

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#).

This monitoring report covers the period 1 September 2021 to 30 September 2022.

Key findings

- This year, the GMC has continued work towards its Equality, Diversity and Inclusion fairness targets. It has also worked on two reviews arising from specific concerns: its Regulatory Fairness Review and its learning review of the case of Dr Arora. We will closely monitor how it responds to the recommendations from these reviews.
- The GMC launched its consultation on the review of *Good Medical Practice* this year. The GMC will also review 10 pieces of explanatory guidance; we think it is important that this review includes incorporating recommendations for doctors using social media into formal guidance.
- The GMC has continued its work to bring Physician Associates (PAs) and Anaesthesia Associates (AAs) into regulation. In this review period, it has designed routes to registration for existing and future PAs and AAs, and has published standards for education. The GMC is considering revalidation options for PAs and AAs, and intends to engage with stakeholders.
- In fitness to practise, there have been some improvements in how long it takes to progress cases, as the GMC recovers from the effects of the pandemic, though the overall time taken remains longer than we would wish. The GMC has reduced its caseload and number of old cases since last year. We note this as positive progress, however we expect the current trends to continue and significant improvements to performance.

Standards met 2021/22



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	18 out of 18

GMC standards met 2019-21

2020/21	18 out of 18
2019/20	18 out of 18



355,060

professionals on the register
(as at 30 September 2022)

General Standards

The GMC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Equality, diversity and inclusion

This year the GMC has continued its work in relation to Equality, Diversity and Inclusion (EDI). It has been undertaking two reviews in response to specific concerns and has continued with its proactive work towards its longer-term fairness targets.

The GMC's fairness targets

In May 2021, the GMC published targets to eradicate disadvantages faced by some doctors:

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

The GMC published the first annual report about progress against these targets in March 2022. Although it is too early to draw meaningful conclusions on progress, it reported some improvement against the first set of targets. It piloted and introduced a new referral form for employers, requiring them to confirm the steps they have taken to ensure a referral is fair and appropriate before submitting it to the GMC.

Performance against the second target had not changed, but this was expected. As part of the work towards this target, the GMC will require education organisations to submit action plans outlining how they will improve outcomes for international graduates and ethnic minority learners, as well as asking medical schools to provide exam data to monitor and improve fairness in medical education.

Regulatory Fairness Review

The GMC's Regulatory Fairness Review, begun in 2021,¹ involved reviewing decision points and past research on fairness, embedding learning in new processes and identifying learning needs for staff. The review is now due to be published by February 2023, after the end of our review period. We will monitor the outcome of this review and the actions the GMC takes in response.

Dr Arora case review

An MPTS decision to suspend a doctor in June 2022 provoked concern from numerous stakeholders, who felt that the referral, investigation and final decision were unfair. The doctor successfully appealed the decision and the GMC launched a review to understand what lessons could be learnt. The review was carried out by the GMC with external oversight provided by Professor Iqbal Singh CBE and Martin Forde KC. The report was published in November 2022. It found no evidence of bias affecting decisions in Dr Arora's case, but made several recommendations for the GMC, including:

- to consider how it assures itself that its decision-making is fair and unbiased, including proactive monitoring for ethnicity-related variations in teams
- for greater levels of cultural competency so that the GMC can better understand the professionals working in health services
- to embed a culture of 'professional curiosity' so that GMC staff feel able to speak up and raise concerns about cases.

The GMC accepted all the recommendations. We are aware that it has already taken steps to start implementing them, for example by amending standard instructions to counsel to encourage them to raise any concerns they have about the strength of a case.

It was appropriate for the GMC to initiate these reviews in response to the specific concerns raised with it. Fair decision-making, cultural competence, and the ability to speak up are crucial for a regulator's work in fitness to practise, and its approach to EDI more generally. We note the work the GMC is doing to learn from cases and ensure its processes – and those of others, like education institutions, and employers making fitness to practise referrals – are fair. Based on the

work the GMC has done so far, we concluded that Standard 3 was met. It will, however, be important for the GMC to show further progress in this area and we will closely monitor its actions.²

Working with others

The GMC has worked with stakeholders this year, including the Department of Health and Social Care, on implementing recommendations from the Paterson Inquiry and the Cumberlege review. The GMC collaborated with other organisations to publish a joint guide to induction for overseas-qualified doctors recruited to the NHS.³



“We continue to have very positive relationships with the GMC at all levels. They are very responsive when dealing with our queries”

Stakeholder feedback

Accurate and accessible information

The GMC continues to provide up to date, accurate and accessible information about its registrants, regulatory requirements, guidance, processes, and decisions through its website and social media. Between May 2021 and September 2022, the GMC did not meet its call centre KPI to answer 80% of calls within 20 seconds. It identified specific reasons for the increase in calls, acted to address the issue by recruiting new staff, and in recent months has met this target.

