.

3 Recommendations include compassionate leadership models giving doctors more say over the culture of their workplaces, adopting minimum standards of food and rest facilities, and standardising rota designs which take account of workload and available staff.

4 The review found many individual employers and clinical teams are already implementing local solutions to address issues affecting the health and wellbeing of doctors. Professor West and Dame Denise believe that health services could be a ‘model for the world’ in how to develop workplace cultures that support doctors’ core work needs if these solutions were consistently applied.

5 Other recommendations for health service leaders include improvements to team-working, culture and leadership, and workloads. We have accepted the recommendations made and are committed to working with others to introduce them. We believe that this should be a very useful resource for all health systems across the UK, particularly as each considers their own responses to their particular workforce challenges.

Local complaints management

6 NHS England and NHS Improvement have sought views on proposals to improve the quality of local investigations and disciplinary procedures, including the suggestion of a common framework for managing concerns across all healthcare staff.

7 We think that a reformed approach could bring major benefits, and have made clear that we would welcome a new common framework in England which could support greater openness and opportunities for learning for all healthcare professionals.
8 This has the potential to complement our ‘Local First’ pilot project, which we are launching in 2020. This will involve us working more closely with healthcare providers in relation to their approach to local investigations. The aim is to enable us to rely on the evidence gathered in such investigations to make GMC decisions about the fitness to practise of doctors to streamline and speed up the process for all involved.

Inquiries and Reviews

Infected Blood Inquiry

9 We continue to work with the Inquiry to provide material requested under the Inquiries Act. Public hearings have been taking place throughout October and November following which the Inquiry has requested disclosure of material from our records relating to a further 85 individuals. At the current time we are discussing with the Inquiry secretariat an appropriate search strategy to identify the additional required material. The Inquiry has thanked us for our work to support its investigations thus far.

Paterson Inquiry

10 Following the announcement of the General Election in December 2019, we now expect publication of the Paterson Inquiry report early in 2020. On behalf of the GMC, Paul Buckley and Una Lane attended a Department of Health and Social Care (DHSC) working group with representatives from other regulators to discuss potential emerging themes from the report and existing projects to address these themes.

Independent Medicines and Medical Devices Safety Review

11 The Independent Medicines and Medical Devices Safety Review have said they aim to publish their final report in February or March 2020. We have given oral evidence to the review on two occasions in 2019, as well as providing written evidence. This evidence focused on fitness to practise complaints, our guidance on consent and how doctors’ conflicts of interest are reported and managed.

Hyponatraemia-related Deaths

12 The Department of Health (Northern Ireland) have established nine workstreams tasked with implementing the recommendations from the report of the Inquiry into Hyponatraemia-related Deaths, which was published in January 2018.

13 Although none of the report’s 96 recommendations were directed specifically at the GMC, we have made clear our commitment to learning lessons from what occurred and to making sure that patients are protected. Nevertheless, we have voiced concern about the recommendation for an individual statutory duty of candour being
introduced in Northern Ireland. We are expecting an update on progress in implementing the recommendations of the report to be published in December 2019.

**Independent Neurology Inquiry**

14 We are continuing to engage with the Inquiry Panel and sent further material requested by the panel in September 2019. Clare and I are due to give further oral evidence in January 2020.

15 The Regulation and Quality Improvement Authority (RQIA) has published its interim report on its regional review of neurology services in Northern Ireland. It finds that neurology services do not currently meet the needs of people with neurological conditions and has identified seven priority areas to be the focus of the final report, with a workstream set up in each area to produce recommendations.

**Channel 4 ‘The Surjury’ programme**

16 We have written to the producers of a forthcoming Channel 4 programme called ‘The Surjury’ seeking assurance that our professional guidance on cosmetic interventions has been adhered to. The programme has been seeking applicants for the show for the chance to make their ‘surgical dreams come true’ and have a cosmetic procedure for free.

17 Our *Guidance for doctors who offer cosmetic interventions* is clear that doctors must not provide their services as a prize or knowingly allow others to misrepresent the offer of their services in a way that would conflict with the guidance.

**Progress on our strategy**

*Post-Alemi work programme*

18 As I have updated Council previously, we have completed primary source verification checks of the primary medical qualifications of the 3,117 doctors registered via the Commonwealth route to registration who are currently licensed to practise in the UK. This is the now abolished route by which Zholia Alemi fraudulently gained registration in the 1990s.

19 All qualifications were verified by the awarding medical schools and therefore we are assured that Alemi appears to have been a one-off case. However, in light of the seriousness of the Alemi case we have been considering other cohorts of doctors where verification checks are needed, and what we can do to improve the robustness of our procedures.
As a result, we are in the process of further primary source verification checks of a group of international medical graduates who are currently licensed and who took a route to registration that meant that they did not sit the PLAB assessment. We have further refined this group to focus on a subset where we have previously taken fitness to practise action, or where the doctor currently has an open investigation that relates to dishonesty. This amounts to checks of a further 276 doctors. Although a much smaller number than the original cohort, completing the checks is likely to be much more challenging as most of these doctors qualified in countries where historic records of qualifications are much more difficult to access or are incomplete. We will update Council members on our progress in relation to these checks which are likely to take several months to complete.

Additionally, we have put in place procedures for referring new and current fitness to practise cases for primary medical qualification verification where there is any suggestion that a doctor may not be qualified. We also have two projects underway considering areas where we may need to extend the scope of our verification activities, as well as identifying ‘triggers’ to prompt verification checks of qualifications, such as fitness to practise cases involving allegations of fraud or dishonesty.

Patient charter

In November 2019 we published a new Charter for patients, relatives and carers which we have developed alongside patient groups. The charter sets out six commitments which make clear the level and kind of service patients and families should receive when they contact the GMC with a concern or needing information. The six commitments to patients as part of the charter are:

i  Treat you with dignity and respect

ii  Help you find the best way to raise your concern

iii  Keep you updated

iv  Communicate in a way that works for you

v  Handle your information with care

vi  Learn from your experience with us

We will monitor our performance against them, to make sure patients and their families are experiencing the level of service we have promised. We intend to publish this data and highlight what we have learned as a result.
**Joint technology workshop with NMC**

24 In October 2019, we collaborated with the NMC to hold a joint stakeholder event on the implications of emerging technologies for professional regulation. The event brought together 27 people from across the UK representing a range of organisations and sectors, including professional regulators, education and training bodies, royal colleges and leading think tanks. The discussion focused on building a collective understanding of the ethical and educational implications of emerging technologies in the short and medium-term and discussing how professional regulation should best interface with technology system regulation to ensure broader regulatory alignment.

25 We are using the results of this workshop, alongside further in-house analysis and wider stakeholder engagement, to develop an evidence base on the potential scale and impact of specific types of technological change. In 2020, we will use this to consider how, and to what extent, our regulatory model will need to evolve and adapt to respond to these challenges.

**Safeguarding**

26 Following agreement at Council in April 2019, we have published our corporate safeguarding policy. A safeguarding working group, chaired by Neil Roberts, has also been established to ensure that there is corporate level oversight of safeguarding policy and practice at the GMC. The working group is responsible for setting up and maintaining the safeguarding management system at the GMC, and to ensure that any weaknesses in our safeguarding approach are identified and plans put in place to remedy them.

27 As part of this work, the safeguarding working group has surveyed the current staff body to ascertain levels of awareness about safeguarding and the policies we have in place. Early results show varying levels of knowledge across the organisation, indicating the need to standardise our approach to safeguarding and to refresh communications on our suite of relevant policies. The group is also considering what the training need is in relation to safeguarding and the best mechanism by which safeguarding incidents can be recorded and reported consistently across the organisation.

28 The fitness to practise policy team are currently reviewing our guidance on sharing information with the police and social services which was introduced in January 2018. As with all our guidance we are reviewing it to ensure it reflects the issues we see in practice and supports staff in making effective decisions. Following that review, we will consider if any changes are needed to the guidance.
GMC staff survey

29 As a senior management team, we are committed to responding to the 2019 GMC staff survey. Overall, it was a strong set of results, particularly compared to other public-sector organisations. Nevertheless, there are also areas where we want to see improvements.

30 Each of the directorates has been taking action in response to the results in their areas. In addition, three cross-GMC workstreams were set up, each championed by a member of SMT, to address the major themes from the survey.

31 Neil Roberts is leading on change management, Anthony Omo is leading on workloads and Paul Reynolds is leading on openness, inclusivity and transparency. The workstreams are adopting the same co-ordinated approach, analysing our existing data and running workshops with staff to gain a deeper understand of the issues raised. On that basis we will develop targeted action plans to deliver improvements in these areas.
M3 – Annex A

Council portfolio

Data presented as at 31 October 2019 (unless otherwise stated)
Commentary as at 14 November 2019

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

### Core regulatory objective

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We decide which doctors are qualified to work here and we oversee UK medical education and training.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Answer 80% of calls within 20 seconds</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision on 95% of all revalidation recommendations within 5 working days</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>90%</td>
<td>Not yet available</td>
</tr>
<tr>
<td><strong>We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</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>
</tr>
</tbody>
</table>

### Business support area

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business support area</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18 Income and expenditure [% variance]</td>
<td>1.89%</td>
<td>1.89%</td>
</tr>
<tr>
<td>HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling twelve month staff turnover within 8-15%</td>
<td>9.0%</td>
<td>9.26%</td>
</tr>
<tr>
<td>Information systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS system availability (%)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Media monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly media score</td>
<td>208</td>
<td>1,655</td>
</tr>
</tbody>
</table>

---

**NB** We are currently reviewing our operational KPIs with a view to introducing a revised suite of indicators during 2020.
The diagram below shows the key benefits of the 2018-2020 Corporate Strategy. The RAG ratings indicate our progress with delivery of the activities that will realise these benefits. More detail on exceptions is on Slides 4-5.
Strategic delivery (by exception)

Strategic aim 1: Supporting doctors in delivering good medical practice

Key benefit
Doctors are supported to deliver high quality care

Activities to deliver (by exception)

- Welcome to UK Practice Expansion Project
- Medical Licensing Assessment

Lead indicators
- 80% of doctors new to practice or new to the country accessing the programme by 2019.
- Consensus on proposals for the Applied Knowledge Test

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

Exception commentary
- This rating reflects the challenge presented by the significant increase in doctors new to UK practice that have joined the register since the target was set in the Corporate Strategy. The Project team are analysing approaches to increasing capacity and take-up rates among doctors.

- Whilst we have made progress implementing the revised approach agreed by Council in June, the programme remains amber due to the complex stakeholder environment and some key dependences being managed that may impact on the overall programme plan.
Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK

Key benefit | Activities to deliver (by exception) | Lead indicators | Lag indicators | Exception commentary
---|---|---|---|---
We are well prepared for and can influence legislative change | Preparing for Brexit | More certainty on likelihood of scenarios | Perceptions question - % stakeholders felt that they knew at least a fair amount about 'why the GMC is calling for legislative reform and the effects that such reform could have on the medical workforce on how well prepared for and can influence legislative change' | This rating reflects the high degree of ongoing uncertainty in the political environment. Our preparations for Brexit based on the current situation are complete.
# Financial summary

## Financial summary as at Oct 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget to Oct</th>
<th>Actual to Oct</th>
<th>Variance</th>
<th>Budget Jan - Dec</th>
<th>Forecast Jan - Dec</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>%</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Operational expenditure</td>
<td>87,343</td>
<td>86,766</td>
<td>577</td>
<td>1%</td>
<td>105,541</td>
<td>105,700</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>1,331</td>
<td>1,293</td>
<td>38</td>
<td>0%</td>
<td>3,500</td>
<td>2,959</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>4,907</td>
<td>4,870</td>
<td>37</td>
<td>1%</td>
<td>6,580</td>
<td>6,316</td>
</tr>
<tr>
<td>Clinical Assessment Centre expansion</td>
<td>4,570</td>
<td>4,475</td>
<td>95</td>
<td>2%</td>
<td>4,570</td>
<td>4,475</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>1,900</td>
<td>1,900</td>
<td>0</td>
<td>0%</td>
<td>1,900</td>
<td>1,900</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>100,051</td>
<td>99,304</td>
<td>747</td>
<td>1%</td>
<td>122,091</td>
<td>121,350</td>
</tr>
<tr>
<td>Operational income</td>
<td>88,524</td>
<td>89,611</td>
<td>1,087</td>
<td>1%</td>
<td>107,237</td>
<td>108,382</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,566</td>
<td>3,417</td>
<td>1,851</td>
<td>118%</td>
<td>1,919</td>
<td>3,417</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>90,090</td>
<td>93,028</td>
<td>2,938</td>
<td>3%</td>
<td>109,156</td>
<td>111,799</td>
</tr>
<tr>
<td><strong>Surplus/ (deficit)</strong></td>
<td><strong>(9,961)</strong></td>
<td><strong>(6,276)</strong></td>
<td><strong>3,685</strong></td>
<td></td>
<td><strong>(12,935)</strong></td>
<td><strong>(9,551)</strong></td>
</tr>
</tbody>
</table>

## Key drivers of expenditure - To date

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>(777)</td>
<td>The churn cut incorporated into the budget was 75 roles. To date headcount levels have been slightly over budget after adjusting for churn therefore there is an equivalent overspend. The churn assumption in the forecast has been reduced in line with experience to date and been reflected in the 2020 budget.</td>
</tr>
<tr>
<td>Volume variance</td>
<td>462</td>
<td>The budgeted hearing days to date is 2,118 and the actual number is 2,153. We have held fewer PLAB 2 days as the budget assumed the new dual centre would open in July however it opened in the second week of August and fewer examiner training and pilot days than budgeted. The number of test of competence exams is under expectations and there are a number of other areas with reduced volumes, such as staff travel, the number of education visits and expert reports commissioned to date. These reductions are partially offset by the direct costs of hosting significantly more PLAB 1 candidates.</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>(50)</td>
<td>Some external venue hire costs are higher than budget and renewal costs of some IS contracts have increased higher than anticipated. The PSA fees have also increased.</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>200</td>
<td>We received credit notes for prior year accommodation service charges due to the landlord’s standard reconciliation procedure.</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>(62)</td>
<td>The GNM review in Strategy &amp; Policy, external consultancy review of team working in Strategic Communications &amp; Engagement and a number of unplanned recruitment costs create the overspend to date.</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>804</td>
<td>A number of areas have rescheduled activity compared to budget however the forecast assumes many of these will take place later in the year. Significant areas are ad hoc maintenance for accommodation, travel and other staff related costs, fund manager investment fees and undertaking fewer Education visits. The amount of spend to date for the Human Factors work is significantly lower than expectations at this stage.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>577</td>
<td></td>
</tr>
</tbody>
</table>
### Financial summary

<table>
<thead>
<tr>
<th>Key drivers of expenditure - Forecast</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headcount changes</strong></td>
<td>(1,119)</td>
</tr>
<tr>
<td>Forecast headcount costs are increasing compared to budget in the last quarter of the year due to further dual running roles for instances such as parental leave and sickness absence.</td>
<td></td>
</tr>
<tr>
<td><strong>Volume variance</strong></td>
<td>427</td>
</tr>
<tr>
<td>There are additional costs due to holding the forecast 46 hearing days compared to budget, which drives direct associate fees and expenses in MPTS plus barrister fees in FTP. The forecast overspend is offset by lower staff travel across a number of areas, training fewer PLAB associates than budgeted and holding fewer PLAB 2 days as the assumed opening date of the dual centre was 1st July however the anticipated date is now the second week of August.</td>
<td></td>
</tr>
<tr>
<td><strong>Unit cost increases</strong></td>
<td>(186)</td>
</tr>
<tr>
<td>PSA fees have increased on renewal plus service charges at Hardman Street and some IS contracts have increased in price.</td>
<td></td>
</tr>
<tr>
<td><strong>Unit cost decreases/efficiency savings</strong></td>
<td>187</td>
</tr>
<tr>
<td>Efficiency savings are committed to over achieve created a £79k benefit. The remaining benefit is created by prior year service charge reconciliation providing a refund at Hardman Street. A number of other cost areas have reduced due to price changes.</td>
<td></td>
</tr>
<tr>
<td><strong>New activities not in plan</strong></td>
<td>(68)</td>
</tr>
<tr>
<td>The additional work undertaken to date plus further unplanned recruitment costs create the anticipated overspend at the end of 2019.</td>
<td></td>
</tr>
<tr>
<td><strong>Planned activities dropped/delayed</strong></td>
<td>600</td>
</tr>
<tr>
<td>The forecast underspend is driven by holding fewer PLAB 2 exams, pilot days and examiner training days, he visits and monitoring programme has changed resulting in fewer overall visits and some of the underspends in ad hoc building maintenance to date are now forecast to the end of the year. The amount of spend against the Human Factors contract has reduced significantly due to the timing of training delivery.</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(159)</td>
</tr>
</tbody>
</table>
## Financial - detail

### Expenditure as at Oct 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget to Oct £000</th>
<th>Actual to Oct £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>52,382</td>
<td>53,159</td>
<td>(777)</td>
<td>(1)%</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>3,340</td>
<td>3,237</td>
<td>103</td>
<td>3%</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,560</td>
<td>1,546</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>2,993</td>
<td>2,986</td>
<td>7</td>
<td>0%</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>6,155</td>
<td>5,943</td>
<td>212</td>
<td>3%</td>
</tr>
<tr>
<td>Legal costs</td>
<td>3,549</td>
<td>3,548</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>2,259</td>
<td>2,101</td>
<td>158</td>
<td>7%</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>342</td>
<td>337</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>14,051</td>
<td>13,255</td>
<td>796</td>
<td>6%</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>629</td>
<td>654</td>
<td>(25)</td>
<td>(4%)</td>
</tr>
<tr>
<td>Over-achievement of efficiency savings</td>
<td>83</td>
<td>0</td>
<td>83</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>87,343</td>
<td>86,766</td>
<td>577</td>
<td>1%</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>1,331</td>
<td>1,293</td>
<td>38</td>
<td>0%</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>4,907</td>
<td>4,870</td>
<td>37</td>
<td>1%</td>
</tr>
<tr>
<td>Clinical Assessment Centre expansion</td>
<td>4,570</td>
<td>4,475</td>
<td>95</td>
<td>2%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>1,900</td>
<td>1,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>100,051</td>
<td>99,304</td>
<td>747</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Income as at Oct 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget to Oct £000</th>
<th>Actual to Oct £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual retention fees</td>
<td>72,764</td>
<td>73,139</td>
<td>375</td>
<td>1%</td>
</tr>
<tr>
<td>Registration fees</td>
<td>3,855</td>
<td>4,162</td>
<td>307</td>
<td>8%</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>7,828</td>
<td>8,080</td>
<td>252</td>
<td>3%</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,375</td>
<td>2,387</td>
<td>12</td>
<td>1%</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>775</td>
<td>972</td>
<td>197</td>
<td>25%</td>
</tr>
<tr>
<td>Interest income</td>
<td>399</td>
<td>373</td>
<td>(26)</td>
<td>(7%)</td>
</tr>
<tr>
<td>Other income</td>
<td>528</td>
<td>498</td>
<td>(30)</td>
<td>(6%)</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td>88,524</td>
<td>89,611</td>
<td>1,087</td>
<td>1%</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,566</td>
<td>3,417</td>
<td>1,851</td>
<td>118%</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>90,090</td>
<td>93,028</td>
<td>2,938</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Surplus / (deficit)</strong></td>
<td>(9,961)</td>
<td>(6,276)</td>
<td>3,685</td>
<td></td>
</tr>
</tbody>
</table>

### Variance Details

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Jan - Dec £000</th>
<th>Forecast Jan - Dec £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>62,978</td>
<td>64,097</td>
<td>(1,119)</td>
<td>(2)%</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>4,142</td>
<td>4,071</td>
<td>71</td>
<td>2%</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,900</td>
<td>1,948</td>
<td>(48)</td>
<td>(3)%</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>3,483</td>
<td>3,534</td>
<td>(51)</td>
<td>(1)%</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>7,476</td>
<td>7,307</td>
<td>169</td>
<td>2%</td>
</tr>
<tr>
<td>Legal costs</td>
<td>4,254</td>
<td>4,270</td>
<td>(16)</td>
<td>(0)%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>2,948</td>
<td>3,013</td>
<td>(65)</td>
<td>(2)%</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>422</td>
<td>417</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>17,101</td>
<td>16,253</td>
<td>848</td>
<td>5%</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>758</td>
<td>790</td>
<td>(32)</td>
<td>(4)%</td>
</tr>
<tr>
<td>Over-achievement of efficiency savings</td>
<td>79</td>
<td>0</td>
<td>79</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td>105,541</td>
<td>105,700</td>
<td>(159)</td>
<td>(0)%</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>3,500</td>
<td>2,959</td>
<td>541</td>
<td>0%</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>6,580</td>
<td>6,316</td>
<td>264</td>
<td>4%</td>
</tr>
<tr>
<td>Clinical Assessment Centre expansion</td>
<td>4,570</td>
<td>4,475</td>
<td>95</td>
<td>2%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>1,900</td>
<td>1,900</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>122,091</td>
<td>121,350</td>
<td>741</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget Jan - Dec £000</th>
<th>Forecast Jan - Dec £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual retention fees</td>
<td>87,831</td>
<td>88,317</td>
<td>486</td>
<td>1%</td>
</tr>
<tr>
<td>Registration fees</td>
<td>4,418</td>
<td>4,727</td>
<td>309</td>
<td>7%</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>10,305</td>
<td>10,457</td>
<td>152</td>
<td>1%</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,660</td>
<td>2,676</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>915</td>
<td>1,176</td>
<td>261</td>
<td>29%</td>
</tr>
<tr>
<td>Interest income</td>
<td>475</td>
<td>425</td>
<td>(50)</td>
<td>(11)%</td>
</tr>
<tr>
<td>Other income</td>
<td>633</td>
<td>604</td>
<td>(29)</td>
<td>(5)%</td>
</tr>
<tr>
<td><strong>Total Operational Income</strong></td>
<td>107,237</td>
<td>108,382</td>
<td>1,145</td>
<td>1%</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,919</td>
<td>3,417</td>
<td>1,498</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>109,156</td>
<td>111,799</td>
<td>2,643</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Surplus / (deficit)</strong></td>
<td>(12,935)</td>
<td>(9,551)</td>
<td>3,384</td>
<td></td>
</tr>
</tbody>
</table>
GMCSI summary and investments summary

Finance - GMCSI summary

### GMCSI summary as at Oct 2019

<table>
<thead>
<tr>
<th></th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>634</td>
<td>373</td>
<td>(261)</td>
<td>(41)%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>528</td>
<td>365</td>
<td>163</td>
<td>31%</td>
</tr>
</tbody>
</table>

### Budget Jan - Dec £000 | Forecast Jan - Dec £000 | Variance £000 | %    |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>707</td>
<td>500</td>
<td>(207)</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>602</td>
<td>467</td>
<td>135</td>
</tr>
</tbody>
</table>

### Profit/ (loss)

<table>
<thead>
<tr>
<th></th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>106</td>
<td>8</td>
<td>(98)</td>
<td></td>
</tr>
</tbody>
</table>

### Investment summary 2019 to date

<table>
<thead>
<tr>
<th></th>
<th>Value as at Dec 2018 £000</th>
<th>Current value £000</th>
<th>Increase in investment £000</th>
<th>2019 returns £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCLA managed funds</td>
<td>£20,578</td>
<td>£53,906</td>
<td>£30,000</td>
<td>£3,328</td>
</tr>
</tbody>
</table>

Investments summary as at 30 September 2019 (figures are updated quarterly)

### Asset Allocation

<table>
<thead>
<tr>
<th></th>
<th>GMC thresholds</th>
<th>Current allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>0% - 45%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Bonds and Cash</td>
<td>20% - 80%</td>
<td>53.6%</td>
</tr>
<tr>
<td>Alternatives</td>
<td>0% - 45%</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

### Investment returns

<table>
<thead>
<tr>
<th></th>
<th>1 year rolling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (CPI + 2%)</td>
<td>3.78%</td>
</tr>
<tr>
<td>CCLA performance</td>
<td>4.94%</td>
</tr>
</tbody>
</table>
## Legal summary (as at 28 October 2019)

The table below provides a summary of appeals and judicial reviews as at 28 October 2019:

<table>
<thead>
<tr>
<th></th>
<th>Open cases carried forward since last report</th>
<th>New cases</th>
<th>Concluded cases</th>
<th>Outstanding cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</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>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Explanation of concluded cases

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>2 dismissed</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>N/A</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA Appeals</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IOT challenges</td>
<td>There has been one new application in the High Court challenging the imposition of interim orders since the last report; and therefore a total of 1 application outstanding.</td>
</tr>
</tbody>
</table>

### Any other litigation of particular note

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.</td>
<td></td>
</tr>
</tbody>
</table>
Trends in registration applications

Graph 1: Applications received for first registration from international medical graduates, 2013 - 2019

Graph 2: Applications received for first registration from European Economic Area graduates, 2013 - 2019
Trends in registration applications

**Graph 3:** PLAB 1 & 2 assessments taken 2012-2019
(Showing volume each year, 1 November to 31 October, percentage figures show year on year change)

**Graph 4:** Number of doctors on the register with a licence to practise
(End of year 2013 - 2018 to October 2019)
**Corporate Risk Register (CORR) Overview**

**Residual rating summary**

<table>
<thead>
<tr>
<th>Residual Rating</th>
<th>Red</th>
<th>Green</th>
<th>Amber</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emerging</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Residual rating higher than risk appetite**

<table>
<thead>
<tr>
<th>Residual Rating</th>
<th>Red</th>
<th>Amber</th>
<th>Green</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>0</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>13</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Emerging</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Increased residual rating**

<table>
<thead>
<tr>
<th>Residual Rating</th>
<th>Red</th>
<th>Green</th>
<th>Amber</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emerging</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**De-escalated/closed**

<table>
<thead>
<tr>
<th>Residual Rating</th>
<th>Red</th>
<th>Green</th>
<th>Amber</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amber</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emerging</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strategic Risks – Active threats above risk appetite**

**T4.1** Uncertainty around the outcome of the UK Government’s Brexit negotiations may result in disruption to the NHS workforce and may have a significant impact in policy, operational and resource terms on the GMC.

