

performance review 2020/21

GENERAL MEDICAL COUNCIL





ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide, available on our website](#). We also have a [glossary of terms and abbreviations](#) we use as part of our performance review process available on our website.

The regulators we oversee are:

General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England



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General Medical Council

performance review report 2020/21

At the heart
of everything
we do is
one simple
purpose:
protection
of the public
from harm

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The General Medical Council

key facts & stats

The General Medical Council (GMC) regulates doctors in the United Kingdom.

As at 30 September 2021, the GMC was responsible for a register of:

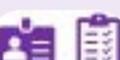
348,787 professionals

Annual registration fee is: £408

The GMC's work includes:

- ▶ setting and maintaining standards of practice and conduct;
- ▶ maintaining a register of qualified professionals;
- ▶ assuring the quality of medical education and training;
- ▶ requiring doctors to keep their skills up to date through continuing professional development; and
- ▶ taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

Standards of Good Regulation met for 2020/21 performance review

	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	5/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

The General Medical Council

Executive summary

How the GMC is protecting the public and meeting the Standards of Good Regulation



This report arises from our annual performance review of the General Medical Council (GMC) and covers the period from 1 September 2020-31 August 2021. The GMC is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the GMC's performance against the [Standards of Good Regulation](#) which describe the outcomes we expect regulators to achieve in each of their four core functions.

To carry out this review, we collated and analysed evidence from the GMC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also used information available through our review of final fitness to practise decisions under the Section 29 process¹ and conducted a check of the accuracy of the GMC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

The GMC's performance during 2020/21

We conducted a targeted review of the GMC's performance against Standards 3, 4, 11, 15 and 18. We concluded that it met all the Standards.

Key developments and findings

Equality, diversity and inclusion

The GMC published targets to eliminate disadvantage experienced by some groups of doctors in two areas. It aims to eliminate disproportionate fitness to practise referrals from employers about ethnic minority doctors by 2026, and to eliminate disproportionality and discrimination in medical education and training by 2031. The targets are ambitious and achieving them will rely on the GMC's ability to influence the behaviour of other organisations. But the GMC has explained how it decided on these targets and what it will measure to understand whether they are being achieved. It will report annually on progress. This will be important to maintain focus on working towards the targets. We can see the potential for its targets to stimulate real improvements.

We also sought information about how the GMC ensures fairness in its own processes. It published an independent audit of fitness to practise decisions, which found that all decisions complied with the relevant guidance. The GMC has work in

¹ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

progress to ensure that its processes promote fairness, including independent assessments of its guidance and a review of critical decision points. It will publish more information about how it considers fairness across all of its work. The GMC's work on fairness includes action in response to an employment tribunal in June 2021, which upheld a doctor's complaint that the GMC had discriminated against him on the grounds of race. The GMC has appealed this decision, and the appeal is yet to be heard. We agree that it is appropriate for the GMC to seek to learn from the tribunal findings, regardless of the outcome of the appeal. The outcomes of this work will be important in demonstrating the GMC's commitment to ensuring its processes promote fairness. We will closely monitor its progress in this area.

New routes to registration

The GMC launched two new pathways to registration this year. One pathway was developed in response to disruption to its exams for overseas-qualified doctors during the pandemic. The GMC considered several overseas examinations and identified three exams which it accepts as comparable to its own Professional and Linguistic Assessment Board (PLAB) exams,² provided applicants meet certain conditions. The other new pathway arose from the transitional arrangements following the UK's exit from the EU. The GMC said it is now able to carry out additional checks on doctors who hold qualifications from the EEA, such as verifying their qualification and requiring evidence of their knowledge of English. Both these new pathways have scheduled reviews.

Fitness to practise case progression

It took the GMC longer to conclude fitness to practise cases this year. We expected this to occur, because of the disruption associated with the pandemic. The GMC has developed plans to help it recover from the disruption, including an increase in hearings capacity. It also introduced some new guidance for decision-makers. The GMC has plans to review the guidance, including feedback from decision-makers and reviewing decisions and data about outcomes. We will monitor the progress of its recovery plan.

Supporting people involved in fitness to practise cases

The GMC continues to work on how it supports people involved in fitness to practise cases. Its corporate strategy includes commitments to ensure that people can access GMC services and support. It made changes to its website to help members of the public raise a concern. Its charter for patients, relatives and carers includes a link to the Independent Support Service, and its Patient Liaison Service reports high levels of satisfaction. The GMC is considering how it can evaluate its services against the commitments in the charter.

The GMC published two reports about its work to support doctors involved in fitness to practise cases. One included an account of the changes it has made since an independent review in 2015. The other made recommendations for how the GMC can encourage doctors to engage in investigations. The GMC told us it has plans to map out the fitness to practise journeys for registrants, complainants and patients to identify opportunities for improvement.

² A two-part test for doctors who qualified abroad to allow them to practise in the UK.

How the General Medical Council has performed against the Standards of Good Regulation

General Standards

Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GMC publishes information on its website about its regulatory activities, statutory purpose and role. This year, the GMC commissioned an assessment of its website which suggested some areas for improvement; for example, the GMC plans to incorporate two interactive tools into its main website, which are currently on external platforms.
- 1.2 The GMC continues to provide information on its website about registration, revalidation, medical education, and raising concerns about a doctor. It also continues to publish reports about revalidation, fitness to practise and specialist applications, as well as decisions about warnings and undertakings, and investigation committee and appeal decisions. Its interactive data explorer tool offers a range of data about the register, revalidation, fitness to practise, and training. The GMC published information about the progress of its work leading to the regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs).