Guidance and Standards

The GMC met both Standards for Guidance and Standards this year.

This year the GMC launched its consultation on the review of *Good Medical Practice*. The review aims to address some gaps, such as

guidance on interprofessional boundaries and sexual misconduct. The changes will also include tackling discrimination, promoting fairness and inclusion, and organisational culture.

The GMC will also review 10 pieces of explanatory guidance. We think this should include ensuring that its guidance on social media is up to date. There are already some recommendations in the GMC's *Ethical Hub* for doctors using social media. However, we have seen cases where doctors' use of social media has been problematic (for example in relation to the pandemic, or to inappropriate messages in their private life). Clear guidance on this topic is important to maintain public confidence.

We will continue to monitor the development and implementation of the updated Good Medical Practice and explanatory guidance.

Education and Training

The GMC met both Standards for Education and Training this year.

The GMC has progressed with its education reform programme this year, which includes taking learning from the pandemic, particularly to consider opportunities for improvement.

The GMC published the revised framework for credentialing in December 2021. GMC credentials are intended to be a flexible way of providing additional assurance in specific areas of care. The GMC continued to work with early adopters in preparation for delivery throughout 2022. In June 2022, it approved the curriculum content for the first GMC credential, in remote and rural medicine.

Physician Associates and Anaesthesia Associates

The GMC published standards for education for Physician Associates (PAs) and Anaesthesia Associates (AAs)⁴ in September 2022. It is currently carrying out Quality Assurance checks of PA and AA courses and will give all course providers feedback on self-assessments. It has also published interim guidance for PA and AA students about how

the standards apply to them. The GMC will update the guidance once it has completed its review of *Good Medical Practice*.

Registration

The GMC met all four Standards for Registration this year.

Accuracy of the Register

Our register check did not identify any inaccuracies in the GMC's Register.

Year	Number of GMC registrants
2019/20	336,747 professionals
2020/21	348,787 professionals
2021/22	355,060 professionals

Routes to registration

The GMC is continuing to develop post-Brexit routes to registration. It has designed routes to registration for existing PAs and AAs and future qualifiers; it will now design a route for those who qualified overseas.

PLAB⁵ exams

The GMC cancelled the January PLAB 2 exams and ran socially distanced exams with reduced capacity in February this year due to the Omicron variant of coronavirus. We do not have concerns about this because there was a clear risk of harm if the sessions went ahead as scheduled and it allowed examiners to prioritise clinical work. The GMC offered places to those candidates who were already in the UK at the time of cancellation or who had an offer or place in training. The remaining candidates were offered places to sit the exam by October.

The GMC stopped a release of places for PLAB 1 for February 2023; due to an increase in demand, the traffic accessing the website caused it to fail. The GMC re-released them in June 2022. Candidates were reassured that there were enough places for those who needed to book when places were released.

We acknowledge that these issues would have caused distress and inconvenience to a number of applicants. However the GMC rectified the issue and, overall, there were enough places for those who needed them.

Processing applications for registration

Despite an increase from last year in applications from overseas graduates, processing times are in line with previous years and the annual median for processing applications from UK graduates has remained at one day. We have no concerns about the data relating to how the GMC deals with registration appeals.

Revalidation

The GMC will engage with stakeholders about revalidation options for MAPs. As part of the regulatory fairness review, the GMC intended to commission an external audit of its registration and revalidation process, but this has been put on hold while the GMC receives guidance about commissioning such audits.

Fitness to Practise

The GMC met all Standards for Fitness to Practise this year.