**OST1** – The GMC’s regulatory effectiveness, credibility and reputation may erode over time if we don’t keep abreast of widening political agendas, UK and European legislative change as well as changes in the UK health environment in both the devolved nations and England, which may restrict our ability to understand how these impact on individual doctors’ practice in order to deliver functions to full efficiency or develop as a regulator.

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

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

**Business Risks – Active threats above risk appetite**

**AT2** – Continued stretched resources and finances in the health environment, create the potential for increased patient safety incidents, which could strategically impact the GMC’s role as the regulator upholding professional standards for doctors and trainees and create operational pressures on fitness to practise referral and education monitoring services.

**IT9** – Difficulties in the recruitment and retention of staff and associates with the required skills and experience may challenge our ability to deliver our functions effectively.

**Opportunities**

**AOP1** – Credentialing would provide some opportunities for doctors to move more quickly to areas of practice where there is greatest need to better meet patient and service need. This flexibility will allow doctors to have a clear way to develop, plan or re-focus their careers to ensure they use their skills and experience to the greatest effect. Credentialing will also give employers a mechanism to train/develop their medical workforce relatively quickly in areas where there are local service areas that won’t be met by training alone.

**AOP2** – Following the announcement that Health Education England (HEE) will work jointly with NHS Improvement (NHSI), there could be an opportunity to develop longer term planning and promote training to be more central to workforce planning.

**T4.4** – If we successfully extend our regulatory framework to cover Anaesthesia associates (AAs) and Physician associates (PAs), this could enhance stakeholder confidence in the GMC as an effective multi-professional regulator and demonstrate the benefits of more flexible legislation.

**Key updates**

**AT1** – **Closed Threat** - Recruitment and transfer activity remains high and could challenge teams ability to deliver their functions effectively and impact on other key initiatives such as development of the policy profession.

**T4.3** – **Closed MLA threat** – Because of challenges to the proposed MLA Applied Knowledge Test (AKT) model by specific key stakeholders and the submission of an alternative proposal for the design and delivery of the AKT, there may be a lack of support from some stakeholders for delivering the AKT in the way agreed by Council. This may lead to a less robust assessment, damage to the credibility of the MLA, increasing costs and delays to the proposed timetable; or strained stakeholder relationships which could also impact on wider GMC activities.

**T4.4** – **New MLA threat** - Due to the lack of a clear and shared understanding of the MLA programme’s aim, inconsistent messaging about this aim, ineffective communications, or incremental changes to the model in response to competing short-term drivers which damage its long-term credibility, the MLA does not command the confidence of the public and stakeholders, with a potential impact on trust in the GMC.

* The colour denotes the new rating, e.g. a green rating shows a move from amber to green.
Key to risks coding

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

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

For overarching strategic risks and opportunities:
   • OSOP1 etc. for opportunities, and OST1, etc. for threats

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

Strategic - Corporate Opportunities and Risk Register (CORR)
Overarching opportunities and risks in delivering the Corporate Strategy

**OSOP1 Opportunity**
If we clearly articulate our strategic direction to partners and the profession, we have an opportunity to build a platform from which to start moving ‘upstream’ in our work and be seen to actively support doctors at all stages of their careers.

- Development of the next Corporate Strategy 2021-2025
- Strategic Relationships Unit in place to support articulation of strategic direction
- Engagement plans in place for major new ‘upstream’ strategic initiatives such as Supporting a Profession under Pressure and Local First
- Regional Liaison Service (RLS) and Employee Liaison Service (ELS) – contact with multiple stakeholders including Responsible Officers (ROs), NHS Trusts, doctor groups etc.
- Visits and Monitoring teams in regular contact with students, trainees and educators during QA visits.
- Opportunity to share messages
- Collaboration with medical schools in relation to student Fitness to Practise and the graduation process
- State of Medical Education and Practice Workforce report published on 24 October 2019. Shared it with key stakeholders and continue to influence partners and other stakeholders (such as the bodies involved in NHS People Plan in England)

**Osop2 Opportunity**
We use our reputation for operational excellence to further enhance collaboration with our stakeholders, so that we identify new opportunities to deliver our statutory functions and contribute to patient safety in the wider healthcare system

- Through enhancing our engagement across all of our activities, we empower and develop members of staff to build strong and mutually beneficial relationships with stakeholders, and understanding of the impact of GMC decisions/interventions, so that we achieve the full impact of our ambition to be collaborative
- Identification, prioritisation and coordination of engagement activities by the new Strategic Communication and Engagement Directorate
- Secrments and other development opportunities initiated as part of the Transformation Programme are now embedded in BAU
- The MLA programme is being implemented by work strands drawing on experience and expertise from across the GMC, and in collaboration with medical schools and other key stakeholders
- Corporate strategy commitments at team level to increase level of ownership and engagement from staff
- L&D functions - delivering support and training to staff members in managing relationships with stakeholders
- External relations teams providing strategic engagement advice to policy and operational teams

**OSOP3 Opportunity**
We achieve the full impact of our ambition to be collaborative through our sustained engagement in a wider range of activities.

-即Instrumentation, prioritisation and coordination of engagement activities by the new Strategic Communication and Engagement Directorate
- Secrments and other development opportunities initiated as part of the Transformation Programme are now embedded in BAU
- The MLA programme is being implemented by work strands drawing on experience and expertise from across the GMC, and in collaboration with medical schools and other key stakeholders
- Corporate strategy commitments at team level to increase level of ownership and engagement from staff
- L&D functions - delivering support and training to staff members in managing relationships with stakeholders
- External relations teams providing strategic engagement advice to policy and operational teams

**Risk appetite**
Yes

- We are in the process of realising our Outreach teams as per our commitment in our corporate strategy. As part of this we are reviewing how our outreach capability can help us to deliver our statutory functions in a more effective way. Structural changes due Q4 2020 with further work throughout 2020 to implement new ways of working
- Further enhancement of core regulatory functions as part of 2018-2020 Corporate Strategy. Includes rollout of new Education QA approach (Q1 2020 tbc)
- Completion of 2018/19 performance review (Feb 2020 tbc)
- Development of the Physician Associates regulatory model

**Mitigation (for threats)**

- Development of the Physician Associates regulatory model – an opportunity to implement ‘upstream regulation’ approach

**Assurance**
Yes

- Finalisation of Corporate Strategy 2021-2025 and future engagement with stakeholders
- Outreach structure currently being implemented, full go live January 2020
- Continued focus on ‘local first’ principles
- Patient and Public Engagement Plan (PPE), including a live engagement strategy, with our outreach teams and Directors linking up to ensure the work we are doing within the business is promoted to external partners and stakeholders, next PPE Forum scheduled for 26 November 2019
- In January and February 2020 we will intensify our programme of engagement and promotion of SAH/A (to) follow the publication of Mental Health and Wellbeing (MHNB) review. We also plan to hold a key stakeholder event, to officially launch the event and to gain a shared commitment to delivery of the recommendations
- Development of the Physician Associates regulatory model – an opportunity to implement ‘upstream regulation’ approach
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOP3</td>
<td>Opportunity</td>
<td>Overlapping themes across the major reviews within the Supporting a Profession Under Pressure (SUPP) programme, and interdependencies with work being delivered by external stakeholders such as the NHS Long Term Plan, give the opportunity to work with our partners to make a real difference to patients and the environments in which doctors work.</td>
<td>Anthony Omo</td>
<td>• Coordination Group set up in March 2019</td>
<td>• DOMIC: increased active engagement with DHSC including over the use of s.60 orders to amend the Medical Act and NICE/NHSI on the long term health plan to explore if it can deliver some professional regulation reform</td>
<td>Yes</td>
<td>Planning for the implementation of Phase 2 is underway. Resource requirements for 2020 to be identified as part of scoping (began in Oct 2019)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OST1</td>
<td>Threat</td>
<td>The GMC’s regulatory effectiveness, credibility and reputation may erode over time if we don’t keep abreast of changing political agendas, UK and European legislative change as well as changes in the UK health environment in both the developed nations and in England, which may restrict our ability to understand how the impact of this matter. In order to deliver functions to full capacity to develop as a regulator</td>
<td>Paul Reynolds</td>
<td>• Domestic legislation - active engagement with DHSC including over the use of s.60 orders to amend the Medical Act and NICE/NHSI on the long term health plan to explore if it can deliver some professional regulation reform</td>
<td>• Engagement with Medical Defence Organisations (MDO’s)</td>
<td>Yes</td>
<td>New relationships system in development and expected to complete in Q1 2020. This will enhance our ability to capture and analyse the changes in our external environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OST2</td>
<td>Threat</td>
<td>The volume and complexity of the programme of work we seek to undertake may exceed our capacity to successfully deliver</td>
<td>Paul Buckley</td>
<td>• Strategy and Policy Directorate – Regulatory Policy Teams &amp; Policy Leadership Group – more evidence led policy</td>
<td>• Strategic changes to our outreach teams and resulting improvements will enable us to forge closer relationships with our regulatory partners and local health economies. This will improve our understanding of the external relevant issues and trends and allow our Public Affairs team to dedicate their capacity to improving and monitoring of our political environment and building better relationships in that space</td>
<td>Yes</td>
<td>Design and implementation of a rolling three year budgeting and planning process to support the new Corporate Strategy from 2021 (Jun 2020)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Further Action Details
- **Council**
  - Chief Executive’s report - legislative reform update
  - Council seminar on Brexit (Feb 2018)
  - Council seminar on Brexit (Nov 2018)
  - Chief Executive’s Report to Council (Sept 2019)

- **Executive Board**
  - Exceptional project delivery report delivered at every meeting
  - Review of Change Programme Benefits Realisation (June 2017, green-amber)

- **Internal Audit**
  - Transformation Programme review (July 2019, amber)
  - Merging change (August 2019, amber)
  - Risk Management (June 2019, green-amber)

- **Executive Board**
  - Executive Board review of strategy and priorities (Dec 2018)

- **Council**
  - Delivery progress update as part of CEO report at each meeting
  - 2019 business plan and budget approved by Executive Board (Nov 2018) and Council (Dec 2018)

- **Programme Review**
  - Programme review (July 2019, amber)
  - Merging change (August 2019, amber)
  - Risk Management (June 2019, green-amber)

- **Board**
  - Board reports on business performance

- **Other**
  - Further analysis of recommendations and immediate actions following publication of 'Mental Health and Wellbeing' report in Autumn (Dec 2019)

- **Other**
  - Engagement events with stakeholders (Jan 2020)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OST3</td>
<td>Threat</td>
<td>Paul Reynolds</td>
<td>Medium</td>
<td></td>
<td>• Work to align our communications activity to avoid overburdening our stakeholders or creating engagement fatigue</td>
<td>• SMT engagement and influencing activities with external organisations</td>
<td>September 2018 - GMC 'Corporate Strategy and stakeholder perceptions survey', published Jan 2019, next one planned for Q1 2020</td>
<td>Yes</td>
<td>MLA - building links with external partners through joint work on design and delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Joint working frameworks (e.g. - CQC/NHS/E/GMC)</td>
<td>• Education with Health Education England (HEE) and deaneries to ensure our Quality Assurance (QA) is proportionate. We also need to be assured our quality management is effective. Part of review of QA</td>
<td></td>
<td></td>
<td>Engagement on the NHS People Plan to continue</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Taking Revalidation Forward (TRF) Programme implemented</td>
<td>• Taking Revalidation Forward (TRF) Programme implemented</td>
<td></td>
<td></td>
<td>We are in the process of realigning our outreach teams and will make structural changes to enhance our engagement with regulatory partners at a regional and local level (Jan 2020)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• ELS engagement activities - building relationships with external partners and explaining what we are aiming to achieve; liaison teams in place</td>
<td>• Work with key partners during development of new initiatives such as the MLA, Flexibility and Supporting a Profession Under Pressure to ensure they are well supported and partners commit resources where required</td>
<td></td>
<td></td>
<td>We are in the process of developing our next corporate strategy which provides us with an opportunity to engage with and ensure alignment of our ambitions with our regulatory partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Our quality assurance role involves ensuring our standards are met. Our review of QA allows us to look at how we hold quality management organisations to account and ensure high standards. This involves looking at how good or notable practice is identified, shared and maintained</td>
<td>• Our quality assurance role involves ensuring our standards are met. Our review of QA allows us to look at how we hold quality management organisations to account and ensure high standards. This involves looking at how good or notable practice is identified, shared and maintained</td>
<td></td>
<td></td>
<td>Engagement and planning for Supporting a Profession Under Pressure will include assessing appetite of stakeholders for collaboration to address recommendations arising from the reviews commissioned under this programme (Dec 2019)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Regular communications and engagement between GMC senior leadership and the Department of Health and Social Care, and system regulators across the four countries</td>
<td>• Regular communications and engagement between GMC senior leadership and the Department of Health and Social Care, and system regulators across the four countries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Engagement on NHS People Plan</td>
<td>• Engagement on NHS People Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Strategic Relationships Unit established, enabling us to begin strengthening of our strategic relationships in UK/England.</td>
<td>• Strategic Relationships Unit established, enabling us to begin strengthening of our strategic relationships in UK/England.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Daily monitoring and evaluation of media coverage, social media and political developments with monthly report circulated to directors</td>
<td>• Daily monitoring and evaluation of media coverage, social media and political developments with monthly report circulated to directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Analysis of weekly media issues log</td>
<td>• Analysis of weekly media issues log</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Monthly high profile case reviews by media team and PIP</td>
<td>• Monthly high profile case reviews by media team and PIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Proactive stakeholder management handling on a case by case basis</td>
<td>• Proactive stakeholder management handling on a case by case basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Monthly report to CEO on Rule 12, complaints, correspondence from high profile figures or organisations and other high profile issues</td>
<td>• Monthly report to CEO on Rule 12, complaints, correspondence from high profile figures or organisations and other high profile issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• SMT standing agenda item on complex and contentious decisions being made</td>
<td>• SMT standing agenda item on complex and contentious decisions being made</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• A formal crisis plan has been developed to mitigate against media coverage that could be potentially damaging to our reputation with doctors, patients and the wider public. Sections of the Organisational Business Continuity plan have also been updated</td>
<td>• A formal crisis plan has been developed to mitigate against media coverage that could be potentially damaging to our reputation with doctors, patients and the wider public. Sections of the Organisational Business Continuity plan have also been updated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Supporting the Profession Under Pressure (SAPUP) programme of work is underway to better understand concerns raised with us</td>
<td>• Supporting the Profession Under Pressure (SAPUP) programme of work is underway to better understand concerns raised with us</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Risk assessment carried out as part of communications planning for key announcements and launches, with advice provided to policy and operational teams on how to mitigate issues</td>
<td>• Risk assessment carried out as part of communications planning for key announcements and launches, with advice provided to policy and operational teams on how to mitigate issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Right of appeal - all the decisions under Section 40A made since July 2019 are now published on our website</td>
<td>• Right of appeal - all the decisions under Section 40A made since July 2019 are now published on our website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• MLA - building links with external partners through joint work on design and delivery</td>
<td>• MLA - building links with external partners through joint work on design and delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Engagement on the NHS People Plan to continue</td>
<td>• Engagement on the NHS People Plan to continue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• We are in the process of realigning our outreach teams and will make structural changes to enhance our engagement with regulatory partners at a regional and local level (Jan 2020)</td>
<td>• We are in the process of realigning our outreach teams and will make structural changes to enhance our engagement with regulatory partners at a regional and local level (Jan 2020)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• We are in the process of developing our next corporate strategy which provides us with an opportunity to engage with and ensure alignment of our ambitions with our regulatory partners</td>
<td>• We are in the process of developing our next corporate strategy which provides us with an opportunity to engage with and ensure alignment of our ambitions with our regulatory partners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Engagement and planning for Supporting a Profession Under Pressure will include assessing appetite of stakeholders for collaboration to address recommendations arising from the reviews commissioned under this programme (Dec 2019)</td>
<td>• Engagement and planning for Supporting a Profession Under Pressure will include assessing appetite of stakeholders for collaboration to address recommendations arising from the reviews commissioned under this programme (Dec 2019)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OST5 Threat

<table>
<thead>
<tr>
<th>Theme</th>
<th>Paul Reynolds</th>
<th>Assurance</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Learning review</td>
<td>• Learning review</td>
<td>September 2018 – GMC ‘Corporate Strategy and stakeholder perceptions survey’, published Jan 2019, next one planned for Q1 2020</td>
<td>Yes</td>
<td>MLA - building links with external partners through joint work on design and delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phase 1</td>
<td>Phase 2 concluded and reported to November 2018 ARC and December 2018 Council</td>
<td>September 2018 – GMC ‘Corporate Strategy and stakeholder perceptions survey’, published Jan 2019, next one planned for Q1 2020</td>
<td>Yes</td>
<td>Engagement on the NHS People Plan to continue</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phase 2</td>
<td>Phase 2</td>
<td>September 2018 – GMC ‘Corporate Strategy and stakeholder perceptions survey’, published Jan 2019, next one planned for Q1 2020</td>
<td>Yes</td>
<td>Engagement on the NHS People Plan to continue</td>
<td></td>
</tr>
</tbody>
</table>

### Risk-appetite

- **Significant**
- **Medium**
- **Low**
### Strategic Aim 1 - Supporting doctors in maintaining good practice

|----|----------------------|-------------------------|-------|--------------------------|-------------------------------|-------------------------------|----------|-------------------------|-------------------|-------------|
| C1.1 | Opportunity | We use our contact with the large cohort of international and European medical graduates who join the Register each year, to make sure they understand our role and the ways in which we can support them, enhancing their ability to achieve and maintain good practice and their perception of us as their regulator | Paul Reynolds | • Where an IMG or EEA doctor is in an official training post, we regulate their training. We have also analysed their National Training Survey (NTS) responses separately to UK qualified doctors  
• We have analysed progression through training of different trainee doctors in our differential attainment project. Later in 2018 we will liaise with postgraduate deans to find out what they are doing to remove any unfair barriers to progression  
• Registration ID checks for all first time registrants, meeting with a member of GMC staff  
• International Association of Medical Regulatory Authorities (IAMRA) - potential to work with other regulators in this forum  
• Continued promotion of content relevant to IMG and EEA doctors (such as information about PLAB, the MLA, English language checks) on social media, our other digital channels, and broadcast media  
• New Clinical assessment centre opened August 2019  
• WtUKP registration linked to ID checks to raise awareness and increase take up | | | | | |
| T1.2 | Threat | If we do not take full account of the systemic pressures and wider culture within which doctors operate, the impact of our interventions to support doctors in maintaining good practice may be limited, and we may not focus our resources in the most effective way | Anthony Omo | • Strategy and Policy Directorate – Regulatory Policy Teams & the Policy Leadership Group (PLG) – enabling us to deliver more evidence-led policy and understand more about how our standards and guidance traction in a team-based environment  
• Insights gained from our FtP investigation work in relation to patient care, and from medical Case Examiner inputs into the investigation process  
• Insight brought back into the business by our outreach teams, aiding our understanding of the different environments in which doctors work  
• Intelligence Module available for use  
• Devolved Office expertise - able to inform organisation of behaviours and environment in devolved regions  
• Increased collaboration with other regulators through various forums e.g Inter-regulator groups and Special Measure and Challenge Provider Oversight Group  
• We attend quality management visits that are increasingly multidisciplinary. Health Education England (HEE) and deaneries have a remit for non-medical learners also. Our evidence on training environments focuses on the whole environment, and we also collect evidence on team working. Often solutions to issues in training are multidisciplinary, such as nurse practitioners, physician associates  
• In our QA visits, we interrogate our standards, which includes how training environments enable trainee doctors to fulfil the duty of candour | | | | |
### STRATEGIC AIM 2 - Strengthening collaboration with our regulatory partners across the health services

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
</tr>
</thead>
</table>
| T2.1 | Threat               | In cases where there are high profile patient safety issues and potentially unsafe environments for doctors and doctors in training, there are challenges in working effectively and collaboratively with other regulatory partners causing an adverse reputational impact for the GMC | Colin Melville | • Information sharing agreement in place with Care Quality Commission (CQC)  
• Working closely with the Health and Social Care Regulators Forum to improve collaboration  
• Education enhanced monitoring process in place  
• Internal processes to manage communications  
• We help ensure available and appropriately trained staff through our mandatory training on Information Security/Data Protection and training courses such as Influencing & Stakeholder engagement training  
• Escalating concerns protocol has been developed  
• Protocol in place with the CQC to encourage collaborative working  
• Quarterly working group with CQC  
• Improved info sharing via the FTP safeguarding team with CQC  
• GMC (Outreach teams) engaged in the NHS regional restructure – attending regional meetings to share intel. | Council  
• Updates on high profile patient safety environments provided through CEO briefings  
• Audit and Risk Committee  
• CEO update at each meeting | Yes | Working towards information sharing agreements in other regulators including devolved nations  
• We are currently undertaking a lessons learned exercise, including whether there are ways to improve our joint working with other regulators  
• Health and Social Care Regulators Forum have agreed actions and work streams to improve collaboration across the system  
• Influence existing structures and fora to support information sharing  
• Agree a process for defining and communicating roles and responsibilities  
• Improve the use of data and insight - GMC to set up working group and feedback on analysis of current practice  
• Develop a culture of proactively sharing information and briefings | Low |
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
</tr>
</thead>
</table>
| OP3.1 | Opportunity | If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession | Paul Reynolds | • Better signposting workstream led by Fitness to Practise  
• Engagement plan in place, identifying for strengthening our engagement with patients through our strategic relationships work, policy development and customer service | Council  
• Discussions at Council Away days (July 2018 and 2019) about Patient and Public engagement in our work and preparation for the next Corporate Strategy  
• Council considered current Corporate Strategy success measures baseline report results at its meeting in November 2018  
• Full range of strategic leads and lag indicators, updated for 2019, included as part of COO Report to Council February 2019  
• Communications & Engagement update to Council (June 2019) | LOW | Yes | • Annual tracking survey results to understand perceptions of patients and the public (September/October)  
• Roundtable with patient organisations scheduled for November 2019. As part of this we will seek views on our next corporate strategy.  
• Strategic Relationships Unit (SRU) has been created and the team are developing Annual Relationship Improvement plans for regulatory partners, meeting with the strategic stakeholder to build the relationships and developing ways to provide more strategic briefings to SMT. SRU will help organisation to build its relationship with patient organisations in particular supporting the SMT Patient Champion in her role  
• Patient and relatives charter is due to be launched 26 November 2019 |
| OP3.2 | Opportunity | We have the opportunity to be a more proactive regulator and demonstrate our understanding of the environment in which the profession is working as well as showing a willingness to speak up about issues facing the profession, allowing us to provide further support to doctors | Paul Reynolds | • Being more vocal about the pressures in our narratives to external world  
• Holding other stakeholders to account  
• Bringing stakeholders together through various forums to deliver their part in addressing system pressures  
• Reports that we independently commissioned as part of our Supporting a Profession under Pressure programme area allow us to get a better understanding of environmental factors  
• Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of the National Training Survey (NTS) results | Council  
• Annual tracking survey results to understand perceptions of patients and the public (September/October)  
• Reports that we independently commissioned as part of our Supporting a Profession under Pressure programme area allow us to get a better understanding of environmental factors  
• Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of the National Training Survey (NTS) results | LOW | Yes | • Several opportunities available in 2019 linked to completion of projects in Supporting a Profession under Pressure (SAPUP) programmes, as well as regular publications such as National Training Survey (NTS) and The State of Medical Education and Practice in the UK (SOMEP).  
• Continuing to influence partners and other stakeholders on key issues through the development of the NHS People Plan in England  
• Q4 2019 Engagement plan in development to support our influencing of partners to accept and action recommendations of the key SAPUP reviews |
### T4.1 Threat

**Threat:** Uncertainty around the outcome of the UK Government’s Brexit negotiations may result in disruption to the NHS workforce and may have a significant impact in policy, operational and resource terms on the GMC.