Conclusion against this Standard

- 1.3 The GMC provides information about its registrants, regulatory requirements, guidance, processes, and decisions for registrants and the public. We are satisfied that this Standard is met.

Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GMC's corporate strategy 2021-25³ includes four themes:
 - Enabling professionals to provide safe care
 - Developing a sustainable medical workforce
 - Making every interaction matter
 - Investing in people to deliver.
- 2.2 The GMC says the corporate strategy has been developed with, and for, patients, medical professionals, partners and colleagues. The GMC used findings of its perceptions survey⁴ to inform the corporate strategy. The strategy in turn informs the GMC's 2021-23 business plan.⁵

³ www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy

⁴ www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/corporate-strategy-and-perceptions-tracking-2020

⁵ https://www.gmc-uk.org/-/media/documents/business-plan-2021-23-final_pdf-85320965.pdf

2.3 Last year, the GMC told us that its work to support the profession is part of protecting, promoting and maintaining the health, safety and wellbeing of the public. We acknowledged that the GMC's approach is informed by research and that it is important that it has the confidence of the profession, but that the GMC should continue to monitor potential risks and conflicts. We have not seen anything this year to cause concern that the GMC has strayed outside its remit, and it has appropriately provided support to registrants throughout the pandemic.

Conclusion against this Standard

2.4 Given that supporting the profession is an ongoing area of work for the GMC, we will continue to monitor the GMC's activities in this respect. We are satisfied that the Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

The GMC's fairness targets

3.1 In May 2021 the GMC published targets to eradicate two disadvantages that some doctors face. The targets are:

- to eliminate disproportionate complaints from employers about ethnic minority doctors, by 2026
- to eradicate disadvantage and discrimination in medical education and training, by 2031.

3.2 It has also set targets for itself as an employer, including to increase the proportion of staff from minority ethnic backgrounds in senior positions.

3.3 The targets in relation to registrants rely on factors outside the GMC's direct control, so we sought more information about how it had chosen these targets and timescales.

3.4 The GMC acknowledges that the targets are ambitious and that the contributing factors are not all within its control. It set targets as a focus for efforts and reporting. It noted that evidence shows that more inclusive and supportive working environments reduce the differences in education and fitness to practise referrals, and support better patient outcomes. It proposes to use its influence with the organisations that have a direct impact on the targets, for example through increased engagement with responsible officers, designated bodies and education and training bodies. The GMC will meet with responsible officers to understand local culture, and with the organisation's board if necessary. It will set up a feedback loop between fitness to practise, the outreach team, and responsible officers about the outcomes of investigations.

3.5 The GMC analysed its data and engaged with stakeholders to determine the appropriate timescales for its targets. These are also aligned to other relevant work, for instance with NHS England's commitment to reduce disproportionality in local disciplinary processes.⁶ The GMC set a longer timescale for its target in

⁶ <https://www.england.nhs.uk/wp-content/uploads/2019/07/closing-the-ethnicity-gap.pdf>

relation to differential attainment in education, because of the additional complexity of the issue and the time it takes for medical trainees to complete their training.

- 3.6 The GMC will publish its progress against the measures annually. It will measure progress by using several sources of data. These include the number and type of fitness to practise referrals received from employers, information about how supported doctors felt in postgraduate training, and exam pass rates for undergraduate and postgraduate training. Where the data suggests disproportionality, the GMC will take action.
- 3.7 It was reasonable for the GMC, having identified significant disproportionality affecting registrants on the basis of protected characteristics, to set specific targets to eliminate that disproportionality. It has developed interventions to work towards the targets and an evidence base to measure progress. The success of such an approach will depend in part on the GMC's ability to influence the behaviour of other organisations. We will follow this work with interest.

Ensuring fairness in the GMC's own processes

- 3.8 The targets announced by the GMC related principally to disproportionality in other organisations and settings. We also considered what the GMC is doing to promote fairness in its own processes. From 2021 the GMC's equality and diversity commitments are embedded in its corporate strategy and are a standing agenda item at Council meetings. An independent review found its governance and compliance arrangements for equality, diversity and inclusion legislation and standards to be robust.

Fitness to practise fairness audit

- 3.9 Last year, the GMC had commissioned an independent audit of fairness in its fitness to practise process. The report⁷ was published in September 2021. It considered whether decisions made by GMC staff at triage, provisional enquiry, and case examiner stage, were in line with guidance. It concluded that all the decisions reviewed were in line with the guidance provided and there was no evidence of bias in the interpretation of guidance. It said that if it had found non-compliance, it would have gone on to examine the personal characteristics of the doctors involved, but this was not necessary as all the decisions were compliant.
- 3.10 We did not see a separate analysis in the audit report of whether the guidance itself promotes fairness in decisions. We asked the GMC how it is addressing this matter. The GMC said it has an ongoing programme of work in relation to fairness, aimed at ensuring its guidance, as well as decisions, is fair. The GMC is working to ensure its processes are fair, consistent and free from bias. It says it will:
- commission independent assessments of its guidance
 - create a new approach to how it audits all regulatory functions, including learning from the findings of a review of all past research and audits about fairness

⁷ www.gmc-uk.org/-/media/documents/audit-of-the-fairness-of-decisions-in-the-gmc-fitness-to-practise-procedure-final-report-13-87644310.pdf

- review critical decision points in its processes to improve how they promote and maintain fairness, which will include looking at equality, diversity and inclusion guidance and training provided to staff
 - regularly publish more information about how it considers fairness across all its work.
- 3.11 The GMC plans to have completed this work by August 2022. It will implement and report on changes in the meantime.

Fair to refer?