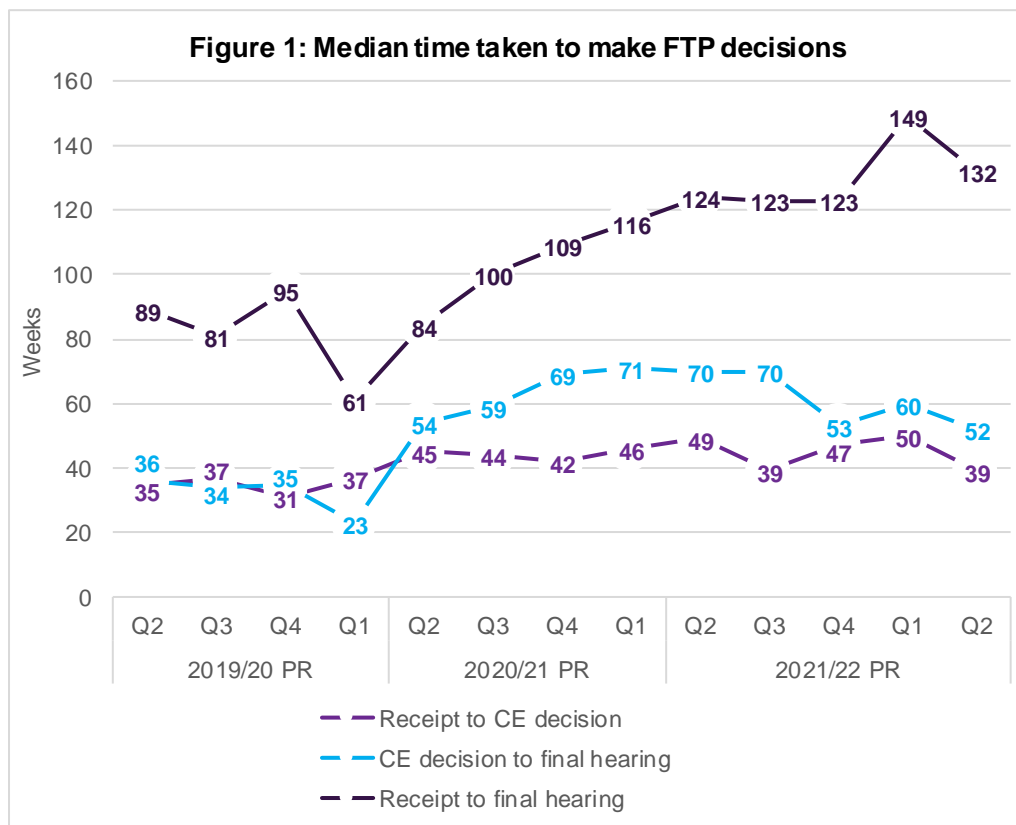
New referrals

The number of referrals received by the GMC this year has increased from last year and is more in line with pre-pandemic levels. Overall, the data about decisions made at the earliest stage of the process does not suggest concerns.

As we have noted at Standard 3, there has been some progress against the GMC's fairness targets in relation to disproportionate fitness to practise referrals.

