

About the General Medical Council

The GMC regulates the practice of doctors in the United Kingdom. It has **390,520** doctors on its register (as at 31 October 2024). From 13 December 2024, it also regulates Anaesthesia Associates and Physician Associates.






Snapshot 2023/24

General Medical Council | Annual review of performance

About the GMC's performance for 2023/24

For this review, the GMC met 18 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the GMC's performance this year.

Standards of Good Regulation met for 2023/24 performance review

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

Total Standards 18 out of 18

Standards met 2021-23

2022/23 18 out of 18

2021/22 18 out of 18

Key findings and areas for improvement

● Equality, Diversity and Inclusion (EDI)

This year, we introduced a new approach to assessing regulators' performance on EDI. Standard 3 now covers four high-level outcomes, all of which a regulator must meet to meet our Standard. For this review period, the GMC performed strongly against all four outcomes. We have seen evidence of significant activity in relation to nearly all the relevant indicators. We've also identified several areas of good practice, including the GMC's relatively advanced work to address areas of disproportionality. But the GMC still has some way to go in assuring stakeholders about the fairness of its processes, particularly in fitness to practise. We encourage the GMC to continue its work to assure itself and others about the fairness of its processes, and to continue to take action where it identifies evidence of disparities.

● Fitness to Practise: timeliness

The GMC has continued to improve its timeliness for fitness to practise in this review period. Compared with last year, it has reached key decision points faster and has reduced the number of open old cases. The overall time for cases that go to a final hearing remains high and it will be important for the GMC to continue to improve in this area. We will continue to closely monitor its performance, particularly as we saw an increase in some of our measures of timeliness in the final quarter of the review period.

● Fitness to Practise: assessing and recording risk

We reviewed a sample of closed fitness to practise cases. The GMC does not require risk assessments to be separately documented as other regulators we oversee do. It was not always clear how and when risks had been considered. Though we did not see any cases where we considered the GMC had failed to seek an interim order when one was needed, there is an opportunity for the GMC to improve the controls it has in place. It can do this by being clearer about how and when staff are identifying, considering and responding to evidence of risk in cases. We will closely monitor how the GMC considers our feedback and any action taken as a result.

● Good Medical Practice

From January 2024, a new version of Good Medical Practice came into effect. This is the GMC's core standards for its registrants. The updated version includes new duties for registrants, including about creating fair workplace cultures, preventing sexual harassment, and speaking up when misconduct is witnessed. There are additional obligations for registrants in leadership roles. The new guidance emphasises a patient-centred approach to decision-making. It now incorporates or signposts to other pieces of guidance, for example in relation to use of social media, or decision-making and consent. We welcome this increased focus on patient-centred care and fair workplace cultures.

Where we will keep a watchful eye

Our performance review does not stop when we press the publish button, it is a continuous process. In our reports we often say, ‘we will continue to monitor....’ But what does this mean in practice? It will depend on the area but, broadly speaking, it means we gather evidence/information in various ways, including from:

- ▶ our regular catch-ups with the regulator
- ▶ monitoring what the regulators publish
- ▶ attending Council meetings and reviewing papers
- ▶ datasets provided to us by the regulator
- ▶ feedback from stakeholders.

The areas we have said we will monitor are also included in the plan for the following year’s review. As well as the key findings and areas for improvement mentioned earlier, we have identified several areas to follow up. These include:

● Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)

Following changes to its legal powers, the GMC will start regulating AAs and PAs from December 2024. It has been publishing information for doctors, patients and employers, and links to specific guidance about how the GMC will regulate AAs and PAs. The GMC carried out a major public consultation on its proposed rules, standards and guidance for regulating AAs and PAs. Some stakeholder groups have expressed concerns about the GMC’s approach to regulating AAs and PAs, as well as wider issues about the regulation, role and deployment of AAs and PAs more generally. In November 2024, the Department of Health and Social Care announced an independent review of the AA and PA professions. The review and next steps are expected to be published in spring 2025. It will be important for the GMC to continue to engage and communicate effectively, including with those who are raising concerns about how it will regulate AAs and PAs. We will continue to monitor this work, and any relevant outcomes from the independent review, as the GMC starts to regulate AAs and PAs.

● Changes to fitness to practise guidance

We will be monitoring the effect of some changes to the GMC’s FTP guidance and processes. It is working to identify High Impact Regulatory Decisions and the people who make them, so it can pilot new learning on fairness for these decision-makers. We think that this work has the potential to enable the GMC to make targeted interventions to promote fairness in its decision-making. Last year the GMC introduced updated guidance for cases where there is a third-party investigation. The GMC may close such cases without a formal decision about whether they amount to an allegation about a registrant’s fitness to practise. It monitors cases closed in this way and is carrying out a post-implementation review of the new process. It has also updated its charging guidance to include reference to charging sexual motivation in cases of sexual harassment.

Where we will keep a watchful eye (continued)

● The GMC Response to Inquiries and Reviews

The GMC is currently engaging with several public inquiries, including the Muckamore Abbey Hospital Inquiry, the Lampard Inquiry, the Thirlwall Inquiry and the Ockenden Maternity Review. It is also working to implement recommendations from the Infected Blood Inquiry. We will continue to monitor the progress of this important work. We will also monitor any outcomes from the independent review of the Alemi case, announced in February 2024.

● Implementation of the Medical Licensing Assessment

This year, the GMC implemented the MLA, an assessment framework with two components: an applied knowledge test and a clinical and professional skills assessment. The aim of the MLA is to ensure that doctors seeking registration with a licence to practise medicine in the UK have met a threshold for safe practice that is appropriate to their point of entry to the medical register. As well as engaging with the GMC directly, we sought feedback from stakeholders involved with the MLA. We shared stakeholders' feedback with the GMC and we will expect it to continue to reflect on areas for development as the MLA transitions from a discrete project to part of the GMC's business as usual. We will continue to monitor the impact of the MLA.

● Embedding learning about handling cases of sexual misconduct

This year, the GMC provided information about the programme of work it began some years ago to embed learning from cases about sexual misconduct. The GMC has been working with stakeholder groups including people with specialist experience and/or lived experience of sexual misconduct and harassment to produce documentation for survivors of sexual misconduct explaining its fitness to practise processes. It has also worked with a specialist training provider to deliver targeted training for its staff who handle sexual misconduct and harassment concerns. It plans further work to build on this training. We will continue to monitor the implementation and impact of this important work.



Find out more about our performance reviews, including:

- the Standards of Good Regulation
- a short guide to how we carry out our reviews
- read recent reports