- 3.12 We asked the GMC for an update on its work taking forward the recommendations of *Fair to refer?*, a report published in 2019. Of the five recommendations directed at the GMC specifically, it had completed one and had substantially addressed six other recommendations in collaboration with other organisations. The other recommendations directed at the GMC alone are now being taken forward in its work to eliminate disproportionate fitness to practise referrals, discussed above.
- 3.13 The GMC had paused some activities because of the pandemic. It also told us that the pandemic had affected the priorities of other organisations involved in the recommendations from *Fair to refer?*; for example, there is now a much stronger focus on the findings of *Fair to refer?* in relation to workforce sustainability. It said it is continuing to engage with other organisations and to advocate for the findings and recommendations of the research. Its targets to eliminate disproportionality in fitness to practise referrals and training will help to maintain the focus on the need for supportive and inclusive environments.
- 3.14 We are satisfied that it was reasonable for the GMC to incorporate its response to the recommendations of *Fair to refer?* into other relevant work. It is important for the GMC to demonstrate continuing progress, so that registrants and the public can be assured that the important findings of the research continue to be a matter of appropriate priority.

Employment tribunal ruling

- 3.15 In June 2021, an employment tribunal upheld a doctor's complaint that the GMC had discriminated against him on the grounds of race, in relation to an investigation it conducted between 2014 and 2018. The GMC has appealed this decision. It told us that regardless of the outcome of the appeal, it is conducting a learning review of the issues raised by the tribunal.
- 3.16 It is clear that this ruling has adversely affected trust in the GMC, particularly given the GMC's intention to appeal the decision. For a long time, it has been recognised that there is a disproportionate pattern in relation to fitness to practise referrals received by the GMC. However, the judgment suggested that there may be bias in the GMC's processes.
- 3.17 We are encouraged that the GMC plans to take learning from the case regardless of the outcome of the appeal, as well as the steps outlined above to ensure its processes and guidance are free from bias. Decisions within the process are made by human beings on its staff and it would be surprising if every decision were perfect. It is important that the GMC should ensure that its processes ensure consistency and fairness in practice and we will continue to monitor this area closely.

Gender markers on the register

- 3.18 We received several concerns about the GMC having a process to allow individuals to change their gender on the register. The GMC confirmed to us that the process has been in place for a number of years and it has processed around 50 name and gender changes since 2000, less than three per year on average.
- 3.19 We recognise that this is a complex area with competing rights and responsibilities. We fully support the rights of transgender professionals to gain full recognition of their acquired gender and to live their lives free from discrimination. It is also important that the public can be assured about a professional's fitness to practise, including any current sanctions. The GMC said it is developing how any fitness to practise history arising prior to transition of gender would relate to the new registration record. It confirmed that none of the doctors who had changed gender on their registration record up to this point had fitness to practise matters to display.

Guide for LGBT patients

- 3.20 The GMC published its first guidance⁸ aimed specifically at LGBT patients, with an LGBT rights charity and an LGBT doctors' organisation. The guidance makes it clear that all patients should be treated fairly, regardless of their sexual orientation or gender identity and trans status. It also includes information about what LGBT patients should and should not expect from their doctor.

Conclusion against this Standard

- 3.21 The GMC's approach of setting targets to eliminate two identified areas of disproportionality is ambitious but not unreasonable. It addresses some of the key problems facing minority registrants and we can see the potential for its targets to stimulate real improvements. It is right for the GMC to report annually on progress against these targets, particularly as the overall timescales for completion are relatively long. This will be important to maintain the focus on the targets, including how they address the areas for action identified by *Fair to refer?* in 2019.
- 3.22 We also note that the GMC has a programme of work in progress to review the fairness of its own processes, including work in response to the employment tribunal verdict. We are pleased that the GMC is reviewing its processes notwithstanding its appeal against the verdict. The outcomes of this work will be important in demonstrating the GMC's commitment to ensuring its own processes promote fairness. We will closely monitor its progress in this area. We are satisfied that the Standard is met.

Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

- 4.1 The GMC publishes various reports about its performance each year. These include its annual report, fitness to practise report and the report of the MPTS.

⁸ www.gmc-uk.org/Ethical-guidance/Patient-guides-and-materials/LGBT-patient-guide?utm_source=press&utm_medium=press%20release&utm_campaign=LGBT

- 4.2 Last year (2019), the GMC commissioned an independent audit to review its customer complaints. The audit made several recommendations for improvement. The GMC told us it has actioned all those recommendations, as well as some it had identified itself from complaints. The changes included customer service and process improvements.
- 4.3 In October 2020, the GMC produced a report for its Council about the GMC's learning from the pandemic. The report summarises the GMC's response and identifies areas for learning in respect of each one. It is positive that the GMC has reflected on its response to the pandemic and we will monitor how it addresses the learning it has identified.
- 4.4 The GMC has cooperated with and responded to public reviews and inquiries. This included some recommendations made directly to the GMC, such as the recommendations of the Cumberlege Review⁹ and the inquiry by the House of Commons Health and Social Care Committee into the safety of maternity services in England.¹⁰

Conclusion against this Standard

- 4.5 The GMC has addressed concerns raised with it and reflected on its learning from Covid-19. We are satisfied that this Standard is met.

Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The GMC has restructured its outreach service to enable it to work more collaboratively. It said the new model allowed it to develop strong regional relationships, including with regional leaders from the Care Quality Commission (CQC), Nursing and Midwifery Council (NMC), Health Education England and NHS England/NHS Improvement.
- 5.2 The GMC is also working with the NMC and CQC in relation to maternity services in England, as well as with other organisations to share data about the English medical workforce. The GMC continued to engage with contacts throughout the UK during the pandemic.
- 5.3 The GMC published its latest perceptions survey in December 2020. The survey includes doctors, medical students and members of the public.
- 5.4 We received positive feedback from a doctors' representative organisation about how the GMC had communicated with it and kept registrants informed during the pandemic.