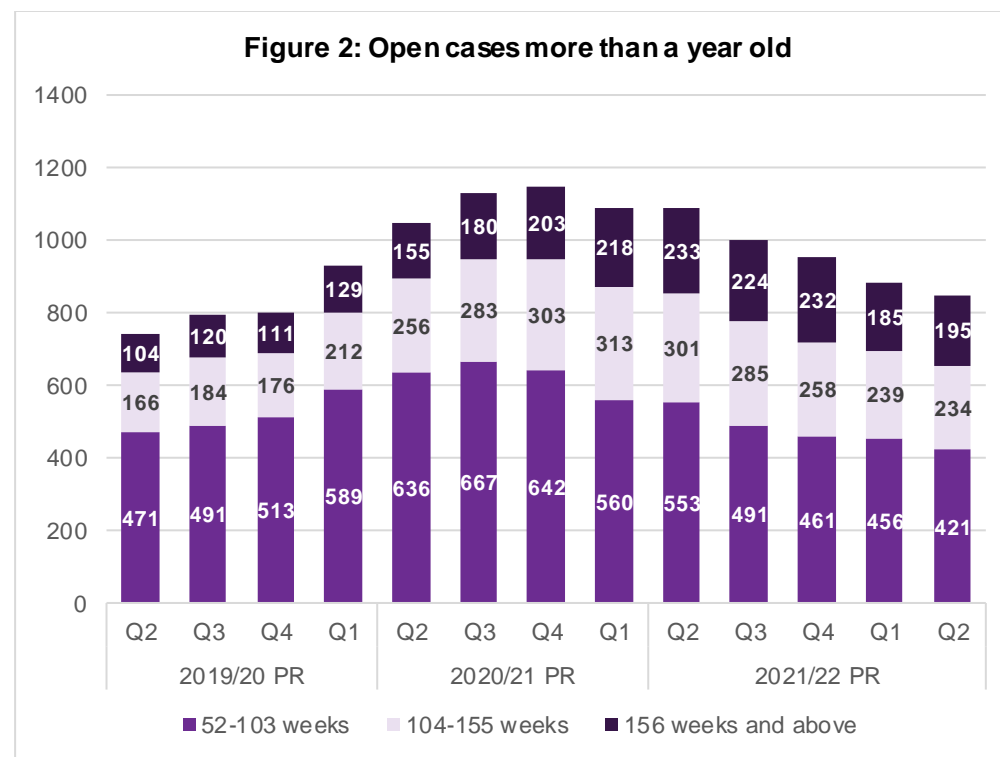
Timeliness

Figure 1 shows the median time for cases to progress through the fitness to practise process. The data is based on closed cases. It shows improvements this review period in the time from receipt to Case Examiner (CE) decision, and in the time from CE decision to hearing. Both measures are at their lowest since the start of the pandemic. The time from receipt to final hearing increased. That is consistent with the GMC's focus on closing old cases: as it closes its old cases, many of which will be ones that have gone all the way to a final hearing, they affect the median closure time.



The GMC has worked to return to a normal, pre-pandemic, running rate. It has reduced its open caseload, improved the median of open cases in investigations and reduced the number of cases older than 52 weeks at pre-CE stage.

Figure 2 shows the total number of cases over 52 weeks old. There has been a reduction of 237 (22%) old cases since the start of this review period. The GMC told us that it is still experiencing difficulties obtaining information for its investigations from other organisations, including healthcare providers and the criminal justice system. It told us that 32% of all open cases over 52 weeks have been subject to third party investigations.



The GMC commissioned external barristers to review 219 cases that are older than two years and have not yet been considered by the CEs. The review found delays due to third party investigations and the pandemic. In 44% of cases there were delays due to GMC processes as well as external factors. The GMC told us that the internal delays

were due to the pandemic and the usual challenges of complex and document heavy cases. We expect the GMC to continue to consider how it can avoid unnecessary delays to case progression.

This year, 279 decisions were made by the Medical Practitioners Tribunal Service (MPTS), which is a significant increase from 155 last year. The MPTS is on track to return to pre-pandemic performance in early 2023 and this is consistent with the recovery plans we saw last year.

The median figures for timeliness are higher than we would normally regard as acceptable. However, overall, the data indicates that the GMC is recovering from the disruption associated with the pandemic. Reducing the number of open old cases increases the median closure times in the short term, but it is a necessary precondition to reducing them sustainably in the longer term. Accordingly, we will expect the data to show further improvements over the next year. We note the impact that employers and other third-party investigations can have on timeliness, and the GMC should consider how it can use its influence or adapt its processes to mitigate this. On balance, we decided that Standard 15 was met this year.

Fitness to practise decision-making

The GMC updated its guidance for decision-makers about how they should take the context of the pandemic into account. It intended the update to reflect the sustained nature of the pandemic. We have not identified themes in the concerns we have received or in our review of final decisions to indicate problems with the GMC's decision-making.

¹ We reported on the review in [last year's report](#).

² We are currently reviewing our approach to assessing Standard 3 as part of our own organisational EDI action plan: <https://www.professionalstandards.org.uk/about-us/equality-and-diversity>

³ [Welcoming and Valuing International Medical Graduates](#), produced jointly with NHS England and NHS Improvement, Health Education England, the British Medical Association and the Medical Protection Society.

Interim Orders

The time it takes the GMC to make IO decisions remained broadly consistent with last year. The time to IO decision from the point where a possible need for one is identified has been increasing slightly since 2017/18 but is well within the range of other regulators' performance. Overall, we do not have concerns about how long it takes the GMC to make IO decisions.



Quick links/find out more

- ▶ [Find out more about our performance review process](#)
- ▶ [Read the GMC's 2020/21 performance review](#)
- ▶ [Read our Standards of Good Regulation](#)

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December 2022

⁴ Physician Associates (PAs) and Anaesthesia Associates (AAs) are two professions due to be regulated by the GMC commencing in the second half of 2024 at the earliest.

⁵ The Professional and Linguistic Assessments Board (PLAB) is a two-part test for doctors who qualified abroad. PLAB 1 is a written test run four times a year and can be taken at a number of locations in the UK and overseas. PLAB 2 is an objective structured clinical examination which takes place at the GMC's assessment centre sites.