**Mitigation (for threat):**
- Establishment of cross-Directorate Brexit working group led by the UK, European and International Affairs team to scope challenges and opportunities for the GMC; to define legislative priorities; and to revise the potential impact on the legislation affecting our work (monthly meetings).
- Active engagement with key influencers to influence post Brexit proposals for healthcare regulation and accountability.
- Design and implementation of engagement campaign to try to ensure that post Brexit legal framework does not prohibit application of MLA to EEA doctors or impede reforms under flexibility review.
- Regular meetings with Department of Health and Social Care (DHSC), BEIS and DevEx officials.
- Regular SMT engagement with UK Government officials.
- The MLA is being developed so as to accommodate EEA doctors as IMGs or as under RPQ. We have also developed outline plans for ensuring ourselves about new registrants’ professional practice in the UK. agile positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety.
- SI scoping completed and build work completed to ensure minimal disruption to our core functions in the event of no-deal.
- Liaised extensively with DHSC officials and officials in the devolved nations to ensure that ‘no deal’ Medical Act amendments cause minimal disruption to workforce and safeguard us from legal action.
- Briefed MPs and Peers ahead of parliamentary debates on Medical Act amendments and succeeded in getting our concerns noted in public record.
- We have worked closely with the UK Department of Health and Social Care and the devolved governments to ensure amendments to the Medical Act do not have a detrimental impact on the workforce needs of the NHS.
- Continue to make the case for reform to the RPQ framework to enable us to check the competency of EEA doctors and to ensure a single route to the medical register for all doctors, regardless of where they qualified.
- A general election has been called for 12 December 2019, the outcome of which will potentially have implications for the UK’s future relationship with the EU.

**Risk appetite:** Low

**Further action detail:**
- We plan to have produced our latest data publication on EEA doctors in October 2019.
- We attended the EU Exit Clinical advice and indemnity meeting on 14 October 2019, and agreed to work with the Nursing and Midwifery Council (NMC) to refresh the 2016 statement on regulating in a national emergency. We are developing lines to describe how we would regulate in a proportional way in an event of workforce shortages or other undesirable impact of a no deal exit from the EU.
- Regular meetings of Council and/or Board to discuss how best to deal with the Medical Act amendments.

**Council:**
- Paper on Implications of Brexit at Council (Feb 2018)
- November 2018 – Council seminar and debate on preparing for Brexit
- February 2019 - oral update to Council and Council circular
- Executive Board discussion on 25 March 2019
- Executive Board update on 23 April 2019

**Other:**
- CE gave evidence at Health Select Committee (February 2017)
- November 2018 – Council circular
- Executive Board discussion on 25 March 2019
- Executive Board update on 23 April 2019

**Further action required:**
- Yes

**Evidence: Yes**

**Score:** 6

---

### T4.2 Threat

**Threat:** There is an increase in non-training posts and training pathways which include training that is not GMC approved; there is a reputational risk that the profession believe the GMC are responsible for the unregulated training.

**Mitigation (for threat):**
- We have been working on the Flexibility project, some of the outcomes of this review will help mitigate the issues arising from training pathways.
- Executive Board have approved the initial recommendations on this and we will now work with partners to implement them.
- We are reviewing the CESR(CP) route that will enable doctors joining an approved training programme pathway through to gain a CCT which is important for worldwide recognition.

**Risk appetite:** Medium

**Further action detail:**
- The MLA is being developed so as to accommodate EEA doctors as IMGs or as under RPQ. We have also developed outline plans for ensuring ourselves about new registrants’ professional practice in the UK. agile positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety.
- We have attended the EU Exit Clinical advice and indemnity meeting on 14 October 2019, and agreed to work with the Nursing and Midwifery Council (NMC) to refresh the 2016 statement on regulating in a national emergency. We are developing lines to describe how we would regulate in a proportional way in an event of workforce shortages or other undesirable impact of a no deal exit from the EU.
- Continue to make the case for reform to the RPQ framework to enable us to check the competency of EEA doctors and to ensure a single route to the medical register for all doctors, regardless of where they qualified.
- A general election has been called for 12 December 2019, the outcome of which will potentially have implications for the UK’s future relationship with the EU.

**Council:**
- Information shared with Council on our overall approach on flexibility in April 2019

**Other:**
- CE gave evidence at Health Select Committee (February 2017)
- November 2018 – Council circular
- Executive Board discussion on 25 March 2019
- Executive Board update on 23 April 2019

**Further action required:**
- Yes

**Evidence:** Flexibility Implementation group established and programme structure defined for 2020
- Credentialing programme engaging with a number of areas that currently exist outside training to identify if there are further areas where regulation may be required / beneficial in future.

**Score:** 6
M3 – Chief Executive’s Report

Operational - Corporate Opportunities and Risk Register (CORR)
### Business risks and how we manage them

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / Opportunity</th>
<th>Opportunity/risk detail</th>
<th>Owner</th>
<th>Name</th>
<th>Assurance</th>
<th>Mitigation (for threats)</th>
<th>Enhancement (for opportunities)</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>ACTIVE OPERATIONAL RISKS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT2</td>
<td>Threat</td>
<td></td>
<td>Anthony Omo</td>
<td></td>
<td>Low</td>
<td>Monitoring and forecasting of Fitness to Practise case loads</td>
<td></td>
<td></td>
<td>Council</td>
<td>Yes</td>
<td>Implementation of SAPUP recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paul Buckley</td>
<td></td>
<td>Low</td>
<td>Monitoring of Centre for Workforce Information re NMS staff shortages and skill gaps, and other external sources of quantitative and qualitative data, through horizon scanning (Data, Research and Intelligence team)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Ongoing engagement with Department of Health and Social Care (DHSC), Health Education England (HEE), and other stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Monitoring external environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Active engagement with doctors about potential situations which may put patients at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Enhanced monitoring in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Chair’s annual letter to the profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>We do not comply with our statutory obligations on Equality and Diversity, leading to legal challenge, financial loss and/or unfair outcomes, all of which could lead to reputational damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT3</td>
<td>Threat</td>
<td></td>
<td>Paul Buckley</td>
<td></td>
<td>Low</td>
<td>Skilled and fully resourced ED&amp;I team to lead and guide all ED&amp;I activity across the directorates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>ED&amp;I Steering Group (internal) together with Strategic EDI Advisory Forum (external) provides senior oversight and guidance to inform and refine ED&amp;I priorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Equality analysis undertaken as a component of all major projects and policy activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Mandatory EDI training for all staff and associates and further work to develop this to incorporate inclusion. Improvement opportunities have been identified and an ED&amp;I curriculum scope defined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Inclusive leadership reflected in management and leadership development programmes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>3 year work plan owned by education to address: fairness in medical education and training highlighted by patterns of differential attainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>We published our own ‘Welcomed and valued’ document, replacing ‘Gateways to the profession’, as a guide for supporting disabled doctors and students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT4</td>
<td>Threat</td>
<td></td>
<td>Colin Melville</td>
<td></td>
<td>Low</td>
<td>During September 2018 – January 2019 we engaged on the proposals and draft framework. Engagement mainly took the form of presentations to groups, circulating the draft to key stakeholders for comment, and a mechanism for stakeholders (both individual and organisations) to respond on our website</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>We also engaged with trainees, via workshops and meetings including at the GMC’s Doctors in training remuneration, and a bespoke credentialing doctors in training workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>During the policy development, we worked with colleges, departments and other stakeholders to explore the range and type of credential needs to deliver the requirements of StepOne, Flexibility and Excellence by Design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Multiple pilots were run in 2018 to test out different scenarios and different ‘types’ of potential credentials. The pilots have informed the policy development work and allowed us to gain a wider view of how the framework may run in practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>A formal internal project board runs up with cross directorate representation. To fully consider the potential operational and reputational impact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Council considered the framework and supporting documentation at their meeting in April and June 2019, and approved, to the introduction of GMC regulated credentials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT5</td>
<td>Risk</td>
<td></td>
<td>Colin Melville</td>
<td></td>
<td>Low</td>
<td>Following the announcement that Health Education England (HEE) &amp; NHS Improvement (NHSI) will work jointly with NMSI, there is a risk that the change in leadership and the reporting structures, could result in the Education agenda not being pushed and potentially training opportunities reduced as a result of shared budgets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Engage with Health Education England (HEE) &amp; NHS Improvement (NHSI) through various forums to promote the training and education agenda and influence at an early stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Be proactive in developing and sharing actions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>The implementation is phased and we are working with a small number of early adopters in 2019 and 2020 to continually learn from and test the process for GMC-regulated credentials. This includes running task and finish groups for each of the early adopters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT6</td>
<td>Risk</td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>- Exception based reporting to Executive Board and Council through corporate updates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>- Council updated in June 2018, November 2018, April 2019 and June 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>- Executive Board considered an update on credentialing in February 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>- Interim decision made by Council in April 2019 and final decision in June 2019 to the introduction of GMC regulated credentials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>- Executive Board considered a paper on credentialing in July 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>The implementation is phased and we are working with a small number of early adopters in 2019 and 2020 to continually learn from and test the process for GMC-regulated credentials. This includes running task and finish groups for each of the early adopters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>----------------------</td>
<td>------------------------</td>
<td>-------</td>
<td>----------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>-----------</td>
<td>-------------------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>AOP1 Opportunity</td>
<td>Credentialing would provide some opportunities for doctors to move more quickly to areas of practice where there is greatest need to better meet patient and service needs. This flexibility will also give doctors a clear way to develop, plan or refocus their careers to ensure they use their skills and experience to the greatest effect. Credentialing will also give employers a mechanism to train/develop their medical workforce relatively quickly in areas where there are local service gaps that won't be met by training alone.</td>
<td>Colin Melville</td>
<td>• The framework was developed working closely with the UK Medical Education Reference Group (UKMERG) and an agreed four-country consensus on the direction of travel.</td>
<td>Colin Melville</td>
<td>• Formal engagement with external stakeholders on the framework ran from September 2018 until end of January 2019 and provided an opportunity to promote the benefits of credentialing.</td>
<td>• The implementation is phased and we are working with a small number of early adopters in 2019 and 2020 to continually learn from and test the process for GMC-regulated credentials. This includes running task and finish groups for each of the early adopters.</td>
<td>• Executive Board considered an update on credentialing in February and July 2019.</td>
<td>• Council updated in June 2018, November 2018, April 2019 and June 2019.</td>
<td>• Interim decision made by Council in April 2019 and final decision in June 2019 to the introduction of GMC-regulated credentials.</td>
<td>• A phased implementation is planned that will initially address key safety concerns, whilst enabling the opportunity to develop further over time.</td>
<td>Yes</td>
</tr>
<tr>
<td>AOP2 Opportunity</td>
<td>Following the announcement that Health Education England (HEE) will work jointly with NHS Improvement (NHSI), there could be an opportunity to develop longer term planning and promote training to be more central to workforce planning.</td>
<td>Colin Melville</td>
<td>• Engage with HEE &amp; NHSI through various forums to promote the training and education agenda.</td>
<td>Colin Melville</td>
<td>• Partner with external stakeholders to develop shared agenda to influence HEE &amp; NHSI medium-long term planning.</td>
<td>• Exception based reporting to Executive Board and Council through corporate updates.</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
**INHERENT OPERATIONAL RISKS**

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / opportunity</th>
<th>Opportunity/risk detail</th>
<th>Risk mitigation activities arising from legal advice in Alemi case</th>
<th>Further action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT1</td>
<td>Threat</td>
<td>Application of key controls and processes lead us to reach the wrong conclusion in investigating a doctor’s fitness to practise with an impact on patient safety, registrants, witnesses and/or the reputation of the GMC</td>
<td>Documented process and procedures: UK graduates, EEA, IMG. Special and GP applications.</td>
<td>Yes</td>
<td>Integration of Human Factors training into investigation processes (throughout 2019)</td>
</tr>
<tr>
<td>IT1</td>
<td>Threat</td>
<td>An opportunity to improve our quality assurance processes.</td>
<td>Employer Liaison Advisor (ELA) engagement with Responsible Officers (ROs) to help identify and manage concerns (pre-investigation).</td>
<td>Yes</td>
<td>Implementation of Ouchwash structure to ensure statutory process reponsible officers to continue effectively (Jan 2020)</td>
</tr>
<tr>
<td>IT2</td>
<td>Threat</td>
<td>We register an individual who is not properly qualified and/or fit to practise with an impact on patient safety and our reputation</td>
<td>Documented process and procedures: UK graduates, EEA, IMG. Special and GP applications.</td>
<td>No</td>
<td>Further action detail</td>
</tr>
<tr>
<td>IT3</td>
<td>Threat</td>
<td>We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation</td>
<td>Documented process and procedures: UK graduates, EEA, IMG. Special and GP applications.</td>
<td>No</td>
<td>Further action detail</td>
</tr>
<tr>
<td>IT4</td>
<td>Threat</td>
<td>Our quality assurance processes fail to identify a lack of compliance with standards for education, training and curricula with a potential impact on patients and below expectation educational outcomes for doctors</td>
<td>Documented process and procedures: UK graduates, EEA, IMG. Special and GP applications.</td>
<td>No</td>
<td>Further action detail</td>
</tr>
<tr>
<td>ID</td>
<td>Threat / Opportunity</td>
<td>Opportunity / Risk Detail</td>
<td>Owner</td>
<td>Mitigation (for threats)</td>
<td>Enhancement (for opportunities)</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------</td>
<td>---------------------------</td>
<td>-------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>IT5</td>
<td>Threat</td>
<td>Low awareness and use of our ethical guidance by doctors limits the impact on raising standards of medical practice with a consequent impact on patient care</td>
<td>Colin Melville</td>
<td>• Internal standards and ethics oversight group</td>
<td>• Established, documented procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Public consultation used to develop and validate guidance</td>
<td>• Trained and available staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Proactive communications strategy and website improvements</td>
<td>• Transformation of our online digital offer - through Digital Transformation 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT6</td>
<td>Threat</td>
<td>Patient safety is impacted and/or reputational damage is caused by not providing an effective and timely adjudication process</td>
<td>Gavin Brown</td>
<td>• Documented operational process and procedures</td>
<td>• Regular performance monitoring and reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Trained and available staff</td>
<td>• Tribunal member recruitment, induction and annual training / circulars and guidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Implementation of the recommendations from internal case management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT7</td>
<td>Threat</td>
<td>Doctors under conditions or undertakings do not comply with their sanctions and patients are harmed as a consequence</td>
<td>Anthony Omo</td>
<td>• Case Review Team - documented processes and skilled resources</td>
<td>• Sanctions are listed on the List of Registered Medical Practitioners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Notification of overseas regulators (if required)</td>
<td>• Publication of public hearing minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Daily downloads of the register are sent to primary and secondary healthcare organisations</td>
<td>• Continuing development of GMC/RO relationships</td>
</tr>
<tr>
<td>----</td>
<td>----------------------</td>
<td>------------------------</td>
<td>-------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>IT8</td>
<td>Threat</td>
<td>Our anti fraud procedures and process may not prevent internal or external parties from committing fraud against the GMC resulting in monetary loss</td>
<td>Neil Roberts</td>
<td>• Business planning &amp; budget setting process to ensure funds are allocated appropriately</td>
<td>• Monthly management reporting and review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Financial Regulations and financial controls including delegated authorities by the Executive Board</td>
<td>• Fraud-control processes including policy, training, response plan, public internal disclosure policy and anti-fraud and corruption policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Gifts and hospitality policy</td>
<td>• Oversight of Investment Policy by Investment Sub-Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Training to support procurement processes include Sourcing, Purchasing (e-learning), Anti-Fraud and Contract Management</td>
<td></td>
</tr>
<tr>
<td>IT9</td>
<td>Threat</td>
<td>Difficulties in the recruitment and retention of staff and associates with the required skills and experience may challenge our ability to deliver our functions effectively</td>
<td>Neil Roberts</td>
<td>• Talent and leadership programmes builds capacity</td>
<td>• Corporate record keeping systems and requirements enable central record for corporate memory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Directors and AOs identify unique knowledge, skills and relationships to ensure suitable mechanisms in place to record/transfer</td>
<td>• Annual performance management cycle and learning and development function identify staff training needs and prioritise and support staff development as required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Working with our advertising company, LinkedIn and outreach activities to target our marketing activity helping to increase our external profile as an employer of choice</td>
<td>• Working with our PSL partners to source candidates and temps to ensure core functions are supported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Annual performance management cycle and learning and development function identify staff training needs and prioritise and support staff development as required</td>
<td>• Working with our PSL partners to source candidates and temps to ensure core functions are supported</td>
</tr>
<tr>
<td>IT10</td>
<td>Threat</td>
<td>An external or internal incident may affect some our infrastructure, security systems and/or staffing levels may prevent us from delivering our key functions</td>
<td>Neil Roberts</td>
<td>• Business continuity plans in place with annual testing for SMT and Incident Management Team (IMT)</td>
<td>• Business continuity plans in place with annual testing for SMT and Incident Management Team (IMT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• A network of 42 business continuity champions in place with recovery plans for each area of the organisation</td>
<td>• A network of 42 business continuity champions in place with recovery plans for each area of the organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pandemic response plan in place with periodic testing.</td>
<td>• Pandemic response plan in place with periodic testing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Mandatory e-learning module on business continuity for all staff.</td>
<td>• Mandatory e-learning module on business continuity for all staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• All business areas trained in EC recovery by BC manager.</td>
<td>• All business areas trained in EC recovery by BC manager.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• External consultants Glen Abbott provide additional support and review of plans.</td>
<td>• External consultants Glen Abbott provide additional support and review of plans.</td>
</tr>
</tbody>
</table>

**INHERENT OPERATIONAL RISKS**
Agenda item: M4  
Report title: Review of Customer Complaints  
Report by: Janet Gray, Head of Corporate Review Team, Corporate Directorate, janet.gray@gmc-uk.org, 0161 923 6517  
Action: To consider

**Executive summary**  
In December 2015 Council agreed than an external organisation would be engaged to audit a sample of complaints to help provide assurance that the GMC’s complaint handling process was fair and fit for purpose. We therefore commissioned Verita, an independent consultancy, to provide an annual report of its findings and recommendations to Council. The previous report was considered by Council in November 2018.

This year Verita conducted their fourth annual review of the process covering the period from 1 July 2018 to 30 June 2019. Their report is included at Annex A. This paper sets out the main findings from Verita’s review and the agreed biannual complaints update to Council for the period April 2019 – September 2019.

Our work to learn from the complaints we receive continues to have an impact in improving the service we provide to our customers and reducing the number of customer complaints. In 2015 we received 2,361 complaints about our services. This figure has reduced year on year since with 2,051 complaints in 2016, 1,630 in 2017 and 1,516 in 2018.

**Recommendations**  
Council is asked to:

Background

1. ISO 10002 is the international standard for customer satisfaction. The GMC has ISO 10002 accreditation for customer complaints handling which is audited annually. The most recent audit of our London office in November 2019 was successful and no recommendations for improvements were made. The Audit for Manchester was held in November and was passed so our accreditation continues.

2. In addition, Verita, an independent consultancy that specialises in managing reviews for regulated organisations, provide a detailed annual report which is annexed to this paper.

Key points from Verita’s report

3. Verita has conducted four annual reviews of the GMC’s customer complaints handling.

4. Verita has significant experience both in managing complaints and as a supplier of an independent complaints review service. Its clients include The Law Society, British Council, Department of Health & Social Care, NHS England and various NHS Trusts, the Lottery Forum and police authorities.

5. The previous Annual Reports have been considered by Council in September 2016, November 2017 and November 2018. The current report is at Annex A of this paper.

6. The GMC received 1,467 complaints in the 12 months from 1 July 2018 to 30 June 2019. Verita extracted a random sample of 309 complaints across the period for detailed analysis. This provides a confidence level of 95% (margin of error 5%) that the sample is representative of the whole data set.

7. The review included desk top audits and face to face interviews with our complaints handlers. Verita assessed our performance against our own processes and procedures, their own metrics and the Parliamentary and Health Service Ombudsman’s ‘Principles of Good Complaint Handling’.

8. Verita’s overall findings are positive. This review was particularly complimentary of complaints staff. Verita found ‘complaints staff at the GMC to be extremely enthusiastic and committed to their roles. This is rare within complaints departments. Staff genuinely identified with the ethos of viewing complaints and comments as feedback for improvements in the GMC’s service to customers. We believe this approach is tangible in the responses we have reviewed in our audit sample.’

