

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 October 2022 to 30 September 2023.

Key findings

- This year the GMC has continued to work towards its Equality, Diversity and Inclusion fairness targets and it has reported progress in most areas. It also published its *Regulatory Fairness Review* in February 2023, which contained 23 recommendations for the GMC. It reported its progress against these recommendations in September 2023.
- The GMC published a revised version of *Good Medical Practice* in August 2023, which comes into effect on 30 January 2024. It has also reviewed and updated several pieces of associated guidance, also now known as more detailed guidance.
- In preparation for regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs), this year the GMC has worked on areas including what revalidation will look like for both professions, and development of a pre-registration assessment for AAs.
- This year the GMC has introduced a new digital ID check system to make its process of registration more efficient and more accessible for applicants, who previously were required to attend an in-person check.
- In fitness to practise, there have been improvements across the main timeliness measures the GMC reports to us. The number of open old cases has also reduced since last year.

Standards met 2022/23



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 2020-22

2021/22	18
2020/21	18



375,344

**professionals on the register
(as at 30 September 2023)**

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.

GMC performance measures

This year the GMC has considered ways to improve its performance measures. This included introducing a qualitative customer service measure for its contact centre to accompany the timeliness ones and introducing consistent measures for each 'major end-to-end interaction.' The GMC also introduced an annual review process of the performance measures.

Working with others

The GMC has set up an internal group to improve how it involves patients and the public in its work. This year the GMC has worked with the Royal College of Surgeons of England to develop shared decision-making materials and with the Nursing and Midwifery Council and Care Quality Commission to develop a shared data platform to perform risk analyses of maternity services.

The feedback we received from stakeholders, including professional bodies and representative organisations, was generally positive. We heard that the GMC is responsive, professional, and supportive. However, we also heard some concerns about distrust in the fitness to practise and Medical Practitioners Tribunals Service processes.

Equality, diversity and inclusion

The GMC's fairness targets

The GMC published its second annual report about progress against its fairness targets in June 2023. Measures¹ for the target relating to disproportionate referrals from employers¹ have moved in a positive direction and the GMC says there is activity across the system to address disproportionality in disciplinary proceedings. This year the GMC has reviewed, and is assessing the impact of, the changes it made to the employer referral form and has created a process to feed back to employers about cases that did not meet the threshold for investigation. The GMC has also extended its anti-bias training related to employer referrals to key decision makers in fitness to practise.

Four out of the five measures for the target about creating fairer training cultures² show a narrowing of the gap. These include measures for postgraduate education performance and inclusive environments. We have previously highlighted the importance of regular reporting on this work, so we welcome the GMC's update and the evidence of progress, as well as the clear outline of work planned for next year.

Regulatory Fairness Review

The GMC published its Regulatory Fairness Review in February 2023. This work will lead to a new approach to commissioning audits of decision-making and a consistent set of good practice decision-making checks. There were 23 recommendations for the GMC in total and it gave the first substantial update on progress against these to Council in September 2023. The GMC reported that it has refined a single set of corporate decision-making principles which are related to proportionality, transparency, objectivity, fairness and ensuring decisions are taken by appropriate decision makers. It also reported that each directorate has identified potential 'high impact regulatory decisions' and the GMC has started to identify mitigation and assurance measures around these.

Singh/Forde review

Last year the GMC published its independent review of the Dr Arora case to establish what lessons could be learnt. The GMC accepted all the recommendations and this year provided us with an update on their implementation. The recommendations for the legal team are complete and these include instructing counsel to consider the overall merits of each case prior to a hearing and reviewing guidance on drafting sanction submissions. One of the recommendations was that the GMC should do more to embed a culture of professional curiosity; the GMC told us it has done this through messaging to its fitness to practise teams. It is working with employers and responsible officers to implement recommendations that relate to fairer referrals being made to the GMC.

We concluded that Standard 3 was met based on the work the GMC continues to do in this area, and the progress it has made since last year in implementing actions and recommendations from reviews it carried out. However, it will be important for the GMC to continue to demonstrate progress in its work to assure the fairness of its processes, and we will continue to closely monitor this.

Employment Appeal Tribunal

In June 2023, the tribunal allowed the GMC's appeal against a decision in 2021 that it had discriminated against a doctor on the grounds of his race. The case will be considered by a new tribunal. As we have previously reported, it was appropriate for the GMC to take action regardless of the outcome of its appeal.

Guidance and Standards

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

Review of Good Medical Practice

Last year the GMC consulted on a revised version of *Good Medical Practice* and engaged a range of stakeholders. The GMC published the new version in August 2023, with it due to come into effect on 30 January 2024. There are new duties around creating fair workplace cultures and sexual harassment, and the guidance has been strengthened around professional boundaries and speaking up when misconduct is witnessed.

Supplementary guidance for registrants

Alongside the review of *Good Medical Practice*, the GMC also reviewed and updated several pieces of its more detailed guidance including its social media and maintaining personal and professional boundaries guidance. Last year we said we thought the GMC should review its social media guidance because it was important for the GMC to have clear guidance about doctors expressing their views on social media after we had seen some cases where this had been problematic. We welcome the work the GMC is doing to address this.

