

General Medical Council

Annual Report 2022

Trustees' annual report and
accounts for the year ended
31 December 2022

General Medical Council

Annual Report 2022

Trustees' annual report and accounts for the year ended 31 December 2022

Presented to Parliament pursuant to section 52A of the Medical Act 1983 as amended by The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 (SI No.1774).

General
Medical
Council



Our annual report

2022

General
Medical
Council

About this report

Our trustees present this report and financial statement for the year ending 31 December 2022.

They confirm they have taken into account the Charity Commission's public benefit guidance when reviewing our aims and objectives and have had regard to this guidance when exercising any powers or duties or when making a decision to which the guidance is relevant. The trustees are satisfied that at all times we have operated for public benefit and that the activities as described in this report and accounts fully meet the public benefit requirements and support our charitable purpose.



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This report is also available in Welsh, at:

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

Foreword

2022 was once again a story of sustained pressure on the health service and those who use and staff it. Healthcare professionals continued to deliver outstanding care despite difficult circumstances. But as the echoes of the pandemic continued to reverberate, longer-term trends around wellbeing and workloads compounded existing challenges. While patients endured long waits for diagnosis and treatment, doctors across all groups cited burnout, stress and patient safety issues as reasons for leaving the profession.

The environment in which a doctor works correlates directly to the quality of care they can provide. Considerable evidence tells us that enabling practitioners to perform to the highest standards is at the root of good patient outcomes. That's why promoting positive workplace cultures and the provision of meaningful support for all doctors continued to be central to our work in 2022.

Fostering environments where doctors feel valued and listened to has become particularly important as increasing numbers have reported job dissatisfaction and taking active steps to leave the NHS, or the profession entirely. We are working closely with local employers and national partners to foster compassionate and inclusive leadership so that doctors feel they belong and can thrive.

The composition of the medical register continues to grow and evolve. There are more doctors on the register than ever before with a broad mix of ethnic groups. The gender split is now almost equal across all four home nations. Within this more diverse profession, flexible attitudes to training and deployment are essential. Recognising individual needs will not only enable each member of the workforce to provide their maximum contribution, but will also help retain the experienced

professionals we have, which is crucial for safe patient care.

Of the doctors who joined the workforce in 2021, over half were international medical graduates (IMGs) compared to only 39% for UK graduates. Ensuring that doctors new to the UK, navigating a different society and health system, feel supported and included is vital, both for them and the care they provide. Yet many find their development and performance undermined by discrimination and disadvantage in day-to-day practice. 2022 saw us ramp up our efforts to improve ethnic minority doctors' experiences of medicine, including maintaining momentum on our targets to eliminate differential attainment in medical education and training by 2031 and disproportionality in fitness to practise referrals by 2026.

The rise in IMG numbers has been accompanied by a rapid and significant increase in those who hold specialty and associate specialist (SAS) and locally employed (LE) posts. Previously a welcome, but small part of the workforce, SAS and LE doctors are now a major contributor. Our work to improve the CESR route was welcomed by this cohort, as were our efforts to widen opportunities for SAS doctors, for example in primary care.

Throughout the year, our outreach teams continued to work across the four nations to address local concerns; be it coordinating with partners to roll out our free *Welcome to UK Practice* induction programme for IMGs, working with responsible officers (ROs) to improve support for locum doctors or helping put our data into practice to target interventions.

Our performance as a regulator is vital to secure the trust of the public and those whom we regulate. We were pleased to meet all standards set by our regulator, the Professional Standards Authority (PSA), this year, and every year since they were introduced.

However, we are not complacent. To be the most effective, compassionate regulator we can be, we need to constantly review our processes and their impact on the profession and the public. In 2022, we continued to push for reform to the legislation that governs how we work. Because of the current legal framework, we find ourselves spending a disproportionate amount of our time and resources investigating doctors. Our ambition is to transform the way we regulate, and we are reassured that the UK government has committed to updating legislation as a top priority. We believe these changes will play an important role in addressing wider workforce challenges.

While this is undoubtedly a challenging time for the health service, we continue to see pioneering work programmes and examples of best practice. Done right, these initiatives make a tangible difference, with each small improvement adding up to significant change, both to doctors and those they treat.

Our ability to drive forward progress and deliver high quality care rests on the continued collaboration of all those who make up the health system, including the patients we serve. This past year saw us strengthen this partnership across the four nations, and we look forward to working closely with colleagues again in the year ahead.



Charlie Massey

Charlie Massey
Chief Executive



Professor Dame Carrie MacEwen

Professor Dame Carrie MacEwen
Chair

Our role in the UK's healthcare systems

We are the UK's independent regulator of doctors. Our role is to protect the health, safety, and well-being of patients and the public. We do this by:

- promoting and maintaining professional standards for doctors
- overseeing UK medical education and training
- taking action when the safety of patients or the public's confidence in doctors is at risk.

How we keep patients safe

Keeping patients safe and protecting public confidence in doctors is at the core of our work.