9. Verita also confirmed, ‘In every audit that we have undertaken for the GMC, we have been very complimentary about the organisation’s real commitment to learn from complaints and to change things as a result. This year was no exception’.
10. Whilst Verita make recommendations for continuous improvement in some areas, they explained that these ‘should be viewed within the lens of the overall excellent performance of the complaint handling teams’ and they were particularly impressed with:

a. the information on our website is well written, well signposted and comprehensive;

b. the guidance on making a complaint is excellent. It is written in plain English and is set out logically. The text is concise and gives a clear guidance about what will happen and our timescales;

c. the guidance for staff is comprehensive, explaining the operational aspects, aims and philosophy behind the complaints process. Verita explain that in line with all our written output, it is superbly written and avoids jargon;

d. staff are knowledgeable about the policy and know where to find support and guidance if needed.

e. complaint responses are invariably friendly and professional in tone of voice and are polite and actively helpful;

**Recommendations**

11. Verita were confident that their previous recommendations have been actioned appropriately and observed positive changes as a result including; the use of persistent complaints and unreasonable behaviour policies and the resulting support from senior managers for staff, the set trigger for escalating complaints, our communications and compliance around GDPR and the improvements made to our communications about the Voluntary Erasure process.

12. Verita note many and varied areas of excellence and best practice that are to be applauded; however, there are a few areas that they recommend for development and make six recommendations which we take on board and are exploring their specific suggestion in relation to the Voluntary Erasure process.

- **R1** The GMC should ensure that complainants are always sent the standard ‘Termination of Correspondence’ letter if they will not be responding to further correspondence on a complaint, and that this letter is logged on Siebel.

- **R2** We recommend that the GMC explore the possibility of creating further guidance on the voluntary erasure process in collaboration with stakeholders and partners in the NHS / clinical settings.
R3  In the event of a ‘corporate’ complaint response, we recommend that the complaint correspondence itself is routinely saved into Siebel in the normal fashion in order to have a full and readily accessible record of all complaints and correspondence.

R4  Staff should be made aware that there is still potentially a degree of error in their completion of the database.

R5  The GMC should look into improvements to Siebel that automatically saves (or prompts the user to save) changes made to the record. Alternatively, staff should be mindful to check that all relevant correspondence has been saved to the database for completeness.

R6  The GMC should review the current trigger points for escalation, with a view to a further reduction.

Conclusion

13. We will act on the recommendations made by Verita over the coming year and again feel that these are ‘continuous improvement’ to what they describe as an excellent performance of the complaints handling teams. We hope that Verita’s detailed findings give sufficient reassurance that our complaints handling process is fair, fit for purpose and high quality. We see this as a fitting testament to the investment of time, energy and resource that Council and the GMC Senior Management Team have dedicated since the Horsfall Review of complaints handling in 2014.

14. We are pleased with this positive review but cannot be complacent. We will continue to work hard to balance the often challenging task of responding to complainants sensitively and with empathy while still retaining the meaning in our explanations of our statutory processes. This is an ongoing task and one we hope to continue making progress on over the coming 12 months.
M4 – Review of Customer Complaints

M4 – Annex A

Independent review of the General Medical Council customer complaints handling: annual report
Independent review of the General Medical Council customer complaints handling: annual report

A report for
The General Medical Council

November 2019
# Contents

1. Introduction 4

2. Terms of reference 6

3. Executive summary and recommendations 7

4. Approach 12

5. Good practice in managing complaints - an overview 15

6. The GMC’s complaints processes, policies and reporting 17

7. General observations 22

8. Performance analysis 29

9. Complaint handler interviews 71

**Appendix A** List of 2019 charts 75
1. Introduction

1.1 The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It works closely with doctors, their employers and patients. Its functions and the way it carries them out are set out in law. The GMC:

- decide which doctors are qualified to work in the UK and it oversees UK medical education and training. There are over 290,000 doctors registered to practise in the UK, and over 30,000 registration transactions are processed each year;
- sets the standards that doctors must meet and makes sure that they continue to meet them throughout their careers. It monitors the standards of over 30 medical schools, and processed more than 70,000 revalidation transactions in 2015 to ensure the ongoing competence of doctors; and
- takes action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

1.2 The GMC acknowledges that, on occasion it makes incorrect decisions or that it is unable to help its customers in the way that it would like. It has a customer complaints process which enables customers to give feedback on the service they received from the GMC. On average, the GMC received approximately 2,500 customer complaints per year in 2014, however this number has fallen to around 1,500 for the last three years.

1.3 In 2014 the GMC received almost 10,000 complaints or enquiries about doctors resulting in almost 2,750 full investigations. The GMC commissioned an independent review of its complaints handling in 2014. One of the recommendations of this was for the GMC to consider a regular independent review of corporate complaints. In addition, the GMC Council asked that the GMC explore the feasibility of appointing a suitably qualified organisation or individual to independently review its new complaints handling processes.

1.4 As a demonstration of its commitment to excellence in complaint handling, the GMC Resources and Performance Board committed the organisation to achieving British Standards Institute (BSI) ISO 10002 complaints handling certification. This accreditation was first achieved in January 2016, and has been successfully recertified annually.
1.5 In May 2016, Verita was commissioned via competitive tender to undertake the independent audit service. The first Verita audit report was delivered in September 2016. In May 2019 Verita was re-commissioned via competitive tender to continue providing the independent audit for a further three years. This is the fourth annual report and examines the period July 2018 - June 2019. We build on our observations from previous years.

1.6 Verita is a consultancy specialising in the management and conduct of investigations, reviews and inquiries in public sector organisations. Verita has significant experience in managing complaints both at the ‘front line’ and as a supplier of an independent complaints review service.
2. Terms of reference

2.1 The provider will deliver an independent report covering these key areas:

- Review of a representative sample of corporate complaints to help the GMC understand the effectiveness of its customer complaints policy, and its operational use.
- Write an annual report of its complaints handling suggesting good practice, areas for improvement and how the GMC is performing against its policy and standards in general.
3. Executive summary and recommendations

Executive summary

3.1 The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It works closely with doctors, their employers and patients.

3.2 The GMC acknowledges that, on occasion it makes incorrect decisions or that it is unable to help its customers in the way that it would like. It has a customer complaints process which enables customers to give feedback on the service they received from the GMC.

3.3 In May 2016, Verita was commissioned via competitive tender to undertake the independent audit service. Verita is a consultancy specialising in the management and conduct of investigations, reviews and inquiries in public sector organisations. Verita has significant experience in managing complaints both at the ‘front line’ and as a supplier of an independent complaints review service.

3.4 The first Verita audit report was delivered in September 2016. In May 2019 Verita was re-commissioned via competitive tender to continue providing the independent audit for a further three years. This is the fourth annual report and examines the period July 2018 - June 2019. We build on our observations from previous years.

3.5 Our evaluation of the GMC is designed to objectively assess the performance of the complaint handling function against both its internal policies and targets, and also against best practice we have observed in different departments across sectors and individual organisations.

3.6 In all three previous annual reports (2016-2018) Verita made a range of observations and recommendations to the complaints department. In this version, we assess to what extent these recommendations have been actioned, and what, if any, effect this has had on operations.

3.7 The GMC logged around 1,467 complaints in the 12 months from 1 July 2018 to 30 June 2019. We extracted a random sample (the audit sample) of 309 complaints across the
period for detailed analysis. This provides a confidence level of 95% (margin of error 5%) that the sample is representative of the whole data set. It is generally accepted that the 95% confidence interval strikes the best balance between statistical rigour and maintaining a manageable sample size.

3.8 Interviews were held with three members of GMC staff in the Manchester office. These were front line complaints handlers drawn from different directorates. The nature of the interviews was to test any theories we developed as a result of our data analysis and gain an insight into the general culture and operation of the complaint handling function.

Overarching findings of the study

3.9 As we have noted in previous years, the information on the GMC’s website relating to complaints is generally very good – well written, well signposted and comprehensive. Last year, we noted that the complaints section was a little difficult to find on the GMC website. We are pleased to see that this has been updated and resolved this year. The customer facing material about how to complain and what to expect of the complaints process remains strong.

3.10 Internal policy documents on complaints remained largely unchanged from previous years. Again, we find that ‘policy manual’ provides an excellent background to the work of the complaints function. In our discussions with staff, we were pleased to find that staff were knowledgeable about the complaints policy and knew how to find support and guidance on internal systems if needed.

3.11 Following our recommendations in previous years, we note that use of the persistent complaints and unreasonable behaviour policies has been extended. In our review of the audit sample we noted some complaints that employed the unreasonable behaviour policy to end correspondence with repeated complainants on particular issues. We also found that staff were more frequently terminating correspondence with complainants where the complaint had been exhausted. In our view, this is good practice as there is little utility in maintaining circular correspondence. While last year, this action was largely taken by the corporate review team, we found that frontline staff more routinely made decisions (in collaboration with managers) to terminate correspondence. In our meetings with staff, we were told that that they felt comfortable and confident to use the mechanisms and
procedures to terminate correspondence. Staff clearly understood the basis for the policies and were clear that they leave avenues open for complainants to raise and subsequent queries. We note that, as yet, there has been no use of the vexatious complaints policy.

3.12 The absolute number of complaints received in any year can be influenced by events entirely beyond the control of the GMC. In this reporting year, we observed that there were a significant number of complaints (806 in total) generated in December 2018 / January 2019 in response to news of a rise in the annual registration fee (ARF).

3.13 Including all of the ARF complaints, the GMC received a total of 2,132 complaints in the 2018/19 reporting year. This would represent a 38.9% increase in total complaints compared to 2017/2018. Excluding the ARF complaints, the GMC received 1,326 complaints (13.6% decrease from 2017/2018). Given the number of these complaints, their highly specific nature and treatment, we have excluded these complaints from the majority of our analysis this year. We believe that including them would paint a misleading picture of performance of the department given their large volume.

3.14 In every audit that we have undertaken for the GMC, we have been very complimentary about the organisation’s real commitment to learn from complaints and to change things as a result. This year was no exception.

3.15 As part of our review of the audit sample, each complaint is given a score on a scale of one (poor) to five (excellent). While the GMC historically has always performed strongly, this year, the GMC has considerably improved on previous high. All but a few responses we reviewed were ‘excellent’ meaning that our reviewers could not find any significant fault with the handling and logging of the complaint. This is a remarkable achievement and is indicative of the skill and vigour with which the GMC handles complaints.

3.16 We found many responses went beyond simply responding and making a genuine attempt to be proactively helpful and to offer complainants significantly more than a cursory ‘off the shelf’ explanation of their grievance.

3.17 While we make suggestions and recommendations for improvement in this report, these should be viewed within the lens of the overall excellent performance of the complaint handling teams.
3.18 Complaints were received about a comparatively limited range of issues. These have been largely consistent across the years that we have reviewed. Notably, some 55% of complaints received by the GMC in the 2018 / 2019 reporting period relate to four areas.

3.19 While complaints are prevalent in these four areas, we observed a trend this year that issues were often very specific to individual complainants and their particular circumstances. The responses required were, therefore, often more individualised and complicated and consequently more difficult for the responder to produce.

3.20 We think that the more individual nature of complaints received this year is likely a reflection of better guidance on the website, strong underlying processes and, therefore, a better understanding of what is required of them on the part of customers.

3.21 On all the key metrics that we used to audit quality, the GMC remained outstanding, with little statistically significant change from last year. We commend staff on maintaining and, in some cases, improving standards given some of the pressure on staffing and workload this year. Complaint responses were invariably friendly and professional in tone of voice and limit the use of jargon where possible.

3.22 We found complaints staff at the GMC to be extremely enthusiastic and committed to their roles. This is rare within complaints departments. Staff genuinely identified with the ethos of viewing complaints and comments as feedback for improvements in the GMC’s service to customers. We believe this approach is tangible in the responses we have reviewed in our audit sample.

Overall comments

3.23 In our complaints audit work for the GMC, we at Verita find ourselves in the extremely rare situation that those areas that we recommend for development or improvement are few, and the areas that are very strong or ‘best in class’ are many and varied.

3.24 Verita are tasked with providing the GMC Council with assurance that its complaints function is fit for purpose and that it provides a good service to its customers. We are happy to, once again, endorse the strength of its processes, people and results.
The GMC’s complaints function remains among the very best that we have seen, and staff should be congratulated on their continuing commitment and excellence.

In our report last year, we concluded that the GMC has a high-functioning, well-motivated and impressive complaints team. We are happy to confirm that in this report, we can draw the same over-arching conclusions.

We are confident that our previous recommendations have been actioned appropriately and we have been able to observe positive changes resulting from their implementation.

**Recommendations**

**R1** The GMC should ensure that complainants are always sent the standard ‘Termination of Correspondence’ letter if they will not be responding to further correspondence on a complaint, and that this letter is logged on Siebel.

**R2** We recommend that the GMC explore the possibility of creating further guidance on the voluntary erasure process in collaboration with stakeholders and partners in the NHS / clinical settings.

**R3** In the event of a ‘corporate’ complaint response, we recommend that the complaint correspondence itself is routinely saved into Siebel in the normal fashion in order to have a full and readily accessible record of all complaints and correspondence.

**R4** Staff should be made aware that there is still potentially a degree of error in their completion of the database.

**R5** The GMC should look into improvements to Siebel that automatically saves (or prompts the user to save) changes made to the record. Alternatively, staff should be mindful to check that all relevant correspondence has been saved to the database for completeness.

**R6** The GMC should review the current trigger points for escalation, with a view to a further reduction.
4. Approach

4.1 Our evaluation of the GMC is designed to objectively assess the performance of the complaint handling function against both its internal policies and targets, and also against best practice we have observed in different departments across sectors and individual organisations.

4.2 The review has involved audits of policies and procedures (what ‘should’ be done) against the answering of actual complaints randomly selected from the Siebel complaints database (what is done). These exercises were followed up by face to face interviews with complaints handlers in order to get an ‘on the ground’ perspective of the functioning and dynamics of the complaint handling team.

4.3 In all three previous annual reports (2016-2018) Verita made a range of observations and recommendations to the complaints department. In this version, we assess to what extent these recommendations have been actioned, and what, if any, effect this has had on operations.

4.4 We have previously noted that, as would be expected from an organisation with ISO 10002 certification, the complaints team routinely produce a wide range of genuinely strong, comprehensive reporting against key performance metrics (10-day closure in line with SLA’s, team performance, source of complaints by process, category etc.). Again, this year, rather than simply telling the organisation what it already knows by replicating these core metrics, we have used a bespoke template to assess the strength of complaint responses against criteria that we know from experience to be important to complainants.

4.5 We have reviewed the GMC’s policies and procedures relating to complaint management to assess their inherent strength, and to determine how well complaints are managed against these internal standards.

Complaint audit methodology

4.6 The GMC logged around 1,467 complaints in the 12 months from 1 July 2018 to 30 June 2019. We extracted a random sample (the audit sample) of 309 complaints across the period for detailed analysis. This provides a confidence level of 95% (margin of error 5%)
that the sample is representative of the whole data set. It is generally accepted that the 95% confidence interval strikes the best balance between statistical rigour and maintaining a manageable sample size.

4.7 We then designed a framework against which to assess all the selected complaints. This included judging whether the responses met several criteria:

- **Complaint correctly classified and escalated** - This is important as we have seen on many occasions in other organisations complaints being referred to the wrong team / department, inevitably leading to delay and frustration on the part of the complainant. Initial triage of the complaint is key;

- **Referencing and applying appropriate regulations and legislation** - Particularly in regulated environments, it is key that complaints are judged against the correct standard, be that internal or external (mandatory);

- **Whether there was an appropriate investigation of the concerns and an evidence-based analysis** - For this criterion, we assess whether there is evidence that the complaint has been properly considered, investigated thoroughly and appropriate evidence gathered; and

- **Whether the responses addressed the concerns raised and were written in plain English** - Do the responses provided by the GMC directly address the issue raised, and are these responses in plain, understandable, appropriate language?

4.8 In order to ensure that we properly randomised our audit sample, we received the data from Siebel in an unfiltered form, i.e. we had every record over the period (with all personal identifiable data removed). While much of our analysis was performed on the audit sample, in some instances we felt that there would be benefit in looking at the complete data set. In section 8 below, we identify whether the analysis was on the audit sample or complete data set.

**Staff interviews**

4.9 Interviews were held with three members of GMC staff in the Manchester office. These were front line complaints handlers drawn from different directorates. The nature of the interviews was to test any theories we developed as a result of our data analysis and gain an insight into the general culture and operation of the complaint handling function.
4.10 We were also able to assess whether any recommendations made in our report last year have been actioned and, if so, to what effect.

4.11 The findings from the work described above are given sections 5-9 of this report. They describe the ‘as-is’ situation for the GMC.
5. Good practice in managing complaints - an overview

5.1 In evaluating performance in complaints management, it is important to consider the objectives of the work - why the complaints process is important to an organisation.

5.2 The motivation for complaints management is often seen in a negative light - avoidance of bad publicity or legal challenges, or simply as a “necessary evil” - but there are also many positive ways in which to look at complaints’ management.

5.3 The Parliamentary and Health Service Ombudsman’s ‘Principles of good complaint handling’ suggests a number of benefits of managing complaints well. These include:

- providing a good service to customers or service users;
- they give feedback to the organisation about problems or where things are not working well; and
- that they give an early warning sign of problems or failures of the organisation to update procedures or services to meet changing needs.

5.4 In short, complaints provide both a warning of things that are not going well and the information to enable improvement to services. They can help senior managers to ‘sleep better at night’ in the knowledge that they are aware of (and on top of) any issues with the operation of the organisation and are able to plan how to respond. This frame of mind can make real the cliché of “being a learning organisation”.

5.5 The Ombudsman’s guidance also emphasises the importance of having good procedures which, it says, “can save ... time and money by preventing a complaint from escalating unnecessarily”.

5.6 It is easy for an organisation to respond to complaints in a defensive way. Dealing with complaints properly can be time consuming and feel unrewarding. It is natural for those responding to want to stand up for their colleagues and to present the best face of the organisation. An overly defensive response can, however, lead to an adversarial relationship with the complainant, a loss of confidence in ‘the system’ and is, therefore, likely to be counter-productive.

5.7 Key features of a good complaints system include:
• strong leadership from the top of the organisation;
• a focus on outcomes to be delivered both for the complainant and the organisation;
• fairness and proportionate responses;
• sensitivity to complainants needs;
• a clear and straightforward process, which is therefore accessible to users; and
• efficiency – with decisions taken quickly, things put right, and lessons learnt.

5.8 In the end, a good complaints process comes down to giving clear, balanced responses to the issues raised, while building a positive culture so that the organisation as a whole, and those responding to complaints, regard them as useful intelligence and a resource to aid learning and improvement.

5.9 We have observed in previous years that the GMC is notably strong in its use of complaints as a corporate intelligence and business improvement tool.

5.10 In the rest of this report, we assess the performance of the GMC complaints function against recognised best practice in complaint handling and build upon our observations from previous reports.
6. The GMC’s complaints processes, policies and reporting

6.1 We reviewed the GMC’s policies relating to complaints, including public-facing information contained on the GMC website and in policy documents which are available on the GMC website.

Public-facing documents

6.2 As we have noted in previous years, the information on the GMC’s website relating to complaints is generally very good - well written, well signposted and comprehensive.

6.3 Last year, we noted that the complaints section was a little difficult to find on the GMC website. We are pleased to see that this has been updated and resolved this year. The GMC clearly distinguishes between the two main areas of complaint:

- making a complaint about a doctor
- making a complaint about the GMC.

6.4 This has been dealt with by referring to issues about doctors as “concerns” as opposed to complaints. This is clearly demonstrated on the ‘Contact us’ page below:
6.5 Reasonably, the GMC website focuses on raising concerns about doctors. “Concerns” is one of the sections highlighted on the website home page, which leads to the section on raising concerns about a doctor. It would be helpful if somewhere on the “Concerns” page a link were provided to raising complaints about the GMC itself. There are links within the GMC feedback and complaints pages to go back to pages about raising a concern about a doctor.

6.6 You can get to ‘complaints’ about the GMC itself in a number of ways:

- From ‘About / Feedback and Complaints’ (‘About’ is one of the navigations on the Home page)
• From ‘Contact us’ (also on the home page) - this gives users the option of raising a concern or a complaint.
• Googling ‘GMC complaint’, which takes users straight to the correct page (https://www.gmc-uk.org/about/get-involved/complaints-and-feedback-about-our-service/how-to-raise-complaint)

6.7 The “Feedback and Complaints” page makes clear that it is for giving feedback or making a complaint about the GMC’s work. It refers to these as “customer complaints”.

6.8 The guidance itself on making complaint about the GMC is excellent. It is written in plain English and is set out in a logical order. The text is concise, well-constructed and provides complainants with a clear guide as to what will happen and over what timescale. The GMC have also added guidance on making allowance for reasonable adjustments.

6.9 We observed one small technical issue whereby on the “When we will redirect your complaint” page some of the text comes out in a very small typeface. This seems to occur with a variety of browsers.

6.10 The customer facing material about how to complain and what to expect of the complaints process remains strong. Although the website is generally well-designed and clear in its messages there are a few potential improvements in navigation as discussed above.

Complaints about doctors

6.11 As we have noted previously, the section of the website relating to complaints about doctors is also very strong, both in terms of the language used and the explanation of the process. The video on raising concerns is also user-friendly and clear.

Internal documents

6.12 Internal policy documents on complaints remained largely unchanged from previous years. Again, we find that ‘policy manual’ provides an excellent background to the work of the complaints function. It is comprehensive, explaining both the high-level operational
aspects of the work, but also the aims and philosophy behind it. In keeping with the rest of the written output we have reviewed, it is superbly written, avoiding jargon and conveying messages in a clear and well-constructed fashion.

6.13 In our discussions with staff, we were pleased to find that staff were knowledgeable about the complaints policy and knew how to find support and guidance on internal systems if needed.

_Closing correspondence: unreasonable behaviour, persistent and vexatious complaints_

6.14 In our 2017 report, we recommended that the GMC should emphasise to staff that the vexatious complaints and unreasonable behaviour polices are legitimate, there for their protection and should be used if complainants ‘cross lines’ or when continued correspondence would prove counterproductive.

6.15 Following our recommendations in previous years, we note that use of the persistent complaints and unreasonable behaviour policies has been extended. In our review of the audit sample we noted some complaints that employed the unreasonable behaviour policy to end correspondence with repeated complainants on particular issues. We also found that staff were more frequently terminating correspondence with complainants where the complaint had been exhausted. In our view, this is good practice as there is little utility in maintaining circular correspondence.

6.16 We note that, as yet, there has been no use of the vexatious complaints policy. We have been told that there have been a handful of occasions when the GMC considered using the vexatious complaints policy but decided that this was not appropriate.

6.17 While last year, this action was largely taken by the corporate review team, we found that frontline staff more routinely made decisions (in collaboration with managers) to terminate correspondence. In our meetings with staff, we were told that that they felt comfortable and confident to use the mechanisms and procedures to terminate correspondence - particularly the unreasonable behaviour policy, which allows staff to give complainants a warning about their behaviour and that correspondence might be terminated. Staff clearly understood the basis for the policies, notably the distinction that the policies applied to a persistent / vexatious complaint and not a persistent / vexatious
complainant. Staff were clear that they leave avenues open for complainants to raise and
subsequent queries.

6.18 Staff described the processes that they follow and were comfortable and
knowledgeable regarding the next steps for those subject to the policy. Staff explained that
all correspondence received is filed and reviewed to ensure that the issues discussed are
the same as those covered by the specific contentious issue. Staff routinely signpost
complainants to outside organisations where appropriate.

6.19 Staff we spoke to felt that the adoption of these policies supported them in their
role and allow them to be clearer and more assured in the advice they give to customers.
We noticed that when the policy was employed this was clearly noted in Siebel (i.e. that it
had been agreed that there would be no further response). However, we found in some
cases this was not explicitly communicated to the complainant.

6.20 We believe that the extension of these policies has had a positive effect on the
morale and efficiency of the complaints team. We found that having such policies in place
helped staff feel more supported by senior managers. We encourage the GMC to continue
to use these policies in this way.