Conclusion against this Standard

- 5.5 The GMC has not carried out any public consultations in this review period. However it has continued to engage with a range of stakeholders about several areas of its work. We are satisfied that this Standard is met.

⁹ <https://www.immdsreview.org.uk/Report.html>

¹⁰ <https://committees.parliament.uk/publications/6578/documents/73151/default/>

Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 The GMC's primary standards document for doctors is *Good Medical Practice*, which was last updated with a minor change in April 2019. This year the GMC announced plans to review *Good Medical Practice*. It set up an external advisory group and will run a public consultation in 2022. It aims to complete the review by the end of 2023.
- 6.2 As part of its review of *Good Medical Practice*, the GMC considered how other regulators in the UK and internationally approach standards, and it considered the strengths and weaknesses of each approach. We welcome this evidence-based approach to its work.
- 6.3 The GMC is due to start regulating Medical Associate Professionals (MAPs) in 2023. It is producing interim guidance for Physician Associates (PAs) and Anaesthesia Associates (AAs). The guidance will be interim because the review of *Good Medical Practice* will include standards for all registrants. The GMC will also develop additional resources to help PAs and AAs apply the principles in practice, as well as creating a PA and AA standards hub on its website.

Conclusion against this Standard

- 6.4 We welcome the GMC's review of *Good Medical Practice* and its approach to the review. We will continue to monitor the GMC's work to develop standards for PAs and AAs. We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 The GMC provides guidance to supplement *Good Medical Practice*, which includes explanatory guidance that the GMC expects all newly qualified doctors to be familiar with.
- 7.2 In November 2020, the GMC's updated guidance on decision making and consent¹¹ came into effect. It published an accompanying fact sheet outlining the key legislation and case law.
- 7.3 The GMC has also published updated guidance for doctors about providing supporting information for appraisal and revalidation.¹² The main change was to give doctors increased flexibility about how they gather feedback.

¹¹ www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

¹² www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation

- 7.4 In April 2021, the GMC published updated guidance on prescribing,¹³ which makes it clear that the same standards apply when prescribing remotely as when seeing a patient face to face. The document also has specific guidance for doctors prescribing remotely with patients in nursing homes and hospices, and patients based overseas.
- 7.5 The GMC continued to add guidance about Covid-19 to its ethical hub in this review period, including information about vaccines.

Conclusion against this Standard

- 7.6 The GMC continues to provide guidance for registrants which address problems as they arise. We are satisfied that this Standard is met.

Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

Recovery from the pandemic

- 8.1 In June 2021, the GMC reported that as part of its operational recovery and renewal from the pandemic, it made 77 derogations to curricula in 2020 to enable safe progression of trainees during the pandemic. It produced a guidance document about these temporary derogations which covers several scenarios, including progression without exams and extensions to training. The guidance includes safeguards to ensure the flexibility does not go too far in approving people through courses without evidence of the necessary skills.

Medical Licensing Assessment (MLA)

- 8.2 The GMC plans to introduce the Medical Licensing Assessment (MLA) in 2024-25. The MLA will comprise the Applied Knowledge Test (AKT) and the Clinical and Professional Skills Assessment (CPSA). It is intended to be an assessment for UK medical students and international medical graduates, with the aim of creating a common threshold for safe practice. In this review period the GMC approved a proposal from the Medical Schools Council to deliver the AKT through a test that would be regulated and overseen by the GMC.

Medical Associate Professionals (MAPs)

- 8.3 The GMC engaged with universities that deliver MAPs programmes ahead of the expected start of statutory regulation in 2023. It will also seek feedback about the draft education framework for MAPs.

Conclusion against this Standard

- 8.4 The GMC continues to clearly set out the standards for education and training, which refer to *Good Medical Practice*. The GMC is working on several projects including new areas of work, such as education standards for MAPs and the MLA. We are satisfied that this Standard is met.

¹³ www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

9.1 Last year the GMC paused in-person quality assurance visits due to the pandemic, and carried out virtual visits instead. This year the GMC took a blended approach as restrictions eased. The GMC told us this year that it is reviewing the effect of these changes and will hold workshops around themes of activity in relation to education quality assurance.

9.2 The GMC continued to take action in relation to concerns about training environments, including through its enhanced monitoring process. In April 2021, trainees were removed from one hospital where the required standards were not being met.

Medical training quality assurance review

9.3 The GMC has implemented new process for its quality assurance programme, moving away from large-scale visits every five years to a risk-based approach where organisations will be required to sign a declaration and complete a self-assessment which will then be assessed by the GMC. The GMC reported that all medical schools and postgraduate training organisations will complete their first declaration and self-assessment by the end of 2021.

9.4 The GMC commissioned an internal audit of its quality assurance function, including the enhanced monitoring process. This included assessing impacts from the pandemic and equality, diversity and inclusion considerations. The audit found it had passed all benchmarks.

Conclusion against this Standard

9.5 It is appropriate for the GMC to review the changes it made to its quality assurance visits during the pandemic, to see whether it can learn from them. We will continue to monitor the implementation of its new education quality assurance process. We are satisfied that this Standard is met.

Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

Fraudulent entry to the register

10.1 Last year, because of the pandemic, the GMC paused the follow-up checks it was doing after an incident of fraudulent registration which came to light in 2018. Following a review this year, the GMC decided not to pursue these checks further. It had already verified all the doctors who joined its register by the route involved in the fraudulent registration.