This year the GMC also updated the advice it provides about trans healthcare and launched a new resource to provide support for doctors who experience racism in the workplace.

Education and Training

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

The GMC is working towards the introduction of the Medical Licensing Assessment (MLA)³ in 2024. The GMC is checking whether the exams at UK medical schools and its own PLAB⁴ test meet the requirements set out in the GMC's framework for the MLA⁵.

This year, the GMC has fully approved the curriculum for three early adopter credentials: mechanical thrombectomy, pain medicine, and rural and remote medicine. These will allow the GMC to recognise expertise in a particular area.

The GMC also approved two new medical schools this year: Anglia Ruskin University's School of Medicine and Aston Medical School.

Physician Associates and Anaesthesia Associates

This year the GMC has carried out quality assurance checks for PAs and AAs. Overall, it had no major concerns about the compliance of PA courses with its standards. It identified some gaps in compliance with the standards for AA courses and said it would adjust its processes so it could better ensure employer-led AA courses meet its standards.

Registration

The GMC met all four Standards for Registration this year.

Physician Associates and Anaesthesia Associates

This year the GMC published guidance about registration for PAs and AAs who have a non-UK qualification. Between November 2022 and January 2023, the GMC asked for feedback on a draft of the pre-

registration assessment for AAs from 2025, which it had worked with the Royal College of Anaesthetists to develop.

In March 2023 the GMC published an outline of what revalidation will look like for PAs and AAs. It will also update its clinical governance guidance for employers so that it will also apply to PAs and AAs.

Registration applications

There has been a significant increase in the number of applications for registration from international medical graduates, but this has not impacted the time it takes the GMC to process them. The GMC has reported that the demand for PLAB 2 places has continued to grow this year and in April 2023 Council gave approval to create an additional assessment circuit.

This year, the GMC carried out reviews to learn from incidents of fraudulent registration applications. We thought the measures the GMC consequently took were reasonable.

Year	Number of GMC registrants
2020/21	348,787 professionals
2021/22	355,060 professionals
2022/23	375,344 professionals

Digital identity checks

In April 2023 the GMC launched a digital ID check system which should make the process of registration more efficient and less expensive for applicants who, until now, were required to attend an in-person ID check. It should also help to clear a backlog of 30,000

doctors who registered during the pandemic but did not have an in-person ID check at the time, although alternative provisions were put in place to check their identities. Following a pilot, the GMC was assured that the digital checks were effective in preventing fraud and that there were no adverse equality, diversity and inclusion consequences. The GMC told us that those doctors will be invited to complete a digital ID check by April 2024, and we intend to monitor this backlog.

Fitness to Practise

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

New referrals and third-party investigations

This year the GMC introduced new guidance about opening an investigation when a third-party investigation is underway. Unless it identifies a risk to patient safety requiring an interim order, it will not always open an investigation in these circumstances, but may wait for further information from the third-party investigation. It is too early for us to assess the impact of this guidance, but we will continue to monitor its impact on the progression of cases.

Timeliness

Figure 1 shows that the time taken to investigate cases has improved this year. The data is based on closed cases. It shows that there have been improvements in timeliness across all three measures.