Recommendation

R1 The GMC should ensure that complainants are always sent the standard ‘Termination
of Correspondence’ letter if they will not be responding to further correspondence on a
complaint, and that this letter is logged on Siebel.
7. General observations

7.1 The absolute number of complaints received in any year can be influenced by events entirely beyond the control of the GMC. For example, in 2017 we saw many ‘complaints’ generated by the junior doctor strike. Similarly, in this reporting year, we observed that there were a significant number of complaints (806 in total) generated in December 2018 / January 2019 in response to news of a rise in the annual registration fee (ARF). Due to the volume of these complaints, and staffing pressures at the time, not all of these had been logged into Siebel when we received the annual data set in the summer of 2019. We had sight of 141 of these complaints. We have been told that all ARF complaints have been logged at the time of writing.

7.2 Including all of the ARF complaints, the GMC received a total of 2,132 complaints in the 2018/19 reporting year. This would represent a 38.9% increase in total complaints compared to 2017/2018. Excluding the ARF complaints, the GMC received 1,326 complaints (13.6% decrease from 2017/2018). Given the number of these complaints, their highly specific nature and treatment and for reasons we explain further below, we have excluded these complaints from the majority of our analysis this year. We believe that including them would paint a misleading picture of performance of the department given their large volume. In cases where ARF complaints are included in data analysis these only refer to the 141 complaints that were included in the ‘full’ data set we received.

7.3 In the database we received (1,467 complaints, pre-the full upload of ARF correspondence), we noted a decrease in the total number of complaints logged in Siebel of 4%. While this decrease has been less marked than in previous years (for example, between 20117 and 2018 there was a decrease of over 10%), we believe that this remains a positive development. There will always be a baseline level of complaints and, we would argue, this is a good thing as it demonstrates that the organisation is engaging with doctors and the wider public. Using the 2016/2017 reporting period as a baseline, there has been a 15% decrease in total complaint numbers. This is positive as a barometer of the performance of the organisation as a whole, though its roots are undoubtedly in several different areas.

7.4 In every audit that we have undertaken for the GMC, we have been very complimentary about the organisation’s real commitment to learn from complaints and to change things as a result. This year was no exception.
7.5 As part of our review of the audit sample, each complaint is given a score on a scale of one (poor) to five (excellent). While the GMC historically has always performed strongly, this year, the GMC has considerably improved on previous high standards (see Chart 1 below). All but a few responses we reviewed were excellent meaning that our reviewers could not find any significant fault with the handling and logging of the complaint. The average score of complaints in the audit sample was 4.7/5.

7.6 We found many responses went beyond simply responding and making a genuine attempt to be proactively helpful and to offer complainants significantly more than a cursory ‘off the shelf’ explanation of their grievance.

![Chart 1 - Complaint response overall scores (audit sample)](image)

7.7 This is a remarkable achievement and is indicative of the skill and vigour with which the GMC handles complaints. While we make suggestions and recommendations for improvement in this report, these should be viewed within the lens of the overall excellent performance of the complaint handling teams.

Complaint themes

7.8 Complaints were received about a comparatively limited range of issues. These have been largely consistent across the years that we have reviewed. Notably, some 55% of complaints received by the GMC in the 2018 / 2019 reporting period relate to four areas:
• The increase in the ARF
• Tests for doctors who qualify overseas (IELTS, OET and PLAB)
• Procedure for being removed from the register (voluntary erasure)
• Issues arising from revalidation

7.9 While complaints are prevalent in these four areas, we observed a trend this year that issues were often very specific to individual complainants and their particular circumstances. The responses required were, therefore, often more individualised and complicated and consequently more difficult for the responder to produce. Inevitably, given that the complaints were very specific, there was also a higher chance that complainants do not get the responses they were looking for as their issues fell outside of normal practice.

7.10 We think that the more individual nature of complaints received this year is likely a reflection of better guidance on the website, strong underlying processes and, therefore, a better understanding of what is required of them on the part of customers. As a consequence, fewer (but more complicated) complaints are received. Despite this increased complexity, we are pleased to see that the overall quality of responses has remained strong.

Voluntary erasure process

7.11 The issue of voluntary erasure is an area which, over the course of all of our audits, has generated a significant number of complaints. Particularly prevalent have been individuals wanting to retire or de-register following illness. This is unfortunate, as this often represents one of the last points of contact with the GMC after years of registration.

7.12 We were told that the GMC reviewed the process of voluntary erasure in December 2016 and made changes where possible. We appreciate that this process is tightly prescribed and legally driven and is therefore difficult to change. We recommended last year that the GMC improve communication around the voluntary erasure process. We were pleased to find that this year, staff have become particularly adept at conveying appropriate messages to complainants. Moreover, there has been an 85% decrease in the number of complaints about the clarity of online guidance.
7.13 We believe, however, that this is still an area where process improvements (still recognising that this is a process mandated by legislation) are possible. A key theme of communications in this area is that complainants were unaware, when retiring from NHS positions, that the GMC would not be informed and that there was a mandatory process for them to follow. Notwithstanding the fact that this is clearly a local issue within each organisation, by the time they had recognised this, there had often been a significant passage of time. As a consequence, fulfilling the process was more difficult than it could have been. The registration and revalidation complaints team performed a customer feedback survey in 2019, the results of which we have reviewed. One complainant offered the following comment:

“I would have found it hugely helpful to have had a clear understanding of the processes required as one approaches retirement from clinical practice. It would, in my view, be very helpful for the HR departments of all NHS Trusts to issue a “GMC retirement pack” to consultants in their last year or so. I assumed (quite wrongly) that as with any other "job", one simply "left" the employer at an agreed date, which for me was close to my revalidation date - which seemed very convenient. It has been much more complicated than this and consumed a lot of personal and GMC time sorting it out!"

7.14 We believe that the production of a ‘GMC retirement pack’ in collaboration with partners in the NHS would be an effective and highly practical solution to the problem many doctors face at the end of their careers and relationship with the GMC. We believe this would also help NHS staff to engage with their responsibilities towards staff planning to retire and relinquish their registration and, therefore, help to ensure that they complete relevant references and forms as part of the ‘offboarding’ process.

Recommendation

R2 We recommend that the GMC explore the possibility of creating further guidance on the voluntary erasure process in collaboration with stakeholders and partners in the NHS / clinical settings.
7.15 As we have explained above, in December 2018 / January 2019, the GMC received over 800 complaints in response to the announcement of its plans to increase the annual registration fee. We were told that these complaints were the result of a coordinated campaign in which the GMC received template complaints from doctors. We had access to 141 of these complainants and we reviewed 23 of these complaints in our representative sample. We observed that the GMC employed a coordinated / standard response to all complaints received about this issue. We have made recommendations in the past that the GMC adopt this approach, which we believe is more efficient in sending a consistent corporate message to high-volume or contentious issues such as this.

7.16 However, the review of complaints in our sample demonstrated that there were some issues from an ‘audit trail’ perspective in how this was operationally conducted. All of the complaints we saw did not log the complaints in the ‘normal’ way, i.e. by attaching the incoming complaint and the response. Instead, these records had the same hyperlink to a Livelink folder with restricted access. We understand that this was a pragmatic decision taken in light of the volume of complaints received and the staff resourcing pressures the GMC were experiencing at the time.

7.17 This meant that, from an audit perspective, there was not any correspondence on the case file. This might present an issue in future if the complainant were to raise another compliant on this, or another topic in the future, as staff will not have ready access to the complete history of the individual – both incoming and outgoing communications. This would be a particular issue if the staff member dealing with the complaint did not have access to the complaint Livelink folder, or if this central record was in any way altered. We have been told that the team have now logged these complaints retrospectively.

7.18 In addition, all but one of the 141 ARF complaints we received breached the 10-day SLA target. The reason given for this was the time it took to develop a response and coordinate the dissemination of the relevant messages and documentation.

7.19 Although we were not able to access the Livelink folder containing the details of the complaints, we did not find that any of the 23 complaints we reviewed in the audit sample led to the creation of a further or escalated complaint. Unless these too were contained
within the restricted folder, we can reasonably infer that most complainants were ultimately satisfied with the response received from the GMC.

Recommendation

R3 In the event of a ‘corporate’ complaint response, we recommend that the complaint correspondence itself is routinely saved into Siebel in the normal fashion in order to have a full and readily accessible record of all complaints and correspondence.

GDPR

7.20 The fact that the GMC is very cognisant with, and strictly adheres to, the requirements mandated by GDPR regulations is very apparent, not least in the way that we at Verita gain access to data in order to complete our audit.

7.21 This does not appear to be a source of major concern to complainants to the GMC, with 28 mentions of GDPR issues this year, compared to 36 last year.

7.22 We did observe a good process in place to ensure that the GMC only communicates with registered addresses, email addresses and telephone numbers, although there were a few minor complaints about this in our sample. We do not believe these to have any substance or to be a cause of concern to the GMC.

7.23 We believe that the GMC should consider ensuring that customers are routinely asked to confirm details held if they contact GMC, but overall, we are satisfied that GMC processes and regulations are strong.

Overall comments

7.24 In our complaints audit work for the GMC, we at Verita find ourselves in the extremely rare situation that those areas that we recommend for development or improvement are few, and the areas that are very strong or ‘best in class’ are many and varied.
7.25 Verita are tasked with providing the GMC Council with assurance that its complaints function is fit for purpose and that it provides a good service to its customers. We are happy to, once again, endorse the strength of its processes, people and results.

7.26 The GMC’s complaints function remains among the very best that we have seen, and staff should be congratulated on their continuing commitment and excellence.
8. Performance analysis

8.1 In this section, we review the complaints team performance against the following criteria:

- How long does it take to deal with a complaint?
- Are complaints acknowledged on receipt?
- Is the Siebel database correctly completed?
- Is the background / context / previous correspondence / complaints included and easily accessible?
- Is the complaint correctly classified (high profile / repeat complainant)?
- Where necessary, was the complaint correctly escalated?
- Does response show a clear understanding of the issue of the complaint? Does the response adequately address the specific concerns of the complainant?
- Where appropriate, is the approach/methodology used to address the issue clearly set out?
- Where appropriate, are appropriate regulations, legislation, benchmarks referenced?
- Where appropriate, is there evidence of a comprehensive investigation of concerns?
- Is the response written in plain English, with good spelling and grammar?
- If opportunities for learning were identified, were the recommendations SMART?
- Did the complaints team respond within the agreed timeframe?
- Are next steps (if any) outlined?

General comments on context and approach

8.2 As with our previous reports, we had access to the full GMC complaints data set. For the period July 2018 to June 2019, there were 1,467 records. We extracted a random sample (the audit sample) of 309 complaints across the period for detailed analysis. This provides a confidence level of 95% (margin of error 5%) that the sample is representative of the whole data set.
8.3 As such, there a + / - 5% statistical variance can be applied to all analysis based on the audit sample. Moreover, there is an inherent margin of error applicable to all systems (such as Siebel) which are reliant on human input. The fact that a particular field has not been populated does not mean that an action has not been done - rather just that it has not been recorded.

8.4 As in previous years, we have varied our analysis between the audit sample and the full 12-month data set. This is useful in potentially identifying anomalies that may not be picked up in the sample records alone.

8.5 We have indicated below where analysis is on the audit sample or the full data set.

Days from complaints team receipt to closure

8.6 The initial analysis that we did on the full data set was to look at the number of days each complaint was ‘in the system’ prior to closure. In our experience, this is useful to demonstrate the number of ‘problem’ (i.e. long standing) issues, and to highlight any issues in the cleanliness of the data.

2016 and 2017 results
8.7 In 2016, we identified that 18 records (0.8%) were, in system terms, closed before they were opened (the left-hand side of the chart above), i.e. there was a data cleanliness issue.

8.8 It also identified that, while the vast majority of complaints were closed in a timely fashion, there was a small number of complaints that had been in the system for a significant period of time.

8.9 As can be seen below, the 2017 data had resolved the data cleanliness issue - all the records had an end date after the start date. The shape of the curve is very similar, i.e. there remain a number of issues that take a significant period of time to resolve.

![Days from receipt to close 2017]

2018 results

8.10 In last year’s data, as can be seen below, there has been a return of the (minor) data cleanliness issue. There were 8 records (0.5%) which show as closed before they opened.
8.11 We identified a number of instances of questionable data cleanliness, particularly with regards to the input of dates that cannot be correct. We recommended that it may be more appropriate for dates to be automated using system dates to reduce the likelihood of incorrect data being logged.
In this year’s data, the shape of the curve remains similar, but the number of complaints that have been in the system for over 50 days has significantly reduced from 2.3% in 2017 to 0.7% in 2019. While there are some complaints that still take a long time to resolve, it is encouraging that the GMC is improving its effectiveness in dealing with these often most complicated cases. The data cleanliness issue has remained, although it has reduced from last year with only four records being erroneous (0.3%).

Acknowledgements

Sent if required

As in previous years we have analysed the full data set to test for completion of the ‘Acknowledgement required’ field. As last year, we have found this field to be completed 100% of the time.
8.14 We have, therefore, checked to see how many times, when ‘acknowledgement required’ was stated as yes, that the field ‘acknowledgement sent date’ was also completed. We believe that this is important, as it sets the tone of the engagement with the complainant and gives them early reassurance that their issue is being looked at.

8.15 We cannot say with certainty if the acknowledgement was actually sent or not in the missing cases – just that the date was not completed in the database for this field.

2016 / 2017 results

As can be seen above, the ‘Acknowledgement Sent’ field was completed across a range from 99% in September 2016 to 94% in August 2016.

2017 / 2018 results

8.16 As can be seen below, the ‘acknowledgement sent’ field was completed across a range from 100% in October 2017 and 86% in April 2018.
2018 / 2019 results

8.17 In this year’s full data set, the acknowledgement sent field was completed across a range from 99% in November 2018 and 87% in August 2018.
8.18 We would rate any average completion rate of 95% as very good. This was achieved in seven months in this period. As stated above, we cannot be certain if up to 13% of complainants did not receive an acknowledgement, as this could simply be an issue with the database not being completed correctly. Overall achievement of this metric has remained stable at 94%.

8.19 In our discussions with staff, we were told that the timely and consistent sending acknowledgements remained a key area of focus this year. The data does not obviously support this. In this instance, the failure to enter correct data may have masked some of the achievements of the complaints team.

8.20 While it is probable that acknowledgements were sent, but staff simply had not recorded that it had been done in the database (i.e. that it is a data cleanliness rather than a process failure issue), we believe this represents an area where improvement could easily be achieved. Last year we recommended that staff be made aware of errors in their record keeping. It appears that this remains an issue this year.
8.21 Further to our previous recommendation, this is not an area that easily lends itself to automation. It is therefore incumbent on staff to ensure data is entered into the database correctly.

Recommendation

R4 Staff should be made aware that there is still potentially a degree of error in their completion of the database.

Time to acknowledge complaints

8.22 We examined the average the time taken to acknowledge receipt of complaints when it is recorded that the acknowledgement has been sent.

As can be seen above, last year, there was a significant improvement from the 2016/2017 results. We are pleased to see that this metric has remained stable this year. This means that complainants will receive a response from the GMC on average within one day of their complaint being sent.
8.24 We have seen, and were told by staff, that all acknowledgements are sent personally. This is good practice as the complaints team will have an early insight into how complicated a complaint is likely to be and therefore plan workloads more effectively. We were also told that this approach helps the GMC identify if there are any reasonable adjustments to be made in dealing with the complaint and provisions put in place at the earliest opportunity.

8.25 As stated above, the benefit of sending acknowledgments in a timely manner is that complainants are given an early insight as to how their complaint will be engaged with. It is excellent practice that complainants will routinely receive this within one day.

![Chart 5 - Days to send acknowledgement by month (full data)](image)

8.26 As can be seen in Chart 5 above, in seven months during 2019 the GMC complaints teams improved on or matched the previous year’s results. Notably, in the months that tend to have higher averages the ‘increases’ tend to cluster around bank holidays (e.g. the Christmas and Easter periods, May bank holidays). As this metric calculates based on elapsed days, rather than working days, it is probable that acknowledgements are still being sent in
a timely manner from a working day perspective, but slightly longer on a simple elapsed basis.

8.27 Notwithstanding this small variance (with a range of only 1.3 days) this remains an area of strength and clear best practice.

Is the background / context / previous correspondence / complaints included and easily accessible?

8.28 Maintaining full records of complaint activity, including past correspondence, allows complaint handlers to provide more effective, tailored responses to the complainant as they are able to respond with knowledge of the ‘whole picture’ with respect to every complainant. In turn, complainants are more likely to feel their concerns have been listened to and understood.

8.29 With this in mind, an important criterion for effective complaints management is whether this background information is recorded and easily accessible. Using our analysis of the audit sample, the below chart shows our results for the check on whether the full background of the complaint was included.

![Chart 6 - Is the background/ context accessible? (audit sample)](chart.png)
8.30 As can be seen above, there has been a 6.2% decrease in achievement of this metric in this year’s audit sample.

8.31 We have described in section seven above that the way in which the ARF increase complaints were logged had created an issue in having fully accessible records to maintain an audit trail in the future. Due to the volume of these complaints in the full data set and, therefore, in our representative sample (23 complaints - 7% of audit sample), they have had a significant impact on this metric.

8.32 Notwithstanding this, we found that there were other complaints this year that did not have a full record of the complaint included. There were five complaints that were incomplete, but that we were able to score. However, there were a further 13 with no correspondence at all or no final response included on the complaint record. In most cases, it is evident from either the summary information given or the absence of a repeat complaint to that effect, that the response had been sent but simply had not saved to the system. From a customer satisfaction perspective, this will have no immediate impact as they have been dealt with appropriately, but a lack of rigour in maintaining complete records could have an impact on satisfaction in the future if the same complainant raises issues in the future.

8.33 We have been told that this year there have been challenges in managing workload due to increased staff turnover and absence. Onboarding new staff, who will obviously have been less familiar with the Sibel system, will have contributed to time and process pressure. We were told that these working pressures had meant that the team prioritised responding to complaints over the ‘admin’ of logging complaints in the system but were working to catch-up and backdate these. The handling of the ARF increase complaints described above exemplifies this.

8.34 While we can appreciate, and understand the practicality of this approach, the majority of these cases had fully completed ‘activities’ attached, but simply without the corresponding correspondence. Most had the initial complaints and acknowledgements attached but had omitted just the response email itself. We note that of the 13 cases that we were unable to score, 11 of these had been completed in time with SLA, i.e. the complaint had been processed ‘correctly’.
8.35 In light of this, and knowledge from previous years that Siebel did not always save attachments, we believe that it is likely that this is the primary cause of the incomplete records on the Siebel database. It seems likely that a retrospective ‘clean up’ of records will be more time consuming and prone to error than simply ensuring that the record is right first time, particularly as we are confident that the appropriate correspondence has been produced - just not attached to the record. We, therefore, repeat our recommendation from last year that the GMC look into ways to ensure that Siebel automatically saves, or prompts the user to do so. Given that this issue appears to have worsened in this year’s sample, we would suggest that it is looked into as a priority.

8.36 We appreciate that incomplete records on Siebel do not in most cases have any direct or immediate negative effect on the complainant or the customer experience. However, it is an important factor that could cause issues if the complainant were to complain again for whatever reason. The more time that passes with this information not being captured in the database, the greater the likelihood that it will not be effectively corrected.

8.37 It must be noted that the issues with these 36 records - 23 relating to ARF and 13 that we were unable to properly assess due to lack of attachments - would have had a significant knock on effect on all the analysis below if we were to continue with them in the audit sample. On a wide range of the criteria that we assess, they would score ‘zero’ as we have no data on which to assess them. This would not give the GMC a fair assessment of current performance, in that these zero scores would obviously (artificially and erroneously, in our view) reduce the average scores.

8.38 On this basis, we have excluded these records from all further analysis, but simply state here the note of caution that, however well-intentioned or ostensibly reasonable, every record should be completed to the same standard at the closure of the complaint process.

**Recommendation**

R5 The GMC should look into improvements to Siebel that automatically saves (or prompts the user to save) changes made to the record. Alternatively, staff should be mindful to check that all relevant correspondence has been saved to the database for completeness.
Is the Siebel database correctly completed?

8.39 Using our analysis of the audit sample, the below chart shows our results for the check on whether the Siebel database was completed correctly, i.e. all fields in the customer record populated as appropriate.

![Chart 7 - Is the Siebel database correctly completed? (audit sample)](image)

8.40 As can be seen in Chart 7 above, after a slight decline in this metric last year, the GMC has regained its previous performance in this area in 2019.

8.41 We only found eight cases in which the database was completed inaccurately. This was usually resulting from user input error:

- missing stage or team
- inaccurate SLA breaches and reasons
- not inputting business improvements or service issues into the relevant fields when these were identified in the response.

8.42 While there may be some room to remind staff of the need to complete all fields, given the quantity of complaints received by the GMC, and the challenges mentioned above, the accuracy of the database is remarkably high.
Is the complaint correctly classified (high profile/ repeat complainant)?

8.43 We believe that the classification system is comprehensive and effective. The level of completion of the classification fields remains very strong.

<table>
<thead>
<tr>
<th>Field</th>
<th>2016 Completion</th>
<th>2017 Completion</th>
<th>2018 completion</th>
<th>2019 Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Profile</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Repeat Complaint</td>
<td>99.96%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>E&amp;D/Equality Act</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Team Handling</td>
<td>100%</td>
<td>99.9%</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Stage</td>
<td>99.6%</td>
<td>98.9%</td>
<td>98.1%</td>
<td>96.6%</td>
</tr>
<tr>
<td>Status</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Category</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Sub-Category</td>
<td>100%</td>
<td>100%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chart 8 - Complaint classification (full data)

8.44 All but two fields reported a 100% completion rate. In the 2018 / 2019 period, 50 records (of the entire 12-month data set of 1467 complaints) did not have the ‘stage’ field completed. One complaint did not have the ‘team handling’ field completed. We view this as a minor concern as this information can be deduced from examination of the file and has little material effect on the reporting of performance statistics.

Correspondence classed as complaints

8.45 In previous years, we found several records that could not reasonably be classified as complaints. Rather, they appeared to be questions about a specific area or process, or simply ‘statements of opinion’. We therefore recommended that the GMC should consider introducing a means within the classification hierarchy of differentiating complaints from more general questions or expressions of opinion from correspondents.

8.46 We were told in our interviews that a policy of categorisation of correspondence has recently been developed, but that it is still in early implementation stages. Staff were able
to show us the new classification on the complaints database and were largely aware of its purpose.

8.47 We saw very few examples (four) where we believed that it would have been more accurate to classify the correspondence as a ‘query’ or general comment.

8.48 We note that correspondence, enquiries for clarification of policies and statements of opinion can also serve as valuable sources of ‘soft’ intelligence for potential problems in the future. As such, we believe these should continue to be logged and used to generate business and service improvements. We are confident that the GMC and the complaints teams are engaged and view complaints and all such correspondence in a positive, proactive way, focused on learning and improvements to services.

Where necessary, was the complaint correctly escalated?

8.49 In 2017 audit sample, we found 50 instances where complaints had been correctly escalated. In one instance, we believe that it should have been, but was not. In the 2018 sample, we found that all cases had been properly escalated when required.

![Chart 9 - Was the complaint correctly escalated? (audit sample)](chart.png)
8.50 In the 2019 audit sample, we found that an increased percentage of complaints remained at stage zero. That fewer complaints required escalation in this year’s audit sample to some extent, demonstrates improvement in the initial responses to complaints as complaints were more routinely resolved at stage 0.

8.51 This year, we did identify seven instances where the complaint had been escalated, or should have been escalated, but the incorrect level (0) was still on the database. Most of these are repeat complaints where the responses demonstrate that the matter has been escalated, but the stage has remained incorrectly as 0. Again, this points to a minor record keeping issue, which needs to be addressed as we have recommended above.