- 10.2 A further instance of fraudulent registration came to light in 2020. The individual was removed from the register five months after joining it. The GMC carried out a significant event review to establish what had happened. The applicant registered as an EEA national, which at the time meant the GMC was not entitled to carry out primary source verification of their qualifications.¹⁴ Furthermore, the GMC had paused in-person identity checks because of the pandemic. The GMC described the incident as a complex fraud and said it would be providing more regular fraud awareness training for staff. It was also carrying out checks on a sample of people who joined the register without an identity check.

The temporary register

- 10.3 The GMC reported in August 2021 that around 24,000 doctors remained on the temporary register and about 470 from that register had transitioned to full registration. The GMC contacted those who have temporary registration to confirm whether they want to continue to hold it. It will also tell these doctors how they can transition from temporary to full registration.

Register check

- 10.4 We checked a sample of entries on the register and found no causes for concern.

Conclusion against this Standard

- 10.5 While it is concerning that individuals were able to join the GMC register fraudulently, these were isolated incidents which occurred some years apart, in relation to different application routes, neither of which still operates in the same way. We do not consider that the more recent incident casts doubt on the adequacy of the GMC's response to the previous one. In the context of the number of registrations processed without concern by the GMC, we do not consider that they cast doubt on the overall integrity of its process. The GMC has taken steps to learn from what happened. We will continue to monitor its work in this area. We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

New routes to registration

- 11.1 This year the GMC has introduced two new pathways to registration. One of these is for doctors who have graduated from a medical school outside the UK or Switzerland. This pathway was introduced due to the disruption of the PLAB exams during the pandemic. The GMC mapped a selection of exams against the requirements of PLAB to determine whether they were acceptable. Applicants with passes in the registration exams for the USA, Canada or Australia will be eligible for the new route, providing they meet certain criteria, including if they have completed an internship and passed the registration exam in four attempts or fewer. The GMC told us that this pathway will likely remain in place until October 2023, when it will assess whether to retain it. If so, the GMC

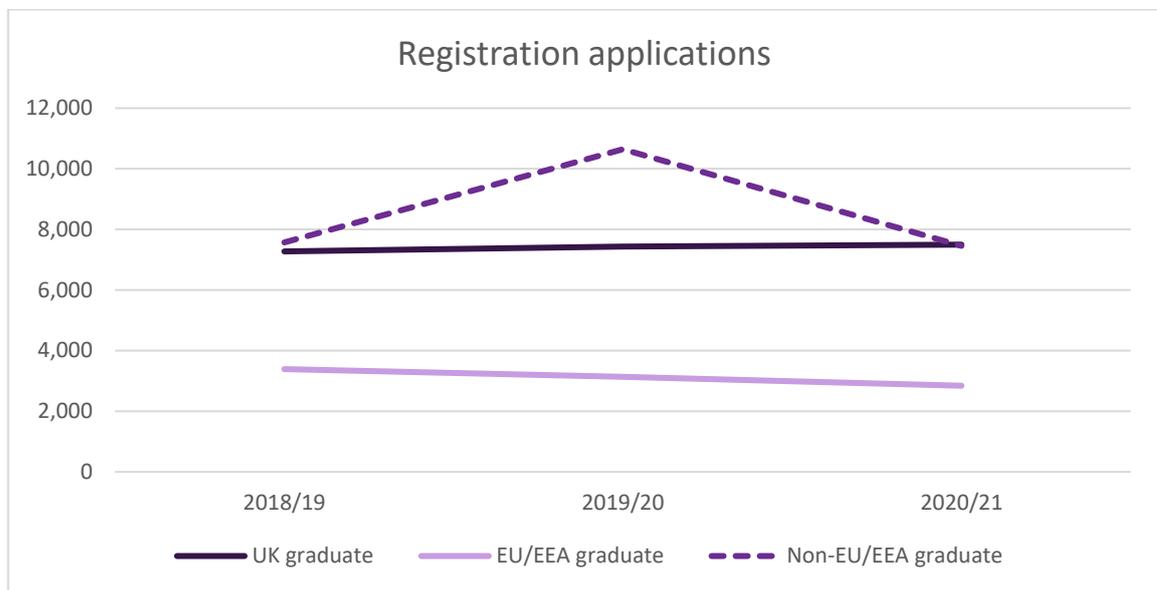
¹⁴ As explained at paragraph 11.2 below, the GMC now has the ability to seek primary source verification of EEA qualifications.

will develop a quality assurance process to reassess the acceptability of each exam.

- 11.2 The second route to registration introduced by the GMC this year is for graduates with a relevant qualification from the EEA and Switzerland. The GMC published a list of relevant European qualifications, based on those listed in the EU Directive of Recognition of Professional Qualifications on the day the UK left the EU. This route was introduced as a result of Brexit transitional arrangements and will fall away when those arrangements end. The GMC told us that the transitional arrangements allowed it to implement additional requirements such as verifying the doctor’s qualification and requiring evidence of their knowledge of English.

Application processing data

- 11.3 The graph below shows the number of applications received by the GMC in the last three financial years.



- 11.4 The data shows that there has been a very slight increase in registration applications from UK graduates this year, while applications from international graduates have decreased. There was a significant decrease in applications from non-EU/EEA due to the impact of the pandemic on the movement of international medical graduates. There was disruption to the PLAB 2 exams, which the GMC was able to resume in August 2020 with reduced numbers.

- 11.5 The table below sets out the median time taken in working days to process the different types of registration application.

Median days to process registration applications:	2018/19	2019/20	2020/21
UK graduate	1	1	1
EU/EEA graduate	24	28	28
Non-EU/EEA graduate	16	18	16

- 11.6 These figures show that the time to process applications remains consistent with previous years and that the time to process non-EU/EEA applications has improved slightly since last year.