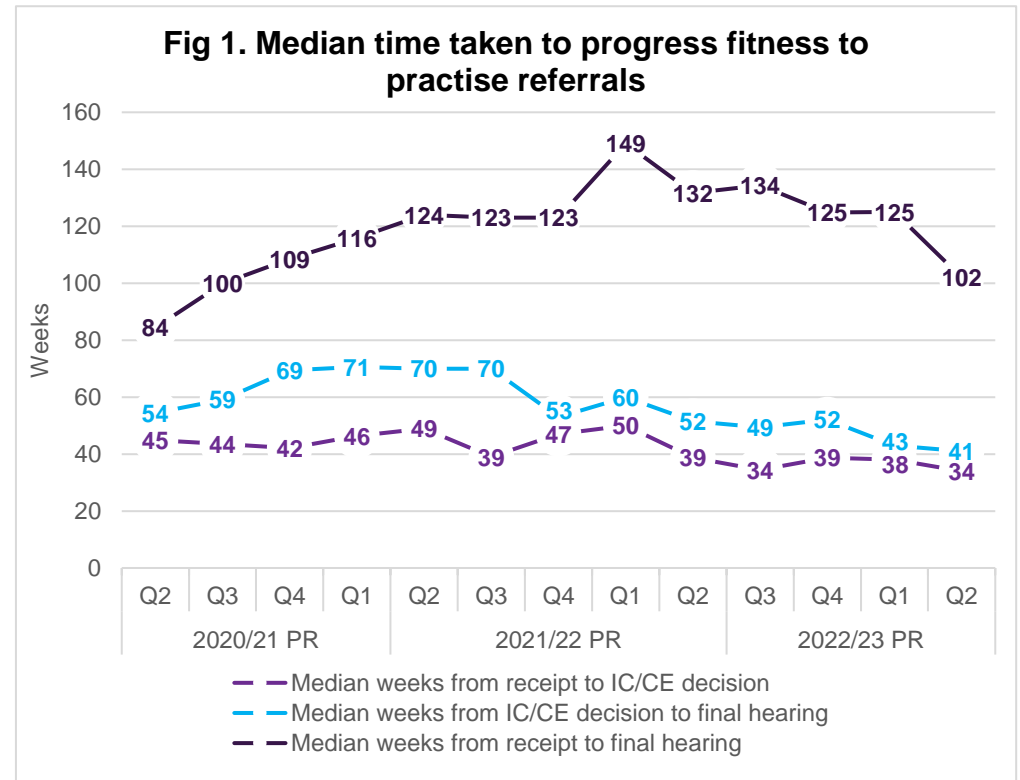
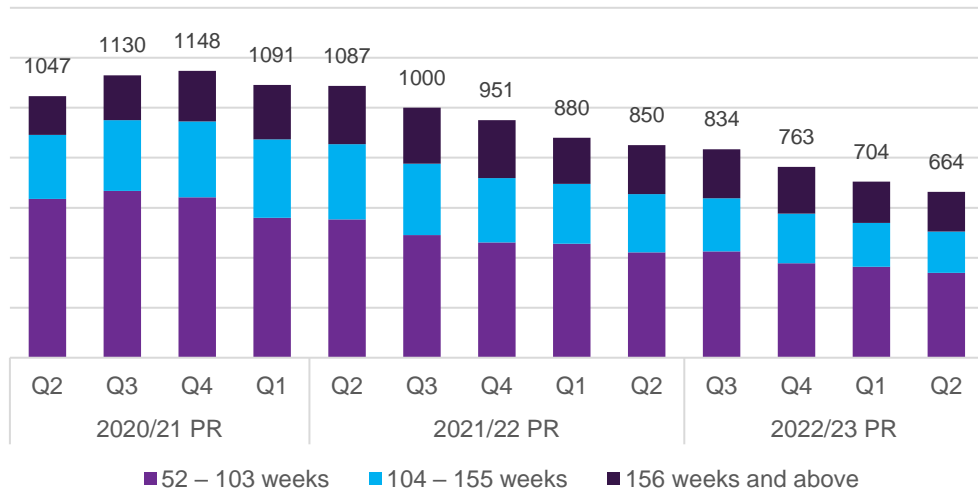


Figure 2 shows the total number of open cases over a year old. There has been a reduction of 186 (22%) old cases since the start of this review period. The changes in end-to-end time correspond with the change in the number of old cases, and both figures have been improving quarter by quarter since the start of this review period. The GMC's overall caseload has reduced to below the rate before the pandemic.

Fig. 2: Number of open cases more than a year old



Last year we noted that the GMC appeared to be recovering from the disruption associated with the pandemic, but that we expected to see further improvements this year. We are satisfied that improvements have been made - though the end-to-end measure is high, it is starting to come down and the number of older cases is continuing to decrease. We will expect the improvement to continue next year.

Rule 12 process

We received several concerns this year about the GMC’s Rule 12⁶ process, which related to the length of time it was taking the GMC to consider these requests. From the concerns we received, it appeared that the quality of patient engagement in relation to those decisions was inconsistent. We plan to look at this area in more detail in our periodic review next year.

Decision-making and guidance

This year the GMC updated its charging guidance to include sexual harassment type misconduct. The GMC is also reviewing its guidance on low level dishonesty for case examiners and guidance about low level violence and dishonesty used in triage. This was in response to a recommendation from the Singh/Forde review. We will monitor implications of these updated pieces of guidance.

We note the judgment in the case of Dr Watt, where an MPTS decision to grant voluntary erasure was overturned because the tribunal did not have jurisdiction to make the decision. We will observe the GMC’s actions to ensure that similar issues do not happen again.

Interim orders

We do not have concerns about the time it takes the GMC to identify the need for, and schedule, an interim order hearing. Its performance in this area remains among the fastest of the regulators we oversee.

Contact with doctors under investigation

In December 2022, the GMC announced that it will make initial contact with a doctor by telephone if it receives a concern that needs to be investigated. The GMC said this was part of improvements to take a more compassionate approach and reduce the impact of investigations, and that it had received positive feedback from defence organisations.

¹ To eliminate disproportionate complaints from employers about ethnic minority doctors, by 2026

² To eradicate disadvantage and discrimination in medical education and training, by 2031

³ All students at UK medical schools will have to take MLA-compliant tests as part of their medical degree. For international doctors, PLAB (see footnote 4) will become compliant with the MLA

⁴ 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

⁵ The MLA will be comprised of two parts: The applied knowledge test (a written assessment of clinical knowledge) and the clinical and professional skills assessment (a performance-based assessment)

⁶ The mechanism to request a review of a GMC decision not to investigate, not to refer the case to a Tribunal or to issue the doctor with a warning or undertakings



Quick links/find out more

- ▶ Find out more about our performance review process
- ▶ Read the GMC's [2021/22 performance review](#)
- ▶ Read our Standards of Good Regulation

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