8.52 As shown in Chart 10 above, percentages of complaints at stage 0 have remained stable across all years of our review. There is more marked change in this year’s data set for escalated complaints (stages 1-3). There was a slight increase of complaints being dealt with in stage 1, with decreases in the latter two stages to the extent that there were zero complaints escalated to stage three in the full data set for 2018/19.

8.53 We believe that this is a consequence of a new operational policy undertaken by the GMC this year. We were told by staff in our interviews with them that they had employed a
new approach to dealing with complicated complaints in the first stage of the process (stage 0). This involved senior staff (or the corporate review team) being consulted early in the process to give advice and input into resolution of the complaints where it was perceived that this would add value. We were told that advice from senior staff was usually sought within the stage 0 SLA at around ‘day seven’. This allowed staff to receive advice and respond by the SAL target on ‘day 10’. There was a view in the team that if the complainant is provided with a fuller initial response, particularly when the complaint was more complex or covered multiple issues, then this would reduce the need for any escalation later in the life of the complaint.

8.54 We examined the effect this had on the processing of stage 0 complaints. Overall, we found that there was a small cost to this approach. Firstly, we found that the overall ‘age’ of stage 0 complaints had increased. This means that it now takes the GMC just over one day longer to reach resolution for stage 0 complaints.

![Chart 11 - Average days from receipt to close by stage adjusted for fee increase complaints (full data)](image)

8.55 Moreover, stage 0 complaints are now on average are closed 2.8 days before the SLA deadline. This is nearer to the deadline compared to last year. However, it is worth noting that while this shows a marked change, the GMC still has a ‘buffer’ of nearly 3 days from SLA. We would suggest that if the GMC plans to continue with its current ‘informal escalation policy, this situation is monitored.
Chart 12 - Average number of days before SLA for stage 0 closures adjusted for fee increase complaints (full data)
Did the complaints team respond within the agreed timeframe?

8.56 In accordance with the stipulations of ISO 10002 certification, the complaints team aim to respond to complaints within 10-days in line with its service level agreements (SLA).

SLA achievement

2018 results

8.57 In the 2018 data set, we found that SLA achievement was closely correlated to workload - in months with more complaints received, SLA was less likely to be achieved.
We would consider a score above 90% as very good. This was achieved in 11 months of the year. The peak was 97% in September 2018 with the lowest score in July 2018 at 88.3%. We note however, that July 2018 saw the second highest volume of complaints. For 2018 as a whole SLA was achieved on 92.7% of the time.
2019 results

Chart 13 - SLA achievement per month with (full data)

8.59 We described in section 7 and from paragraph 8.28, above that the 141 complaints in the data received about the fee increase in January had a significant impact on the analysis of the data this year. The GMC received 69% more complaints in January 2019 than in the next highest month (July 2018). Moreover, all but one of those 141 complaints were responded to outside of SLA targets. Indeed, if we include all 806 ARF complaints received, across December 2018 and January 2019, assuming that they too were answered outside of SLA, the results are even more stark (as shown in Chart 14 below).
8.60 Thus, the raw scores in December and January are clearly aberrant and not representative of true performance. As in our approach to the audit sample, we have excluded these results going forwards in our consideration of the GMC’s adherence to SLA guidelines. We have made a recommendation above (R3) to deal with the issues that cases such as these present.
As can be seen from Chart 15 above, with ARF complaints removed levels for complaints in January 2019 are, in reality, aligned with those received during the rest of the year. The average number of complaints received each month was 110.

There is limited observable correlation between total complaints (workload) and achievement of SLA. We therefore believe that external factors (such as staff numbers, absences, turnover) now have a greater role in determining SLA achievement.
The GMC achieved a ‘very good’ score (above 90%) in ten months of the year. The peak was 97.5% in November 2018 with the lowest score in January at 88.7%. We believe it is understandable that January’s overall scores may have suffered slightly due to the overall work pressures seen above. We commend the complaints team for largely maintaining their SLA standards under what must have been difficult circumstances.

Overall SLA achievement has remained stable, achieving 92.7% over the past year.

Handling speed

The average ‘age’ of complaints has remained stable this year. For the full year data set in 2019, complaints took on average 10 days from receipt to close, i.e. that the SLA for responding to complaints is being met.
8.66 Below, we have segmented the for 2016/17, 2017/18 and 2018/19 records into deciles by time in the system.

![Chart 17 - Average days from receipt to close by decile (full data)](chart)

8.67 This chart reflects, we believe, the decision to reduce the number of escalated complaints by dealing with more complex issues at stage 0.

8.68 This has resulted in a small increase in elapsed time in earlier deciles, but with a marked (four day) improvement in the tenth decile.

8.69 We support this as an overarching strategy, as we can see no significant decline in response times for less complex issues, but a strong performance with more difficult cases.

8.70 While it is clear that the most complex cases should take longer to resolve, in order to identify potential further improvement, we looked at the stage of the complaints process reached by the tenth decile of this year’s sample compared with previous years.
The chart above shows a significantly increased proportion of the slowest complaints had not progressed past the first stage of the complaint escalation process. There was an overall reduction in the numbers of cases in stages 1 and 2, and stage 3 had been completely eliminated (as also shown in Chart 10 above). This is reflected in the results for handling speed in the tenth decile.

On average, the stage 0 complaints had been in the system for 23 days in 2019. Comparatively, this figure was 34 and 25 days respectively for 2017 and 2018.

We made the recommendation in the 2016 report that the GMC might consider a certain number of elapsed days as a trigger for possible escalation. We understand that an exception reporting process had been implemented, whereby complaints open for 35 days are flagged for potential escalation, and those reaching 42 days are automatically escalated.

For the past three years we can see that this has been effective in reducing the average elapsed time for the slowest 10% of stage 0 cases. The average figures in both years fell below the 35-day limit. In last year’s report we suggested that this be reviewed, by setting an earlier trigger point for automatic escalation.

Given that the number of stage 0 complaints seen in the tenth (slowest to resolve) decile has significantly increased this year, we would recommend that this process is
reviewed. We believe it likely that these stage 0 complaints were complex, and that complaint handlers would have sought advice from more senior staff. This would have been a de-facto escalation, so should be recognised as such.

8.76 Given that complaints genuinely are more complicated, we do not see it as a negative that there should be more escalated complaints. Indeed, many complainants might appreciate their complaint being shown to be escalated as it is a clear demonstration that it has been taken seriously.

Recommendation

R6 The GMC should review the current trigger points for escalation, with a view to a further reduction.

Working to deadlines

8.77 We know from our work with other clients that a delay in receiving answers to complaints is the single largest source of dissatisfaction among complainants. In our analysis of the GMC sample, we saw very few such instances, and this is borne out in the full database analysis.

2017 and 2018 results

8.78 In 2017 analysis of the sample, we observed that there appeared to be a high preponderance of cases being closed on, or near to the response deadline day. In 2017 50% of cases were closed within 2 days of the SLA deadline, with 28.5% occurring on deadline day itself.

8.79 We found a pattern whereby deadline day answers closely mirrored the total number of complaints received. From this, we concluded that team members were simply modulating their effort by the volume of work on their desks. We recommended that staff be encouraged to close complaints at the earliest opportunity.
8.80 In last year’s sample, we noted that this issue had been largely resolved.

2019 results

![Chart 19 - Complaints close to deadline day (full data)](chart)

8.81 As we have explored earlier in this report, for reasons of both operational decisions and staffing conditions, complaints have been responded to slightly slower than last year. This is again visible in this analysis, in that there has been a slight increase in clustering responses around deadline day. It is notable, however, that even in these more difficult circumstances, performance is notably better than in the 2017 report.

8.82 As can be seen in Chart 20 below, complaints are now routinely closed on average around half a day before the SLA deadline - slower than last year, but nearly a day better than in 2017.
Does response show a clear understanding of the issue of the complaint? Does the response adequately address the specific concerns of the complainant?

The percentage of cases where the complaint was understood and addressed has improved on last year’s already excellent score, with over 99% of complaints demonstrating an understanding of the complainants’ concerns in 2019.
8.84 We were told by staff that in the last twelve months there has been a higher turnover of personnel, as well as members of complaints staff moving between teams. In these circumstances, it could be reasonably expected that scores against this metric would have declined, as team members adjust to their new circumstances. As described above, we have also noticed that complaints received tended to be much more specific, requiring detailed, specialist knowledge. It is, therefore, particularly laudable that scores on this metric have improved.

8.85 In the 2018 report we found that responses were less likely to demonstrate understanding of the complaint (i.e. answer the specific points raised by the complainant) when the topic was one of the more common types of complaint received, but also introduced some concerns specific to them. While we recommended the use of template responses, we also cautioned that staff should be mindful to ensure that their responses were tailored to the complainant’s individual situation and guard against using the ‘template’ response (without specific tailoring) where more than one issue was found in a single complaint.

8.86 In our interviews with staff for this report, we were told that they had increased the use of template responses. We are pleased to report, therefore, that in our review of these complaints, it was difficult to pick out examples where a template may have been used. This is because each had been tailored to the specific query of the complainant.

8.87 There is a clear ‘GMC style’ employed across all of the directorates, which indicates that training is consistent and effective across the entire complaints function, whatever team an individual may be in.

8.88 Again, we support the organisational structure, whereby complaint handlers are embedded within their directorates. The expertise that this places at the disposal of complaints handlers in answering the more complex issues is very clear.

Complaint outcomes

8.89 Again, this year, we observed a range of complaints from the very simple to the highly complex. The vast majority were answered with an appropriate level of detail, and
with specific reference to the complaint made. We only found one record where the response was questionable in tone and proportionate to the issues at hand.

![Chart 22 - Complaint outcome (audit sample)](chart22)

8.90 In the 2019 audit sample we found that there was an increase in complaints generating a further complaint. While a rise of over 10% may seem alarming, in our view, this does not necessarily indicate a de-facto reduction in performance. As we have explained, we found that complaints received this year were focussed on issues specific to individual complainant’s and their sometimes-unique circumstances. There results in an increased likelihood that complainants do not get the responses they were hoping for, i.e. that the complaint has been answered correctly, but ‘the rules’ are not in line with the complainant’s wishes.

8.91 In light of this, it is not surprising that complainants would have follow-up questions or issues with the responses they received. In the course of our review, we looked at some of the repeat complaints generated. In most cases, they introduced new issues or expressed dissatisfaction that the response and recommendations for next steps, while being in line with GMC policy, were not in line with their wishes.

8.92 We believe therefore, that the further complaints being generated under these circumstances do not indicate that complaints are not being dealt with efficiently by
complaints staff. Indeed, in most cases, we found complaints staff going beyond responding to the current issue and explaining full processes to complainants.

Where appropriate, is the approach/methodology used to address the issue clearly set out?

8.93 Our experience in complaint handling tells us that complainants like to know the process by which decisions are taken. We find that this is particularly important when a decision is not what the complainant would have wanted, as at least they can appreciate that their issue was given fair consideration and that a strong process was followed.

8.94 In our audit sample this year, in all but four instances where explanation behind a finding was required, it was given and explained effectively. This represents a continuation of the excellent performance against this (traditionally difficult to achieve) metric.

8.95 We noticed this year that staff had increased the use of subheadings in their responses, separating out each aspect of the complainant’s query. We believe this is a highly effective structure and makes responses very easy to follow. Complainants’ are also able to see clearly that each area of their complaint has been considered and addressed. Again, this is excellent.
8.96 There has been a slight increase in the numbers of complaints in which the methodology was not set out where it could have been. In all four such cases, we found the complaints to have been highly complicated. We believe the reasoning and justification for the response was likely to be equally complicated to convey. While it might be useful for staff to explain some of the rationale to these complainants, we believe there is a balance to be struck between this and maintaining clarity in the responses. Given that in all but one of these cases, the complainant did not raise a further complaint, we think it is reasonable to suggest that the balance is correct at present.

8.97 As can be seen in the chart above, we found that in 7.7% of cases there was no methodology or explanation required. The trend of scores in this area decline over the last three years is likely to be the result of the increase in more complex complaints that the GMC year on year.

8.98 In these cases, no explanation or justification was offered, which again we support. There is little utility in over-complicating a simple issue. GMC staff understand this, and routinely address issues with appropriate depth.

Where appropriate, are appropriate regulations, legislation, benchmarks referenced?

8.99 In previous audit reports, we noted this metric as a particular area of strength for the GMC complaints team.
As can be seen above, the overall numbers where referencing regulations is required shows an upward trend. This points to the increased complexity of complaints the GMC receives. Given the complexity of many of the issues addressed by complaints handlers in the GMC, we found that their grasp of the regulatory and legislative environment under which the GMC operates is excellent. The GMC complaints teams regularly signpost complainants to legal and regulatory frameworks to underpin their response. We commend the teams on their ability to convey a mastery of ‘the rules’ and how these relate to the specific issues of most complainants.

We did see instances where responses were long and “technical” but found that these were in response to similarly detailed complaints, so we believe that they were appropriate to satisfy the needs of the complainant.

We believe that this is particularly impressive given staffing changes that have taken place this year and points to the success of the induction and training programmes.
Where appropriate, is there evidence of a comprehensive investigation of concerns?

![Appropriate investigation carried out](chart)

**Chart 25 - Complaints investigated, if required? (audit sample)**

8.103 As is shown in Chart 25 above, in the sample interrogated this year, more complaints required a fuller investigation of concerns. As we have stated earlier, this we believe this is due to the complex nature of complaints which often required complaint handlers to work with ‘operational’ team members to gain insight into case histories, previous interactions or to advise on a ‘way forward’. Moreover, complaint handlers have taken a more detailed approach to responding to complaints to deliver fuller, tailored responses to queries. There were four records where we believe further investigation should have taken place but did not. This represents a completion rate of 96.4% against this metric.

8.104 In those instances, where investigation is required, it is important to explain to complainants the actions that were taken to investigate their concerns, and to give them a full explanation as to what was found and the reasons behind it. We found that in the vast majority of cases where investigation took place, this was communicated to complainants. Complaint handlers frequently went above and beyond to investigate complaints, often being able to alleviate blockages or develop ‘workaround’ positions. This goes beyond simply responding and demonstrates a genuine desire to be helpful and improve customer experiences with the GMC as a whole. This is to be applauded.
8.105 In this year’s audit sample, we find that the quality of written English remains exemplary.

8.106 Complaint responses are invariably friendly and professional in tone of voice. As stated above, responses are polite and actively helpful.

8.107 In the environment that GMC operates in, and within its own processes, there is a high requirement for the use of jargon and acronyms. We found in most cases that this is used appropriately, with the audience in mind. However, we would advise that staff remain cautious in its use, to ensure that they are communicating in the clearest terms possible. This is especially where there are multiple names for things (e.g. form UD8 / provision of medical services statement)

Delays in receipt to complaints team

8.108 During our discussions with staff in 2018, we heard that there was an issue with the time taken for communications to reach the complaints department when initially received elsewhere in the organisation. We found overall that there was no evidence in the data
that the situation has worsened - indeed, if anything the trend appears to be toward a reduction in elapsed time. It was interesting, however, that the staff perception appeared to be the opposite of this. We recommended that staff be made aware of this to reduce any inter-departmental friction.

8.109 We explore this issue again below to see if this analysis remains true.

8.110 As above, we have excluded the ARF increase complaints from the chart below giving a breakdown of the reasons given for breaching SLA in 2019. These amounted to 140 complaints citing ‘multiple/other’ as the reason for breaching (the equivalent of 55% of all breached complaints).

![SLA breach reason chart](image)

8.111 In the 2019 data set, there have been some changes in the order of the most common reason for SLA breach. ‘SLA met - admin error’ is now the most commonly cited reason. Given that there have been new staff, who are unfamiliar with the system, this is not wholly surprising.

66
8.112 At the aggregate level, ‘delay in receipt’ remains as the second most common reason given. It is encouraging that ‘workload issue’ has moved from the most common issue in both 2017 and 2018, to the third in 2019.

![Chart 28](image)

*Chart 28 - Average days to reach the complaint’s team from first receipt adjusted for fee increase complaints (full data)*

8.113 Delay in receipt does seem to very slightly more of an issue in 2019 than in previous years. However, it is worth noting that the range of variance is 0.3 days, i.e. of limited real-world significance.

8.114 In order to determine if the averages are, in reality, masking an increase in the number or severity of ‘problem’ cases, i.e. where there is a significant delay in receipt, we looked at the percentage of cases that take three or more days to reach the department. Although there has been a slight increase this year, overall the numbers are little changed year on year.
Finally, we plotted the elapsed time for all cases to reach the department. As can be seen, the curves are extremely similar across all three years (with a correlation coefficient of close to 100%).

**Chart 29 - Percentage of cases taking three or more days to reach the complaints team (full data)**

8.115 Finally, we plotted the elapsed time for all cases to reach the department. As can be seen, the curves are extremely similar across all three years (with a correlation coefficient of close to 100%).
Overall, performance against this metric has remained stable. We were pleased to note that staff did not complain about this being an issue in our interviews with them this year. Staff in R&R told us that they had recently held a session with contact centre staff to share work practices and explain the complaints process. We were told that this session was well received and went very well. We believe that sessions such as this are important for reducing inter-team tensions. The GMC should consider if it is worth holding similar sessions with other directorates.

Are next steps (if any) outlined?

We believe that outlining next steps is an important facet of good complaint handling, as this gives the complainant a clear view of what to expect, when to expect it, and sets their hopes at a realistic level.
8.118 Furthermore, explaining potential further avenues for recourse (particularly if the complainant has received a response that was not as they were hoping for) is important if these avenues exist, but equally so is being clear if all avenues have been exhausted. This approach also helps the organisation position itself as open and pragmatic in its dealings with customers. It is encouraging that the GMC performs so strongly in this area.

8.119 In the 2019 sample, we found that around 80% of complaints required a next step or further action to be taken by the GMC or the complainant. We found that in all but three cases the next steps were explained to the complainant. This is a remarkable performance.

8.120 In all of the cases that did not explain next steps, this was simply because we found that the responder could have been clearer about timeframes for next steps or any options for appeal.

8.121 Complaint responses routinely signpost complainants to alternative means of resolving their queries and invite complainants to respond if they would like any further clarification.
9. Complaint handler interviews

2019 interviews - synopsis

9.1 In addition to our review of cases from the database, we carried out interviews with three members of staff who work in complaints handling teams with the aim of getting their views about current processes, their work environment and any possible areas of improvement. The interviews took place in GMC’s Manchester office on 28 October 2019.

Overview

9.2 As we have noted in our previous reports, we found complaints staff at the GMC to be extremely enthusiastic and committed to their roles. This is rare within complaints departments. Staff genuinely identified with the ethos of viewing complaints and comments as feedback for improvements in the GMC’s service to customers. We believe this approach is tangible in the responses we have reviewed in our audit sample.

Team cohesion

9.3 We have noted in past years that complaints teams in different directorates operate to slightly different processes and norms. This is, of course, to be expected due to the differing nature of the types of complaint each deals with. Our view is that if teams work well on their own and within the whole, then these differences in operation are manageable and does not lead to any significant friction between directorates. We are glad to report that this year staff told us that inter-team communication was strong and that they regularly communicated about issues each team was facing. We believe that this has been helped by staff members transferring into other complaints teams within the GMC.

9.4 We believe that staff feel they have a solid understanding of how other teams function and are comfortable and knowledgeable about the operation of their own team. From reviewing the audit sample, we do not see any discrepancy in the quality of responses to complaints between the teams. As such, we are confident that all teams produce consistent ‘GMC style’ responses. This has been borne out this year from staff telling us that upon joining a new complaints team, they found the transition smooth and that the process
and style were comparable. Other new members of complaints teams came from other areas of the GMC. We were told that their training was well managed, and they felt happy and confident in their new roles.

9.5 Some staff did tell us that, while job shadowing in other teams does take place, they would welcome the opportunity to have more experience of working with other teams to get a fuller picture of the whole complaints process. We have recommended this in previous years and continue to support this view.

9.6 We were told that there has been higher staff turnover in the past year than has been the case in recent years, that some teams had moved to different floors and in some cases different buildings. Staff told us that while this was initially challenging, the transition was handled well and that they now had settled into new working patterns and were still able to communicate freely - albeit now by phone or email rather than face-to-face.

9.7 Although we are encouraged to see that staff have adapted well to changing working conditions, we think that the situation should be monitored to ensure that team cohesion is maintained. Over the past two years, the GMC has effectively overcome challenges resulting from the relocation of complaints teams to Manchester. This places the complaints function in good stead to absorb any further personnel changes, but it would be prudent to remain aware of potential difficulties before they impact on team performance.

Compliments

9.8 In interviews with staff in 2018, we were told that a new system for logging compliments was due to be implemented. We were pleased to hear from staff we met this year that this is now in place. Staff told us that compliments were logged in Siebel and that there was now a greater emphasis on positive feedback. Staff told us that this had improved morale amongst the team.

9.9 The noting of compliments received represents best practice and we firmly support and endorse this initiative.
Support from senior management

9.10 Staff described the working environment at the GMC as “friendly and warm”. Staff also told us that they received “great” support in their roles from senior managers.

9.11 Staff commented that senior managers were on hand for advice or assistance in managing potentially difficult complaints. In describing the new policy described above for the informal escalation of complaints, staff told us that the designated meetings in which these complaints were discussed were concise, effective and provided complaint handlers with a lot more clarity to frame their responses.

9.12 We have commented on this process above, but we are pleased to note that frontline staff view it positively and that it feeds into their experience of a supportive working environment.

Challenges

Complaints spanning directorates

9.13 Staff told us that a particular challenge this year has been the management of complaints which traverse separate directorate complaints teams. These types of complaints require specialist knowledge held in different parts of the organisation. We noticed an increased prevalence of these in the audit sample, and this supports our view that complaints are becoming more complex.

9.14 We were told that in these cases, a separate complaint was opened by each team involved in order to ensure a complete the response. These were then consolidated into a single response to the complainant. While this somewhat artificially increases total volume of complaints, we find that as this requires the same amount of work, more accurately reflects team workload and highlights the complexity of the complaint that there is not any issue with handling complex complaints in this way.

9.15 We would encourage teams to continue to work collaboratively on these complaints and for a ‘lead’ team to be identified in each case. We also suggest, that each team maintain detailed records of the responses they have provided to complainants. In our audit, we
determined that customer service levels were maintained, and teams demonstrated high levels of cooperation and coordination. While we appreciate that this is challenge for complaint handlers, the process that is in place is effective and delivers the required results, so should be maintained.

9.16 From a management perspective, it would be prudent to review the process to see if it can be improved or streamlined if these types of complaints continue to become more common.