Conclusion against this Standard

- 11.7 We are satisfied that the GMC's registration processes continue to work efficiently and fairly. We have seen that the GMC has developed new routes to registration which appear reasonable in the circumstances, and we note that there are plans in place to review them. We are satisfied that this Standard is met.

Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 Information on the GMC's website makes it clear that doctors must have a licence to practise and if they do not, the GMC will investigate. This page also provides contact information and guidance for people to report someone to the GMC who they believe to be practising illegally, as well as a link to the medical register for the user to check a doctor's registration. The website explains the action the GMC can take if it receives information that an individual is practising illegally.
- 12.2 We have not received any information this year to suggest that there are concerns about the GMC's approach to these cases. We are satisfied that this Standard is met.

Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 The GMC provides detailed information on its website about revalidation, tailored to doctors, patients, and members of the public. Revalidation requires different types of information and processes depending on the level of supervision of doctors' work in and the environment in which they practise. It includes requirements to obtain feedback from patients.

Guidance on supporting information for appraisal and revalidation

- 13.2 Last year, the GMC consulted on changes to revalidation requirements for patient feedback, and invited responses from both doctors and patients. The GMC published this updated guidance¹⁵ in November 2020. It gives doctors more flexibility about the tools they use to obtain feedback, such as apps or focus groups. The GMC said this should make the process simpler.

Covid-19

- 13.3 At the start of the pandemic, the GMC pushed back revalidation dates for some doctors by one year to ease pressure on doctors and responsible officers. Since then, the GMC has rescheduled revalidation dates for further groups of doctors due to the ongoing demands of the pandemic. In April 2021, the GMC began

¹⁵ www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation

routinely contacting doctors to give them four months' notice of their revalidation submission dates. It acknowledged that not all doctors will be ready to revalidate on their scheduled date, but there are options available to them, such as a deferral recommendation submitted by the responsible officer. The GMC said it will continue to be as flexible as possible in its approach to revalidation.

Conclusion against this Standard

- 13.4 This year we have seen the GMC take a flexible approach to revalidation, in terms of moving revalidation dates due to the pandemic and providing doctors with more flexibility in how they obtain patient feedback for revalidation. We think that the GMC ought to review the impact of the changes that it has made to assess whether the temporary measures could be continued without adversely affecting doctors' continuing fitness to practise. We are satisfied that this Standard is met.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

- 14.1 The GMC continues to publish information about how to raise a concern about a doctor and we have not received any concerns to suggest the GMC cannot be contacted to raise concerns.
- 14.2 The GMC's *Charter for patients, relatives and carers*, ('the Charter'),¹⁶ launched in 2019, sets out to provide a high standard of service when a patient, relative or carer raises a concern. One of the promises in the Charter is that, if the concern is not something the GMC can deal with, it will try to help the complainant find someone who can deal with it. The GMC has guidance for staff about signposting complainants to other organisations and its analysis has shown that signposting to other organisations is increasing. The Charter includes a link to the Independent Support Service, a service provided by Victim Support for those who have raised concerns with the GMC and the NMC.
- 14.3 The data we collect about referrals received and decisions made at the early stages of the fitness to practise process does not suggest concerns about the GMC's performance in this area. We are satisfied that this Standard is met.

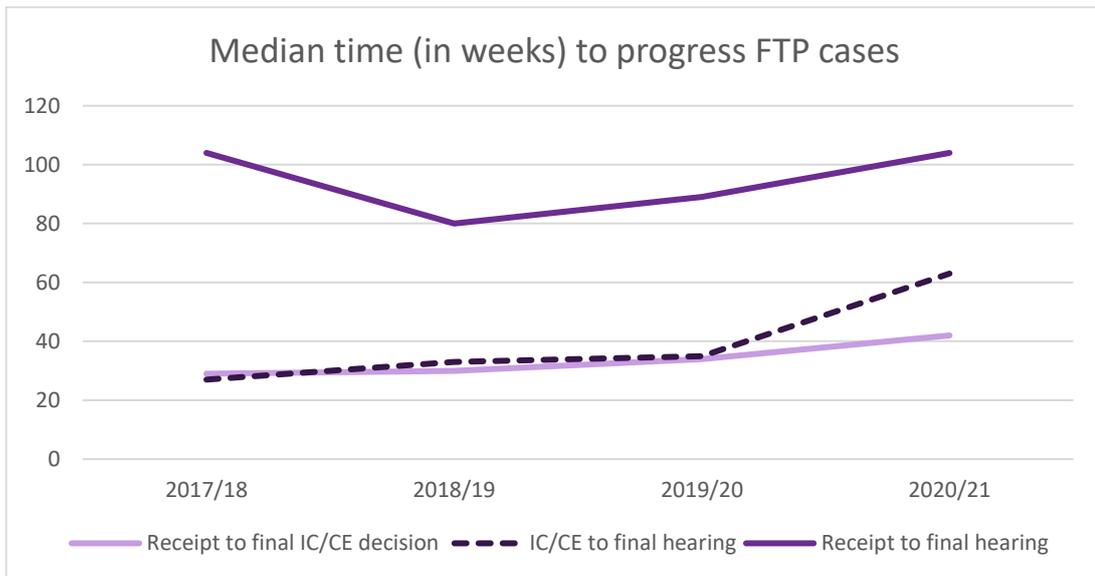
Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Timeliness in fitness to practise

- 15.1 According to this year's dataset, the GMC's performance has deteriorated in all three of the main timeliness measures since last year. The annual figures this