*Complaint logged by phone*

9.17 Staff told us that some complainants, particularly those who contact the GMC by phone, are vulnerable or have mental health issues. This is a challenge for any staff member to manage. We were told by staff that they had received increased mental health awareness training over the last year. Staff also told us that they now identify ‘communication needs’ for complaints which included reasonable adjustments. Staff told us that they felt comfortable in dealing with these complainants and supported by managers in doing so. We believe that it is important that managers continue to check in with staff dealing with vulnerable complainants to ensure that they are coping with the pressures.
List of 2019 charts

Chart 1 - Complaint response overall scores (audit sample) 23
Chart 2 - Days from receipt to close 2019 (full data) 33
Chart 3 - Acknowledgment sent if required 2018/2019 (full data) 36
Chart 4 - Average days to acknowledge receipt (full data) 37
Chart 5 - Days to send acknowledgement by month (full data) 38
Chart 6 - Is the background/context accessible? (audit sample) 39
Chart 7 - Is the Sibel database correctly completed? (audit sample) 42
Chart 8 - Complaint classification (full data) 43
Chart 9 - Was the complaint correctly escalated? (audit sample) 44
Chart 10 - All complaints by stage (full data) 45
Chart 11 - Average days from receipt to close by stage adjusted for fee increase complaints (full data) 46
Chart 12 - Average number of days before SLA for stage 0 closures adjusted for fee increase complaints (full data) 47
Chart 13 - SLA achievement per month with (full data) 50
Chart 14 - SLA achievement per month (full data and additional unlogged SRF complaints - estimate) 51
Chart 15 - SLA achievement per month adjusted for fee increase complaints (full data) 52
Chart 16 - SLA achievement percentages adjusted for fee increase complaints (full data) 53
Chart 17 - Average days from receipt to close by decile (full data) 54
Chart 18 - Stages of the slowest 10% of complaints (full data) 55
Chart 19 - Complaints close to deadline day (full data) 57
Chart 20 - Average completion day (full data) 58
Chart 21 - Complaint understood (audit sample) 58
Chart 22 - Complaint outcome (audit sample) 60
Chart 23 - Response methodology explained (audit sample) 61
Chart 24 - Are regulations referenced? (audit sample) 63
Chart 25 - Complaints investigated, if required? (audit sample) 64
Chart 26 - Responses written in plain English (audit sample) 65
Chart 27 - SLA breach reasons adjusted for fee increase complaints (full data) 66
Chart 28 - Average days to reach the complaint’s team from first receipt adjusted for fee increase complaints (full data) 67
Chart 29 - Percentage of cases taking three or more days to reach the complaints team (full data) 68
Chart 30 - Elapsed time for complaints to reach department 2018/19 (full data) 69
Chart 31 - Were next steps outlined? (audit sample) 70
Executive summary
The purpose of the UK Advisory Forums (Scotland, Wales and Northern Ireland) is to provide advice to the GMC so that its activities and policies are of equal value and effectiveness across the UK. The forums provide the GMC with a platform to share its thinking on priorities and challenges with key interest groups and delivery partners; and provides an opportunity for members to raise and discuss any issues about the GMC’s work in their country.

This paper provides an overview of the most recent UK Advisory Forums, which took place in October and November in Wales, Scotland and Northern Ireland. The summary provides details on discussion around our Supporting a Profession under Pressure programme and plans for our 2021 – 2025 Corporate Strategy.

Recommendation
Council is asked to note the summary report from the UK Advisory Forums.
Meetings of the UK Advisory Forums Autumn 2019

1 The UK Advisory Forums comprise of representatives from key interest groups and delivery partners who meet bi-annually in each of the Devolved Countries.

2 The forums provide a structured setting for GMC leadership to engage in discussion on medium and long-term priorities, with an opportunity to share and discuss policy developments at an early stage to obtain views and input from key delivery partners. The forums also encourage identification of, and discussion on areas of interest that may lead to future work.

3 The UK Advisory Forum (UKAF) meetings were held in Cardiff on 16 October, Edinburgh on 29 October and Belfast on 12 November 2019. We engaged with 44 external stakeholders across the three meetings.

4 At each meeting the Chair reiterated the importance of, and the GMC’s commitment to, ongoing engagement with our key interests in Northern Ireland, Scotland and Wales and thanked members for their ongoing support for our work.

5 The agenda is designed to incorporate areas of our work under the following headings:

- Medical Workforce, Quality and Safety
- Systems and collective effect
- Upstream regulation – preventing harm and supporting professionalism

For the autumn 2019 meetings, this comprised of presentations on our Supporting a Profession Under Pressure programme (SaPUP) and the development of our new Corporate Strategy.

Supporting a profession under pressure

6 Forum members received updates on the key themes of the SaPUP reports that were commissioned in response to increasing concerns over systems pressures, work place cultures, wellbeing and fairness. In addition, an update was given on the work we are undertaking to address issues, specifically around workforce and workplace and how we can collectively take these actions forward.

7 In Wales it was noted that the Welsh Government is currently drafting a Quality and Safety Plan to establish a national approach to addressing and hearing complaints from doctors, students, and patients and it was considered essential that the GMC include primary care when considering the SaPUP programme.
Forum members agreed with the points raised regarding induction, supporting doctors to return to work, and appropriately supporting international doctors working in a new environment. The work highlighted as ongoing in Hywel Dda around leadership development was praised as especially impactful, as it is being provided for doctors at different levels of their career.

In Scotland discussions reflected the need for common learning and an end to silo cultures across the healthcare system, highlighting the opportunities presented by the SAPUP programme to support whole team working.

It was recognised that multi-disciplinary team working mirrored the opportunities for closer collaboration with our partners and stakeholders to deliver culture change and the broader push for regulatory alignment.

Northern Ireland discussions focused on the importance of regular reflective practice within multi-disciplinary teams. Members noted the importance of supportive working environments and noted initiatives to support staff working in secondary care trusts, including open events and Schwartz rounds.

The importance of individual responsibility to maintain professional standards was noted, as was the positive work undertaken by NIMDTA to improve the FY1 experience in Northern Ireland.

The forums received an outline on the development of our next Corporate Strategy, highlighting the key areas for consideration - what it will mean to be a professional regulator in five to ten years. Members were asked to share their views on this as well as how we can better support our partners and what a four-country regulator should look like. Members in Wales stated that they believed the GMC must gain the respect it deserves as a regulator and that focus needs to shift from evidence-based to patient experience. The importance of ensuring that our Strategy accounts for patient preferences was raised and the GMC was asked to seek their views.

Discussions in Scotland emphasised opportunities in the future to work collaboratively, noting that the GMC, by the end of its next Corporate Strategy, would be a multi-professional regulator through the inclusion of Physician Associates and Anaesthesia Associates.

Northern Ireland members stated that they believed one of the challenges the GMC faced was the issue of divergence across the four countries. As healthcare systems
and policy continue to change across the UK, the GMC must adapt to provide a regulatory model which reflects this.

**GMC Update**

**17** This is a standing agenda item at all forums where the Chief Executive provides an update on key areas of our work. As well as our work on Supporting a Profession Under Pressure (SaPUP), the update noted the development or implementation of workforce strategies in each of the four countries, our planning for Brexit and the regulation of Physician Associates and Anaesthesia Associates.

**18** The Chief Executive highlighted the fact that three independent reviews under the SaPUP programme were commissioned from different perspectives, but the outcomes shared themes of compassionate leadership, fairness, and induction and support for doctors.

**Outputs and Outcomes**

**19** Meetings were constructive with members fully engaged in positive discussions. A range of GMC staff across the senior team and the national offices attended each meeting.

**20** A number of specific actions were agreed that will be of benefit in progressing our work across the UK, including:

a. Considering the language used when engaging with registrants and to look at how our messages are framed.

b. Explore how we can work on a collaborative basis with professional and system regulators in Scotland towards achieving regulatory alignment.

c. Consider issues of working within MDTs, through SaPUP and as PA/AAs are brought into regulation.

d. Consider how to further support SAS/LED doctors.

e. Determine what can be done to strengthen Welcome to UK Practice (WtUKP) provision within Wales, and whether it can be tailored to a Welsh-specific approach such as ‘Welcome to Welsh Practice’.

f. Consider whether we need to have a more active role in processes around access to medical education.
g  Determine whether we can work collaboratively with the FMLM to develop a document setting out clear expectations to RO's of what needs to be provided to trainees in terms of training introductions and inductions.

h  Determine whether we can help, or help others, to be an advocate for Physician Associates to help provide stronger career progression routes within Health Boards with more funding opportunities and workforce benefits.

i  The GMC was challenged to improve our engagement with medical students and to communicate positive messages to the profession to rebuild trust and increase confidence.

j  The GMC to consider how it responds to the diverging health policy agenda across the four countries of the UK, including the unique pressures impacting the NI health and social care system.

Impact and Value

21  The meetings are well attended by our key interest groups and we continue to receive positive feedback from participants across the devolved countries.

22  Clinical Fellows attended the meetings - Brendan Spooner was present at all three, and Catherine Walton, Alice Rutter and Peter Farnon attended their respective meetings.

23  The Chair announced our intention to deliver a series of summits in each of the four countries in early 2020, in relation to our supporting a profession under pressure work. This will enable us to showcase our SaPUP work and strongly demonstrate how we can collaboratively move forward with the recommendations of the report in the specific context of each country.

24  In addition to the UK Advisory Forums there is added value in the bi-lateral meetings that are arranged for our Chair, Chief Executive and senior management team, whilst visiting each country. The meetings are also attended by Devolved Office colleagues.

25  For the autumn 2019 bi-laterals meetings:

a  In Wales, the Chief Executive visited Hywel Dda Health Board which provided the opportunity to showcase good practice in Wales, particularly around multidisciplinary working. The Chair also visited HEIW to meet with some of the senior executive team and with the Welsh Clinical Fellows and BEST trainees.

b  In Scotland, the Chair and members of the Senior Management Team met a wide range of key stakeholders in individual meetings ahead of the Forum, including the
Chief Medical Officer, the Chief Executive of the NHS in Scotland, NHS Education Scotland’s PG Dean, the President of the Scottish Academy and representatives from the sole undergraduate Physician Associates course in Scotland.

c In Northern Ireland, the Chair and Chief Executive undertook a visit to the South Eastern Health and Social Care Trust. During the visit the Trust’s Chief Executive shared insights into unique NI workforce challenges and system pressures.

Next steps

26 The spring 2020 meetings of the UK Advisory Forums will take place in Cardiff on 17 March, Edinburgh on 25 March and Belfast on 31 March 2020.

27 The actions arising from the autumn 2019 meetings will be regularly monitored on an ongoing basis.
Agenda item: M7
Report title: Report of the Medical Practitioners Tribunal Service Committee 2019
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 consider

Executive summary
This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2019.

Key points to note:

► All new medical practitioner tribunal hearings are now subject to pre-hearing case management, regardless of hearing length and case type.

► Improvements have been made to our hearing centre to make it easier for visitors to find their way around.

► The tribunal members appointed in 2019 are now sitting in hearings.

► Referrals to medical practitioners tribunal hearings have continued to increase.

► We have made good early progress in evening out the hearings workload.

Recommendation
► Consider the report of the MPTS Committee.
**Governance**

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

2  This paper is the MPTS Committee’s second report of 2019.

3  The MPTS Committee met on 10 September 2019 and considered tribunal resourcing, the MPTS Vision, the delivery of the 2019 MPTS business plan and the draft MPTS 2020 business plan.

4  The MPTS laid its third annual report before Parliament earlier this year.

**Operational update**

5  In recent years the MPTS has made changes to its procedures to provide a more efficient and effective tribunal service, including: requiring parties to submit a hearing bundle in advance in most medical practitioners tribunal (MPT) hearings, the use of Legally Qualified Chairs (LQCs) in most hearings, and greater use of pre-hearing case management.

6  We believe it is important to minimise the stressful impact delays can have on doctors, witnesses and all those involved in our hearings. Therefore, to support the delivery of a high-quality service to all users, we have focussed on maximising MPTS resources and managing our workload more effectively.

7  As previously reported, we carried out a review of our pre-hearing case management service to identify opportunities for continuous improvement, to ensure efficient use of our resources and to consider how best to meet the needs of those attending hearings.

8  We have continued to progress the recommendations from this review. We have liaised closely with colleagues in both the Fitness to Practise directorate, and in organisations representing doctors in our hearings.

9  To support us in delivering these changes we have recently expanded the Case Management team, appointing a new Level 3 team manager to support the administration of listing and coordinating hearings and pre-hearing meetings.

10  We are progressing our work to set clear expectations about the level of information we require from both parties when and after a case is referred to the MPTS.

11  All new MPT hearings are now subject to pre-hearing case management, regardless of hearing length and case type. Pre-hearing meetings will also be held earlier, so that when we use our powers to issue legally binding case management directions, we do so at the earliest opportunity.

12  The MPTS is developing guidance documents and forms to assist parties engaging with these revised processes. It will also be offering training sessions to colleagues in GMC Legal, the medical defence organisations and other regular users.
Our Doctor Contact Service continues to offer support to doctors on the day of a hearing, particularly those attending alone or without legal representation. The Service aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of our staff unconnected to the doctor’s case can be available to support them at any time.

In 2018 the Service helped 109 doctors on 159 occasions. Between January and September 2019, the Service has helped 101 doctors on 199 occasions. We have continued to receive positive feedback on the impact of the service, users have highlighted the benefits of having processes explained to them and being signposted to the most relevant information.

On 31 October 2019, we introduced new guidance for restoration hearings, incorporating learning points received from a recent appeal judgment. The guidance will be used by tribunals in cases where doctors are seeking restoration following disciplinary erasure.

We are developing further guidance to support tribunals in restoration hearings following administrative and voluntary erasure.

**Support services update**

The MPTS is operationally separate from the GMC in all activities that impact on independent tribunal decision-making. In other areas, we share resources with the rest of the GMC.

The MPTS Executive Manager, Gavin Brown, now reports to Director of Resources, Neil Roberts, while still taking day-to-day direction from the MPTS Chair.

In 2019 we have been working with our Facilities colleagues to make improvements to our hearing centre.

This has included making it easier for visitors to find their way around, by introducing a more logical ordering of hearing room numbers, and colour coded corridors.

**Tribunal members**

We appointed 25 LQCs and 23 medical tribunal members earlier this year, all of whom have now received induction training. They began sitting in hearings from late summer.

We have extended the ways in which we provide training to tribunal members, with eLearning and webinars introduced last year. We have continued to improve these, to provide a more varied approach to training for our tribunals.

As of October 2019, the MPTS had 319 tribunal members: 168 lay members including 86 Legally Qualified Chairs and 151 medical members, of whom 46% are female and 21% identify as BME.

This compares favourably with the most recently published figures for courts in England and Wales (29% female and 7% BME) and tribunals in England and Wales (46% female and 11% BME).
25 It also compares well with the UK population (51% female and 13% BME).

Quality assurance

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

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

28 All learning points issued to tribunal members can be viewed on the MPTS website.

Referrals

29 Referrals to MPTs in quarter 3 2019 have risen 13% in comparison to the same period in 2018, with an average of 4 additional referrals per month.

30 In the first three quarters of 2019 we received 291 MPTs referrals. This compares to 250 referrals in the same period in 2018 and to 213 in the corresponding period in 2017.

31 Our Case Management section has been working jointly with colleagues in Operations to even out the monthly hearings workload. This work aims to reduce workload pressures and support staff wellbeing whilst improving our effectiveness and efficiency.

32 The chart below demonstrates the good early progress that has been made.
Hearing outcomes

33 Hearing outcomes for the previous three years and the first three quarters of 2019 are provided at Annex A.

34 In the first three quarters of 2019, 264 doctors appeared at new IOT hearings. 14% of those doctors were suspended from the medical register on an interim basis, 64% were given conditions and in 22% of hearings the tribunal decided to take no action.

35 In 2018, 388 doctors appeared at new IOT hearings. 12% of those doctors were suspended from the medical register on an interim basis, 64% were given conditions and in 24% of hearings the tribunal decided to take no action.

36 In the first three quarters of 2019, 200 doctors appeared at new MPT hearings. 23% of those doctors had their name erased from the medical register, 45% were suspended and 6% given conditions. 15% were found not impaired and a further 9% found not impaired but issued with a warning. In 2% of hearings, the tribunal decided no action was necessary after a finding of impairment. In three hearings (>2%), the tribunal accepted an application for voluntary erasure from the register.

37 While more doctors appeared at new MPT hearings in recent years, the proportion of different outcomes has remained broadly similar. In 2018, 247 doctors appeared at new MPT hearings. 26% of those doctors had their name erased from the medical register, 41% were suspended and 10% given conditions. 17% were found not impaired and a further 4% found not impaired but issued a warning. In two hearings (>1%), the tribunal decided no action was necessary after a finding of impairment. In three hearings (1%) the tribunal accepted an application for voluntary erasure from the register.

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

39 4 new non-compliance hearings were held in the first three quarters of 2019, with a suspension imposed in all four cases.

40 8 restoration hearings were held in the first quarters of 2019, with the doctor’s application being refused in six cases.

Looking ahead

41 In a future report to Council we will provide a more detailed update on the proposed changes to the Sanctions guidance including how we have developed the guidance into a five-part suite of decision making guidance, with support from colleagues in GMC Legal and Policy, and our plans for a formal public consultation.
Agenda item: M7

Report title: Report of the Medical Practitioners Tribunal Service Committee 2019

Annex A

Hearing outcomes Jan 16 – Sep 19
Hearing outcomes Jan 16 – Sep 19

Medical Practitioners Tribunals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired: Erasure</td>
<td>70</td>
<td>31%</td>
<td>62</td>
<td>31%</td>
<td>65</td>
<td>26%</td>
<td>45</td>
<td>23%</td>
</tr>
<tr>
<td>Impaired: Suspension</td>
<td>93</td>
<td>41%</td>
<td>76</td>
<td>39%</td>
<td>101</td>
<td>41%</td>
<td>89</td>
<td>44%</td>
</tr>
<tr>
<td>Impaired: Conditions</td>
<td>17</td>
<td>7%</td>
<td>13</td>
<td>7%</td>
<td>25</td>
<td>10%</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Impaired: No action</td>
<td>2</td>
<td>1%</td>
<td>4</td>
<td>2%</td>
<td>2</td>
<td>1%</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Not impaired: Warning</td>
<td>11</td>
<td>5%</td>
<td>13</td>
<td>7%</td>
<td>10</td>
<td>4%</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td>Not impaired</td>
<td>34</td>
<td>14%</td>
<td>27</td>
<td>14%</td>
<td>41</td>
<td>17%</td>
<td>30</td>
<td>15%</td>
</tr>
<tr>
<td>Voluntary erasure</td>
<td>2</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>1%</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Undertakings</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>100%</td>
<td>195</td>
<td>100%</td>
<td>247</td>
<td>100%</td>
<td>200</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-compliance not found</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application granted</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application refused</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>15</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Interim orders

<table>
<thead>
<tr>
<th>New IOT hearing outcomes</th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
<th>Q1 –3 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>%</td>
<td>Cases</td>
<td>%</td>
<td>Cases</td>
<td>%</td>
<td>Cases</td>
<td>%</td>
</tr>
<tr>
<td>Suspension</td>
<td>58</td>
<td>17%</td>
<td>43</td>
<td>12%</td>
<td>48</td>
<td>12%</td>
<td>38</td>
<td>14%</td>
</tr>
<tr>
<td>Conditions</td>
<td>233</td>
<td>69%</td>
<td>238</td>
<td>68%</td>
<td>247</td>
<td>64%</td>
<td>169</td>
<td>64%</td>
</tr>
<tr>
<td>No action</td>
<td>48</td>
<td>14%</td>
<td>71</td>
<td>20%</td>
<td>93</td>
<td>24%</td>
<td>57</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>339</td>
<td>100%</td>
<td>352</td>
<td>100%</td>
<td>388</td>
<td>100%</td>
<td>264</td>
<td>100%</td>
</tr>
</tbody>
</table>

## Number of review hearings

<table>
<thead>
<tr>
<th>Review hearing outcomes</th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
<th>Q1 –3 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td></td>
<td>Cases</td>
<td></td>
<td>Cases</td>
<td></td>
<td>Cases</td>
<td></td>
</tr>
<tr>
<td>Medical practitioners tribunal review hearing</td>
<td>171</td>
<td></td>
<td>148</td>
<td></td>
<td>151</td>
<td></td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>Medical practitioners tribunal review on the papers</td>
<td>4</td>
<td></td>
<td>12</td>
<td></td>
<td>6</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Non-compliance review hearings</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Interim orders tribunal review hearing</td>
<td>860</td>
<td></td>
<td>524</td>
<td></td>
<td>417</td>
<td></td>
<td>344</td>
<td></td>
</tr>
<tr>
<td>Interim orders tribunal review on the papers</td>
<td>277</td>
<td></td>
<td>351</td>
<td></td>
<td>462</td>
<td></td>
<td>349</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1312</td>
<td></td>
<td>1035</td>
<td></td>
<td>1036</td>
<td></td>
<td>815</td>
<td></td>
</tr>
</tbody>
</table>
Executive summary

This report provides an update to Council on the Audit and Risk Committee’s activities since May 2019. It notes:

- The assurance the Committee continues to receive in the operation of the Risk Management Framework.
- There is a good control framework in place across the organisation and internal audit recommendations have appropriate actions in place to address them.
- Continued satisfaction with the work of external and internal auditors.
- The reappointment of Crowe LLP as external auditors.

The Council seminar on risk in November has received positive feedback. The key message is that Council does take assurance and has confidence in the work of the Committee. A few areas for further consideration were identified including:

- Whether we have sufficient access to external knowledge and intelligence in the wider world and whether we could make more of external roles to inform and evaluate policy decisions
- The need to be aware of our risk appetite and the consequences of an additive nature where we seek to take on more
- Whether a short note to Council immediately after any committee meeting with the key things discussed and the key issues arising would be helpful.

Recommendation

Council is asked to note the report and confirm that it is content with the assurance provided.
Introduction

1 The Audit and Risk Committee has met three times since its last report to Council, in formal session and seminar on 18 July, 12 September (in Manchester) and 14 November 2019. The seminar in July heard about how the GMC handles difficult HR issues, some of the high-level issues in the staff survey and the new role of the Freedom to Speak Up Guardian. This had been launched in March to provide an additional complementary route for staff to raise concerns if they did not feel comfortable approaching their line manager, another senior manager or HR, and demonstrates the GMC’s support for the speaking up culture in the NHS which is being driven by the National Guardian’s Office. At the time of writing this report, 38 concerns have been raised with the Guardian.

2 In September Sarah Hillary, Partner BDO, ran a workshop seminar on risk using two case studies of organisational failure – Kids Company and Carillion - to draw out the importance of the role of audit committees and assurance for non-executives. The seminar was extended to full Council on the 5th November and introduced two further case studies for examination – Oxfam and the Nursing and Midwifery Council. A summary note of the workshop outputs is attached at Annex A. It is pleasing to note the areas members have assurance and confidence in and in particular that the work of the Committee gives assurance that governance, leadership and decision-making and operational management are covered.

3 There are also areas to reflect on including whether there is sufficient access to external knowledge and intelligence and how external roles could help inform and evaluate policy impact, the need to keep the GMC’s regulatory purpose in focus and providing more immediate summary feedback to Council after committee meetings. The Chair will be discussing these further with the Chair of Council.

4 Committee meetings continue to be supported by the Executive Team and have included the attendance of relevant directors and assistant directors when audit reports relating to their area of business have been presented. Since the departure of the Chief Operating Officer in September, the Chief Executive and Director of Resources have continued as standing attendees at meetings with the addition of the directors on a rotating basis. This is providing a welcome additional perspective to the Committee’s discussions.

5 The Committee continues to discuss all reports, including those with a green rating to ensure that the message of celebrating success 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 14 November 2019, the Committee undertook its annual review of the Statement of Purpose and considers this remains relevant for its assurance role.

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

**Committee update**

The Committee is grateful for the contribution of outgoing independent member, John Morley and was delighted to welcome Ken Gill to his first meeting in September. 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.

In line with good governance practice, we have now introduced annual appraisals for independent members, conducted by the Chair, and these have taken place for the first time over the summer.

**Integrity of the financial statements and performance of the external auditor**

In June, following the work of the external auditors, Crowe LLP, Council approved the financial statements and Annual Report 2018. The external audit fee, terms of engagement, external audit plan and audit scope for 2019 were discussed in preparation for the 2019 external audit at the November Committee meeting. The Committee noted areas where Crowe will rely on internal audit work and thus maximise the benefit of this.