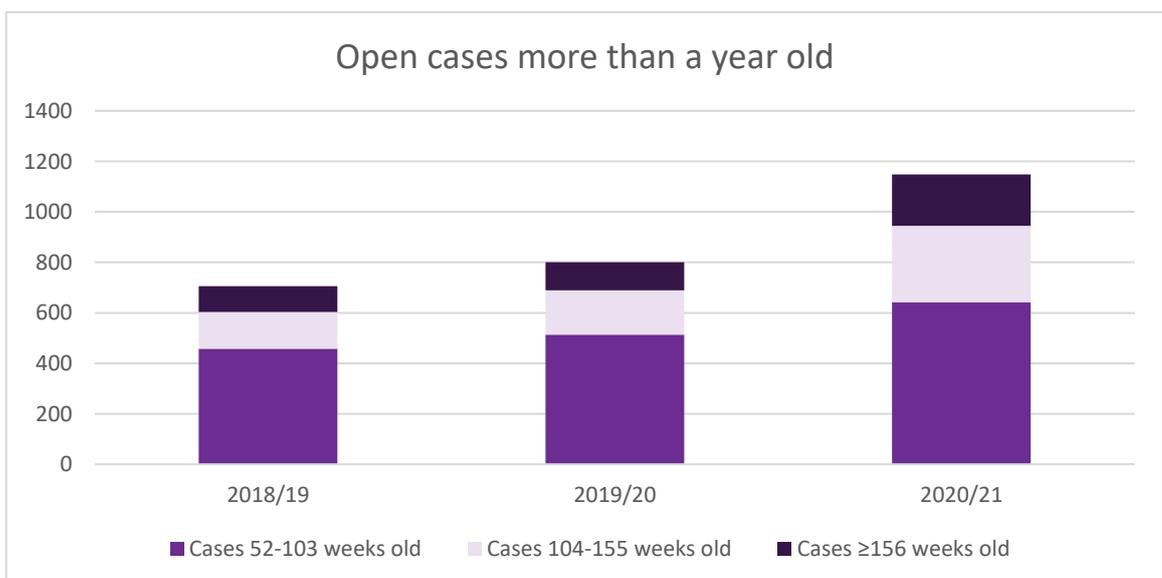
¹⁶ www.gmc-uk.org/about/what-we-do-and-why/charter-for-patients-relatives-and-carers

year include the early stages of the pandemic, and due to the disruption caused we would expect to see significant delays in the investigation stages.



15.2 The GMC told us that it remains difficult to obtain information from third parties, particularly because they will frequently be concentrating on the increased demands of the pandemic. Since the pandemic began, the GMC has not put pressure on them to provide information, leading to investigations taking longer. The GMC says that cases are now being progressed as efficiently as possible. It also has more staff resource, which should increase its capacity to deal with cases.

15.3 The chart below shows that there has been an increase in older cases since last year. The GMC has plans in place to progress cases through both the investigations and hearings stages and reduce this number.



Fitness to practise recovery plans

- 15.4 In March 2021 the GMC's Executive Board outlined its recovery plan to clear backlogs in fitness to practise, by speeding up investigations and accelerating progress on concerns being addressed locally in the first instance. The GMC said that there was a clearer expectation that Responsible Officers should seek advice from an Employer Liaison Adviser before making a referral. Referrals will be accepted without such advice, but the GMC will follow up with the Responsible Officer afterwards. We think it is important that the GMC should monitor the impact of this to ensure that case which ought to be referred are not being inappropriate diverted to local resolution.
- 15.5 The Medical Practitioners Tribunal Service (MPTS) told us that it has increased the number of hearings it is running each day to cover the hearings days that were lost in 2020 and to return to pre-pandemic levels. It expects to achieve this by early 2023.

New guidance for decision makers

- 15.6 In September 2020 the GMC introduced guidance¹⁷ for decision-makers on Covid-19, to 'assess the risk to public protection posed by a doctor as a result of concerns about their practice during the pandemic'. The guidance states that Covid-19 related circumstances, their impact on the system within which the doctor was working, and the impact on the doctor's practice/conduct should be considered.
- 15.7 It was appropriate for the GMC to recognise that there was a need for this guidance to reflect the circumstances of the pandemic. It was introduced promptly, therefore allowing the circumstances of the pandemic to be considered in referrals arising from Covid-19.
- 15.8 In March 2021 the GMC introduced guidance for decision makers on allegations of low-level violence and dishonesty. The changes to the GMC's approach were introduced following research¹⁸ it conducted in 2018, which showed that most respondents felt that the GMC should take no action or issue warnings in cases of low-level violence or dishonesty. Previously, the GMC had a presumption of impairment with allegations of violence and dishonesty which meant they should be referred for a hearing unless there were exceptional reasons not to do so. The GMC said this meant a number of cases were concluded with no action at hearings as the doctor's fitness to practise was found not to be impaired. The guidance will allow greater discretion on the action that can be taken to address these concerns. The GMC also updated its guidance for the Investigating Committee and case examiners so that guidance for all decision-makers is consistent.
- 15.9 The GMC plans to review the guidance with feedback from decision makers and will use data to understand the impact of the guidance, both in terms of case outcomes and the numbers of decisions which are subject to challenge.

¹⁷ www.gmc-uk.org/-/media/documents/dc13028-guidance-for-decision-makers-on-covid-19--external-version-pdf-83985701.pdf

¹⁸ www.gmc-uk.org/-/media/documents/promoting-and-maintaining-public-confidence-in-the-medical-profession---final-report_pdf-78718694.pdf

Conclusion against this Standard

- 15.10 The GMC's performance against our timeliness measures has deteriorated this year. We expected this, given the disruption associated with the Covid-19 pandemic. The GMC has developed a recovery plan and we will monitor the GMC's performance in this area. We do not consider that the decline in the GMC's performance is such as to cause concern at this stage and are satisfied that this Standard is met this year.

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

Medical Practitioners Tribunal Service (MPTS) hearings

- 16.1 The MPTS Quality Assurance Group regularly reviews a proportion of written tribunal determinations. Its reviews inform future tribunal member training. The learning points which are issued to tribunal members can be viewed on the MPTS website.
- 16.2 The MPTS reported to the GMC Council in December 2020 that internal auditors carried out a learning review of the virtual hearings process and gave it a 'green' risk rating. It noted specifically the MPTS's rapid response and the quality assurance of all new guidance documents.

The fairness of decisions

- 16.3 As noted at paragraph 3.9 above, an independent audit of fitness to practise decisions at the earlier stages of the process found that all decisions were consistent with GMC guidance.

The dataset

- 16.4 The GMC's case examiners made fewer decisions this year than last, because of the impact of the pandemic on investigations. However, the breakdown of outcomes is very similar to last year, suggesting consistency in the GMC's decision-making.
- 16.5 We continue to review MPTS decisions and in this review period we were notified of 374 final decisions. We exercised our power of appeal in two cases and joined the GMC's appeal in another. All those appeals were upheld in this review period.
- 16.6 We also continue to write to the GMC and MPTS to share learning points identified from the cases we review. We identified learning points in only a small number of cases this year. The GMC and MPTS replied to the learning points we shared in one case and outlined action they will take in response.

Conclusion against this Standard

- 16.7 The data we saw this year did not give us any cause for concern. The GMC continues to have measures in place to ensure the quality of decision-making. We are satisfied that this Standard is met.

Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

The dataset

- 17.1 The time from receipt of a complaint to interim order decision has increased slightly this year compared to last year.¹⁹ However, the median is still lower than the previous three years. The GMC continued interim order hearings throughout the pandemic and the time to interim order decision from the point where a possible need for one identified has stayed consistent with last year. This demonstrates that the GMC was able to continue scheduling interim order hearings despite the pandemic.
- 17.2 There has been an increase in High Court extension applications compared to last year.²⁰ Given the disruption to investigations due to the pandemic, and the consequent ageing caseload, this is not surprising. We note that the GMC has a recovery plan in place.

Conclusion against this Standard

- 17.3 The data indicates a very slight decline in the GMC's performance in the time from receipt of referral to interim order decision this year. However, it is not out of line with figures we have seen in previous years, and, particularly in the context of the pandemic, is not a significant concern. We are satisfied that this Standard is met.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

Corporate strategy

- 18.1 'Making every interaction matter' is a theme of the GMC's new corporate strategy. It recognises that some people feel their interactions with the GMC are impersonal. This endorses some of the concerns that we receive ourselves. In its corporate strategy, the GMC says it will:
- make sure that healthcare professionals and members of the public 'are met with empathy, fairness and professionalism'
 - learn from the feedback they provide
 - make sure that everyone can access GMC services in a way suited to them, for example in another format or language, or providing additional support to enable someone to raise a concern.
- 18.2 The GMC says it will work with patients and the public to improve processes, as well as working with diverse groups of medical professionals to understand their experiences of practice.

¹⁹ A median of 8.1 weeks as against 7.8 weeks last year, an increase of two days.

²⁰ 306 as against 262 last year, an increase of 17%.

Support for doctors

- 18.3 In this review period the GMC published a report²¹ about the changes it has made to support doctors through the fitness to practise process since a review²² in 2015. There have been over 25 changes to the GMC's investigation process. The changes aimed to ensure that only complaints that require GMC action are referred in the first place, increase support for doctors, and improve the sensitivity of correspondence.
- 18.4 The GMC published a report²³ in February 2021 about how it can encourage engagement from registrants during a fitness to practise investigation, which set out considerations for the GMC when redesigning the fitness to practise process. These included that correspondence should be more personable, supportive and should clearly state all potential outcomes of the case, guidance on the information that registrants should consider providing the GMC at the start of the investigation, and wider engagement with defence organisations.

Support for other parties to the process

- 18.5 The GMC's annual report noted that over 90% of people surveyed after using the Patient Liaison Service between 2018 and 2020 were happy with the service they received. It also reported that patients' awareness of the GMC has increased since 2018.
- 18.6 The GMC told us that it has also improved its website to better support members of the public who want to raise a concern and will continue to improvements in the light of feedback. We asked the GMC if it had considered applying any of the recommendations about engagement with registrants to other parties in the fitness to practise process. It told us that it has plans to map out the fitness to practise journeys for registrants, complainants and patients to identify opportunities for improvement. It is considering how it can evaluate its services against the commitments outlined in the Charter.

Conclusion against this Standard

- 18.7 We did not receive evidence this year of significant concerns about how the GMC supports people in the fitness to practise process. There is, however, clear potential for further improvements to be made to its communications with and support for doctors. The GMC recognises they may also apply to its correspondence with patients, families, and the public. The GMC recognises there is more to do in this area. We will continue to monitor its progress. We are satisfied that this Standard is met.

²¹ <https://www.gmc-uk.org/-/media/documents/report-on-supporting-vulnerable-doctors-programme-december-2020.pdf>

²² www.gmcuk.wordpress.com/2016/04/07/putting-mental-health-safety-at-the-heart-of-the-fitness-to-practise-process/

²³ <https://www.gmc-uk.org/-/media/documents/gmcftp-engagement-insight-report-v30.pdf?la=en&hash=7EF3D0F8403DC0C657D6831490A6934010081C93>

Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website [here](#).

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

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