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

**Reappointment of the external auditor**

The current contract with the external auditors expired following the audit of the 2018 accounts. After a full procurement exercise and approval by Council, Crowe LLP has been reappointed to audit the GMC’s accounts, including GMCSI Ltd and the accounts of the GMC defined benefit pension scheme. The Chair of the Committee led the procurement panel, supported by Lord Hunt, Steve Downs (Assistant Director Finance and Procurement), Gordon Duffus (Head of Procurement) and David Donnelly (Head of Management Accounting).
Governance and risk management

The Committee continues to use risk as the basis for its approach to oversight and scrutiny bringing a balanced consideration of forward looking risks and issues alongside its backward look at audit work to gain assurance on systems of internal control and risk management. The high level strategic risk discussion which forms the first section of every meeting continues to provide an important backdrop to the Committee’s understanding of the challenges and opportunities the GMC faces and the work that goes on across the organisation to mitigate and enhance risks. The insight from the CEO and other Executive members is particularly welcomed.

Inevitably as such a high-profile regulator, there are many risks to be considered and managed but the Committee remain 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. The Committee also values hearing about some of the opportunities the GMC is enhancing to ensure there is an appropriate balance to their discussions.

This year’s internal audit review of risk focused on the ongoing work of embedding the Risk Management Framework across the organisation. Using a survey to canvas the views of all assistant directors and heads of section, followed by a series of focus groups, useful feedback was obtained as to how the current framework is being used. The findings confirm, as with previous reviews, that progress is being made and the Framework continues to develop. There was positive engagement from participants and a number of suggested enhancements highlighted which are now being considered and implemented.

The report concludes that the GMC has an established risk management framework and process, capturing all significant business risks (opportunities and threats), including strategic, operational, reputation and project/programme risks. The organisation continues to demonstrate its commitment to the constant evolution of risk and risk practice.

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

As in previous years, the audit team has delivered a comprehensive risk-based audit programme during 2019 covering a mixture of operational compliance based audits and audit work on areas with a clear key strategic impact, such as the transformation programme and managing change.
19 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 and amber that weaknesses have been identified which put achievement of objectives at risk and remedial action is required.

<table>
<thead>
<tr>
<th>Audit review</th>
<th>Assurance rating</th>
<th>Number of recommendations (high priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2018 IA recommendations follow up</td>
<td>Green</td>
<td>0</td>
</tr>
<tr>
<td>2 Business planning and budgeting</td>
<td>Green amber</td>
<td>5 (2)</td>
</tr>
<tr>
<td>3 Corporate quality assurance</td>
<td>Green</td>
<td>1</td>
</tr>
<tr>
<td>4 Interim orders review on papers</td>
<td>Green amber</td>
<td>7</td>
</tr>
<tr>
<td>5 Voluntary erasure</td>
<td>Green amber</td>
<td>5</td>
</tr>
<tr>
<td>6 Risk management</td>
<td>Green amber</td>
<td>6</td>
</tr>
<tr>
<td>7 Recruitment processes</td>
<td>Green amber</td>
<td>9 (1)</td>
</tr>
<tr>
<td>8 Corporate reporting - benefits</td>
<td>Amber</td>
<td>4 (2)</td>
</tr>
<tr>
<td>9 ISO27001</td>
<td>Green</td>
<td>4</td>
</tr>
<tr>
<td>10 BS10008</td>
<td>No non conformities</td>
<td>8 ‘opportunities for improvement’</td>
</tr>
<tr>
<td>11 Transformation programme</td>
<td>Amber</td>
<td>4</td>
</tr>
<tr>
<td>12 Standards and ethics</td>
<td>Green amber</td>
<td>6 (1)</td>
</tr>
<tr>
<td>13 Cyber security</td>
<td>Green amber</td>
<td></td>
</tr>
<tr>
<td>14 Change management</td>
<td>Amber</td>
<td>6 (3)</td>
</tr>
<tr>
<td>15 Treasury management</td>
<td>Green</td>
<td>1</td>
</tr>
<tr>
<td>16 Data analytics</td>
<td>Not rated</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>66 (9)</strong></td>
</tr>
</tbody>
</table>

20 The two high priority recommendations from the business planning and budgeting review were noted in the last report to Council. The first related to producing a high-level business plan with costs and activities for the whole period of the Corporate Strategy with more granular annual plans outlining how strategic objectives will be delivered each year of the Strategy. The second was to redress the balance between planning for growth and business as usual activities. Currently, 95.5% of the GMC’s budget is spent on delivering BAU and only 4.5% on growth or new initiatives yet the
business planning and budgeting process focus is weighted towards the latter. We will be revisiting these as part of the 2020 audit programme to assess the lessons learned.

21 The recruitment audit raised one high priority recommendation which was to undertake a detailed review to consider whether processes could be more streamline and agile.

22 Over the last two years the GMC has moved its work on benefits management forward considerably. The high priority recommendations recognise that the GMC is now at the stage where a wider level of awareness and understanding of benefits and the lead and lag measurement indicators is needed, along with embedding benefits reporting at programme/project and operational levels for a step change.

23 The Standards and Ethics high priority recommendation related to looking at the structure in the team. Because the team is small and highly dependent on highly specialist and experienced individuals who appear to be stretched across various policy initiatives at any one time, the recommendation suggests senior management should look to see if it were possible to provide potential for more diversification and knowledge transfer. This could provide more flexibility and coverage and reduce the vulnerability of the team to absence and turnover.

24 The three high priority recommendations with respect to managing change encourage the GMC:

- to make the cultural implications of change a core consideration in any change project

- to ensure that changes embarked upon are based on thorough analysis and identification of a problem with a clear rational for the selection of the preferred option (linking back to the Corporate Strategy, business plan, values and regulatory objectives)

- to take into account all relevant factors in determining how best to communicate change to those affected - being transparent about the problems, avoiding ‘management speak’ and ensuring direct communication between the senior ‘changer’ and teams affected.

25 As well as work by BDO, the Committee separately commissioned through the Assistant Director of Audit and Risk Assurance, an independent review of the GMC’s BS 10008 (the standard for Legal Admissibility and Evidential Weight of Electronic Information) to which the GMC became fully accredited in 2016. The independent reviewer was again complimentary about the work of the team concluding that the
information management system at the GMC is effective in ensuring the trustworthiness of electronic information.

26 Since then, the British Standards Institution (BSI) performed our tri-annual recertification audit for BS10008 (the standard for Legal Admissibility and Evidential Weight of Electronic Information). The GMC has successfully passed their detailed assessment and have been recommended for re-certification for the next three years.

27 This year’s cyber security review, conducted by the specialist team from BDO, adopted a ‘hacker’ approach to make the work as realistic as possible to the increasing information security attacks we are noting in the media. This included two phishing tests, an increasingly common tactic used by hackers, both of which were identified quickly by the GMC’s in-house security team. The report did not identify any high-risk findings and in their presentation to the Committee, the audit specialist impressed on the Committee the speed of management response in addressing the findings. As last year, which used a different cyber company, the review concluded that in comparison to other organisations, the GMC is taking a proactive and mature approach towards cyber security.

28 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. There remains a continuing effort to close outstanding audit actions promptly. At the time of this report, there are five recommendations overdue. The Committee is satisfied with the arrangements in place and timeframes to address these.

Significant event reviews

29 Since the last report to Council the Committee has considered one significant event review (SER). This related to the case of Zholia Alemi, who fraudulently gained entry to the GMC’s Register. The review took an in-depth look at:

- whether there were other historical cases where there was a high risk that an application was fraudulent
- whether current processes and systems are robust and rigorous
- how the event was handled when it arose, applying lessons learned following the case of Dr Bawa-Garba.

30 It concluded that the GMC responded swiftly in addressing the external handling arrangements needed, invoking a SitRep Group, chaired by the CEO and establishing a working group chaired by the Director of Registration and Revalidation. Regular updates were provided to Council and the Audit and Risk Committee.
With respect to ongoing work, a proportionate and risk based approach has been taken to further PMQ verification and the GMC is also looking again at a number of aspects of policy and processes to see what further assurance it may want to see going forward. A number of key policy workstreams are underway, some of which have medium term timeframes to come to fruition. The Senior Management Team will be monitoring progress and receiving regular updates until these are delivered.

**Internal audit management arrangements**

The enhanced 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.

Since the last report to Council, Oliver Jones, our day-to-day lead on internal audit from BDO, has left the organisation. He has been replaced by Gavin Fernandes, Manager, with Sarah Hillary, Partner, providing additional support through a short transition period.

The GMC’s internal audit function has just had its independent five-year Quality Assurance visit by the Institute of Internal Auditors. Such assessments are not mandatory for the GMC but are good practice and demonstrate our commitment to excellence and continuous improvement. At the time of writing, the review was not completed but initial feedback to the Committee was positive. The assessor described an internal audit function which was ‘respected’ and ‘valued as a critical friend’. He identified areas of not best practice but ‘next practice’ and was complimentary about the operation of the co-sourced model. We anticipate receiving the assessor’s report shortly and will be considered it in detail at the January Committee meeting.

**Audit programme 2020**

At its meeting in November, the Committee approved the overall audit programme for 2020 but will be having a further discussion in January about the balance of activity across the key risk areas as outlined in the Corporate Opportunities and Risk Register. A recent review of the Internal Audit Strategy has suggested that there would be benefit in broadening IA work to include fuller consideration of the outward facing work the GMC is delivering and its efforts to better influence the wider environment as part of a more up-stream, intelligence led regulation.

The review also identified a few gaps including the opportunity to speak out about the profession’s environment and the potential difficulties it poses in relation the GMC.
regulatory requirements, and how it is keeping abreast of political agendas in all four nations. The audit programme will need to continue to retain a flexible element to allow it to respond to emerging risk areas or where assurance is needed on major initiatives and the Committee noted the assurances from the Assistant Director Audit and Risk Assurance that the planning structure and cycle of audit work would facilitate this level of agility.

**The Committee’s 2019 review of its effectiveness**

37 The Committee will be undertaking its annual review of effectiveness during December. The Committee has already sought views from Council and assistant directors through a short survey and the results from these will feed in to the wider analysis which the Committee will consider in January.

**Adding value**

38 By continually improving its knowledge of the business and seeking assurance through audit and risk activity, the Committee believes it is improving its own performance and consequent value to the business 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 regular 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.
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.

The seminar session exploring risk and assurance in organisations that have failed at Council’s November meeting, was also an example of the Committee adding value more widely. By proactively exploring its remit and testing the level of assurance Council is receiving via the Committee to underpin all aspects of its decision-making the Committee is able to tailor its activities and work programme to ensure maximum value is achieved.
Council risk seminar key messages

Areas members have assurance and confidence in

Information and reporting
Review and refresh of GMC Strategy ensures we stay focused on, and bring clarity to our statutory purpose on a regular basis
Wide range of papers come to Council (ie not just a narrow focus being fed through from the Executive)
GMCSI reporting to Council
Good information on pensions and investments with Council aware of the risks
Clear management information on finance and fitness to practise activity
ARC reports and surveys give assurance that governance, leadership, decision-making and operational management are mostly covered

Member skills, experience and relationships
Good non-executives with a broad range of skills (including charity expertise) which makes a strong collective Council
Formal and informal relationship between Chair and CEO
Close contact with devolved nations

Auditor relationships and role of ARC
Auditors have clear line of sight to the non-execs and the Chair
Auditors and non-execs have closed meetings without management present
Periodic tendering for both internal and external audit services
ARC Chair investment in auditor relationships
Annual external auditors report and annual Head of Internal Audit Report to Council

Independent members on the Audit and Risk Committee

**Culture**

Regular staff survey

Reassuring that we capture the fact that not everyone feels they can raise concerns

**Areas to reflect on**

Need to maintain skill mix when Council rotates

Do we have sufficient access to external knowledge and intelligence in the wider world and could we make more of external roles to inform and evaluate policy decisions (e.g. longitudinal studies of policy impact and objectives being met)?

Need to keep regulatory purpose at the front of our minds to ensure we keep the balance right between statutory responsibilities and policy influence/development

Need to ensure we continue to hear the patient voice (in part provided through lay members) which protects us from falling prey to political turbulence

Need to be aware of our risk appetite and the consequences of an additive nature where we seek to take on more

A short note to Council immediately after any committee meeting with the key things discussed and the key issues arising would be helpful

Should non-execs meet without the Executive?

Is Head of Internal Audit (HoIA) reporting line to the Executive sufficiently independent (Chair of ARC meets auditors without HoIA present)?

Need to ensure we don’t confuse data with insight and intelligence

We could do more to share our insight with Council from the staff survey when we drill down in to the detail and identify drivers for improvement

Is there sufficient Council memory to track longer term issues where there is low turnover of senior managers (though do have access to archive information when needed)?

Are there sufficient metrics for all areas of the business, e.g. Education?

---

[www.gmc-uk.org](http://www.gmc-uk.org)
Executive summary

The Council forward work programme for 2020 has been developed to reflect the strategic aims of the GMC’s Corporate Strategy 2018-2020, the Business Plan for 2020 and to enable the effective conduct of its work.

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

Council needs to consider the proposed work programme and whether any changes need to be made.

Recommendation

Council is asked to agree its forward work programme for 2020
Issue

1. Council’s work programme for 2020, at Annex A, has been derived from ongoing work arising from the Corporate Strategy and 2020 Business Plan.

2. Council has in previous years expressed a particular interest in spending time at Council meetings on a range of significant policy and operational areas which the forward work programme seeks to reflect. Given our position in the Corporate Strategy cycle, many of the items are milestones and updates in projects you will be familiar with, at various stages of their maturing stages of their implementation, rather than new initiatives.

3. The work programme reflects the anticipated timetable associated with issues requiring reporting to or consideration by Council, and may be subject to further changes as priorities change, as new issues arise, or because of external factors which impact on the work.

4. There will be an opportunity to review the forward work plan in the summer, for the rolling 12 month period from then.

5. The programme also takes account of securing Council’s input at an interim and end stage to inform key strategic and high level policy issues. It also reflects the outcomes of the governance and Council effectiveness review, particularly in relation to the structure of the agenda and keeping the number of confidential items to a minimum, in accordance with set criteria as outlined in the Governance Handbook, to enable greater transparency and accountability.

6. Seminar sessions are proposed before each meeting, continuing the current format. This means they will focus on one or two strategic items for open discussion, rather than for specific decision. As we hope to retain some flexibility to accommodate issues that come up early in the year, not all of the seminar slots are populated at this stage.
Council meeting, 12 December 2019

M11 – Council Forward work programme

M11 – Annex A

Council forward work programme 2020

*Draft as of: 14 November 2019*

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 26 February (evening seminar) and Wednesday 27 February 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
<tr>
<td>Evening seminar 17:30 – 20:00 including break for supper</td>
<td></td>
</tr>
<tr>
<td>▪ Low-level fitness to practise concerns [Anthony Omo et al]</td>
<td></td>
</tr>
<tr>
<td>▪ Life-long learning: education for doctors (not in training) [Natalie Fine]</td>
<td></td>
</tr>
</tbody>
</table>

Private session

Confidential items

▪ Review of Corporate Risk Register [Lindsey Mallors]
▪ 2019 Council Effectiveness review [Melanie Wilson]

Meeting

▪ Chief Executive’s report [Tim Swain]
▪ Proposal to roll out new Quality Assurance process for medical schools [Martin Hart]
▪ MLA: annual update on implementation [Judith Chrystie] (tbc if needed)
▪ Programme for regulation of Physicians’ Associates and Anaesthesia Associates [Una Lane]
▪ Scope of Practice [Vibha Sharma/Richard Marchant] (tbc if Feb or April)
▪ Governance 2020 (tbc) [Melanie Wilson]

Below the line

▪ Report of Executive Board [Charlie Massey/Dale Langford]
### Agenda item M11 – Council Forward work programme

- **2021 meeting schedule** [Melanie Wilson]

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday/Wednesday 10/11 March 2020</td>
<td>Council</td>
</tr>
</tbody>
</table>

**Council Away day**

Preparation for the new Corporate Strategy

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 22 April (evening seminar) and Thursday 23 April 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
</tbody>
</table>

**Evening seminar 17:30 – 20:00 including break for supper**
- Governance reform [Richard Marchant/Mark Swindells/Melanie Wilson]

**Private session tbc**

**Confidential items**
- GMCSI (Andrew McCulloch/Paul Buckley)

**Meeting**
- Chief Executive’s report [Tim Swain]
- PSA Annual Review of our performance [Paul Buckley/Rob Scanlon]
- Human Resources Report 2019 and Gender Pay reporting [Neil Roberts/Andrew Bratt]
- Sanctions Guidance [Anna Rowland/Gavin Brown]
- Welcome to UK Practice options paper [Paul Reynolds/Maria Bentley]
- MLA – to approve the stat set and its annexes for publication [Judith Chrystie]
- Biannual s40a Appeals Update [Jim Percival/Mark Swindells]
- Four countries update [Robert Khan/devolved office heads]

Below the line
### Date and time: Council meeting, 12 December 2019

**Agenda item M11 – Council Forward work programme**

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 7 July (evening seminar) and Wednesday 8 July 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
<tr>
<td>Evening seminar 17:30 – 20:00 including break for supper</td>
<td></td>
</tr>
<tr>
<td>Private session</td>
<td></td>
</tr>
<tr>
<td>Confidential items</td>
<td></td>
</tr>
<tr>
<td>Meeting</td>
<td></td>
</tr>
<tr>
<td>▪ Chief Executive’s report [Tim Swain]</td>
<td></td>
</tr>
<tr>
<td>▪ Report of the MPTS Committee [Caroline Swift/ Gavin Brown]</td>
<td></td>
</tr>
<tr>
<td>▪ Trustee’s Annual Report and Accounts 2019 [Neil Roberts/Steve Downs]</td>
<td></td>
</tr>
<tr>
<td>▪ Fitness to Practise Statistics Report 2019 [Anthony Omo/Joanna Farrell]</td>
<td></td>
</tr>
<tr>
<td>▪ Report of the Audit and Risk Committee [Deirdre Kelly/ Lindsey Mallors]</td>
<td></td>
</tr>
<tr>
<td>▪ Complaints report</td>
<td></td>
</tr>
<tr>
<td>▪ Annual update on communications [Paul Reynolds]</td>
<td></td>
</tr>
<tr>
<td>▪ Corporate Strategy 2021-2026</td>
<td></td>
</tr>
</tbody>
</table>

**Below the line**

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 28 September (evening seminar) and Tuesday 29 September 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
<tr>
<td>Evening seminar 17:30 – 20:00 including break for supper</td>
<td></td>
</tr>
<tr>
<td>Private session tbc</td>
<td></td>
</tr>
<tr>
<td>Confidential items</td>
<td></td>
</tr>
<tr>
<td>▪ Corporate Risk Register [Lindsey Mallors]</td>
<td></td>
</tr>
<tr>
<td>▪ Outline draft Business Plan and Budget 2021 [Paul Buckley]</td>
<td></td>
</tr>
<tr>
<td>▪ SoMEP report 2020 [Paul Buckley]</td>
<td></td>
</tr>
</tbody>
</table>

www.gmc-uk.org
- Chief Executive’s report [Tim Swain]
- Update on Outreach teams implementation [Paul Reynolds]
- Biannual s40a Appeals Update [Jim Percival/Mark Swindells]

**Below the line**

- Annual report on DC pension scheme [Neil Roberts/Andrew Bratt]
- Council members’ register of interest [Mark Swindells/Mel Wilson] (DN: update at April & Sept meetings)

---

### Date and time:

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 3 November (evening seminar) and Wednesday 4 November 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
</tbody>
</table>

**Evening seminar 17:30 – 20:00 including break for supper**

- Suggestion – clinical fellows to present on their work/value added?

### Private session

### Confidential items

- Update on the staff survey [Andrew Bratt]
- Proposal for 2020 external Council effectiveness review [Melanie Wilson]

### Meeting

- Chief Executive’s report [Tim Swain]
- MLA – response to the consultation on alternative pathways [Judith Chrystie]
- SOMEP report [Paul Buckley]
- Annual Complaints report [Jan Gray]
- GMCSI [Andrew McCulloch/ Paul Buckley]
- Four countries update [Robert Khan/Devolved office heads]
- Close out report : implementation of the Corporate Strategy ending 2020 (tbc)[Tim Aldrich]
- Three-year business plan (activities, monitoring/reporting, evaluating) [Paul Buckley]

### Below the line


<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 9 December (evening seminar) and Thursday 10 December 2020 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
</tr>
<tr>
<td>Evening seminar 17:00 – 19:00 to be followed by dinner</td>
<td></td>
</tr>
<tr>
<td>Private session</td>
<td></td>
</tr>
<tr>
<td>Confidential items</td>
<td></td>
</tr>
<tr>
<td>• Draft Business Plan and Budget 2021</td>
<td></td>
</tr>
<tr>
<td>• Council Effectiveness review 2020 – progress report</td>
<td></td>
</tr>
<tr>
<td>Meeting</td>
<td></td>
</tr>
<tr>
<td>• Chief Executive’s report [OCCE Mark Swindells]</td>
<td></td>
</tr>
<tr>
<td>• 2021 Business Plan and Budget [Neil Roberts/ Steve Downs]</td>
<td></td>
</tr>
<tr>
<td>• Sanctions Guidance [Anna Rowland/Gavin Brown]</td>
<td></td>
</tr>
<tr>
<td>• Report of the Medical Practitioners Tribunal Service Committee 2020 [Dame Caroline Swift/Gavin Brown]</td>
<td></td>
</tr>
<tr>
<td>• Report of the Audit and Risk Committee 2020 [Deirdre Kelly/Lindsey Mallors]</td>
<td></td>
</tr>
<tr>
<td>• Report of the Remuneration Committee 2020 [Denise Platt/Mel Wilson]</td>
<td></td>
</tr>
<tr>
<td>• Council forward work programme 2021[Melanie Wilson]</td>
<td></td>
</tr>
<tr>
<td>• Committee membership 2021 [Melanie Wilson]</td>
<td></td>
</tr>
<tr>
<td>• Update on implementation of GMC-regulated credentials</td>
<td></td>
</tr>
</tbody>
</table>

Below the line

Other items, timing to be confirmed

- Regulatory reform
- Inquiry responses if needed
Executive summary
Whilst a formal review of the membership of all the committees that report to Council is not required this year, Council Members have the opportunity to discuss their current roles in the course of their appraisals with the Chair. Major changes to committee membership are not planned, but roles will be found for the new Council Member when he or she commences in early 2020. Council will be notified of any changes by circulation early in 2020.

In late 2020, once the skill set of the five new Council members appointed from January 2021 is known, a further review to confirm the new arrangements for chairing and membership of each committee will take place.

Recommendation
a Council is asked to note the process for reviewing Committee membership for 2020, and to note that a further process will be required when five members demit at the end of 2020.
Background

1 The Governance Handbook states that membership, including the chair, of the committees that report to it, be reviewed at the beginning and mid-point of each four year term of Council. This took place in 2018, with changes coming into effect from 1 January 2019.

2 There are two issues to consider;

- We currently have a vacancy on the Remuneration Committee following the resignation of Dr Michael Marsh.

- Five of the current Council members demit from office at the end of 2020, three of whom currently chair a committee.

3 The appraisal process for Council Members is underway. As a part of this process, Council Members have opportunity to discuss their current roles with the Chair. Once the appraisals have concluded, the Chair will make a recommendation on committee membership for 2020 to fill the vacancy and ensure succession planning for the committee chairs due to be vacated at the end of the year. Any revisions to committee membership will be confirmed by circulation in early January 2020.

4 The appointment of five new members is likely to take place in summer 2020, to commence in post in January 2021. Once the skill set and interests of these individuals is known, the Chair will make a recommendation for committee membership from January 2021 to balance with the skill set of the current Members.