- [We set the standards for doctors.](#) Our standards define what makes a good doctor. They set out the professional values, knowledge, skills, and behaviours required of all doctors working in the UK. To develop our standards and guidance, we consult with patients, doctors, employers, and educators.
- [We oversee all stages of doctors' undergraduate and postgraduate education and training in the UK.](#) We make sure doctors get the education and training they need to deliver high-quality care throughout their careers. We do this by setting out the outcomes needed for graduates and by approving curricula for postgraduate education. We also monitor training environments to support safe, effective learning.
- [We manage the UK medical register.](#) We check doctors' qualifications before they join the register. When necessary, we check their skills.

We also check with medical schools or previous employers to find out if they have any concerns about a doctor's ability to practise safely.

- [We make sure doctors keep their knowledge and skills up to date.](#) We do this through revalidation, a system that checks that all doctors have an annual appraisal and that they are following the standards we set. Revalidation is a fundamental part of effective clinical governance, which we support also through the advice our outreach teams provide to responsible officers (ROs) on the frontline. The process gives patients and the public assurance that doctors in the UK are part of a governed system. It also supports the identification and management of concerns at an early stage.
- [We investigate and act on concerns about doctors.](#) When someone raises a concern about a doctor with us, we assess whether it meets our threshold for investigation. If it does, we investigate. At the end of the investigation, we decide what action we need to take. This can include taking no action, issuing advice or a warning, restricting the doctor's practice, or agreeing with them and their employer that they will retrain, or work under supervision. In some situations, we refer the case to the [Medical Practitioners Tribunal Service \(MPTS\)](#). The MPTS runs tribunal hearings that make decisions about whether doctors are fit to practise medicine. It is accountable to the GMC Council and to the UK Parliament, but operates separately from the investigatory role of the GMC, and its tribunal hearings are fully independent in their decision making. It produces its own [separate annual report](#).

Our performance

Every year our performance as a regulator is assessed by the Professional Standards Authority (PSA). It is measured across our four core functions: education and training; registration; guidance and standards; and fitness to practise.

The PSA's latest annual assessment confirmed that [we successfully met all 18 of its Standards of Good Regulation in 2021 - 2022](#). We are proud to have met all 18 standards set by the PSA since they were introduced in 2012. It means we are performing to a high standard as a regulator, and reflects the commitment we make in our work to standards such as:

- transparency
- public protection
- timeliness
- equality, diversity, and inclusion.

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 met

18 out of **18**

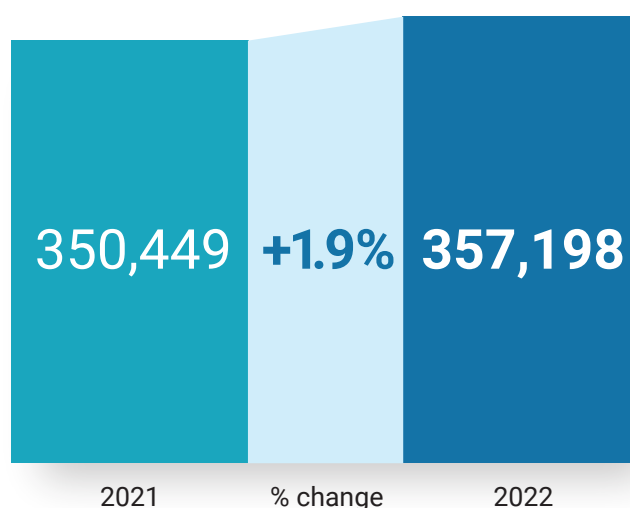
2022 at a glance



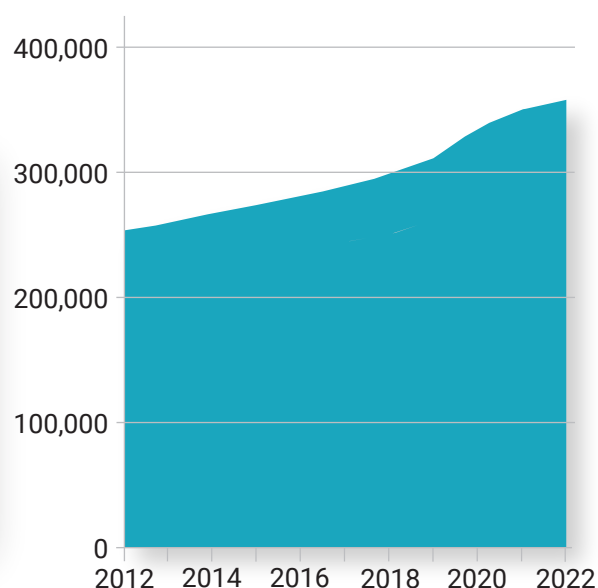
The medical register

All figures as of 31 December 2022 and 2021 respectively, unless otherwise specified.
Visit [GMC Data explorer](#) to learn more about doctors' education and practice in the UK.

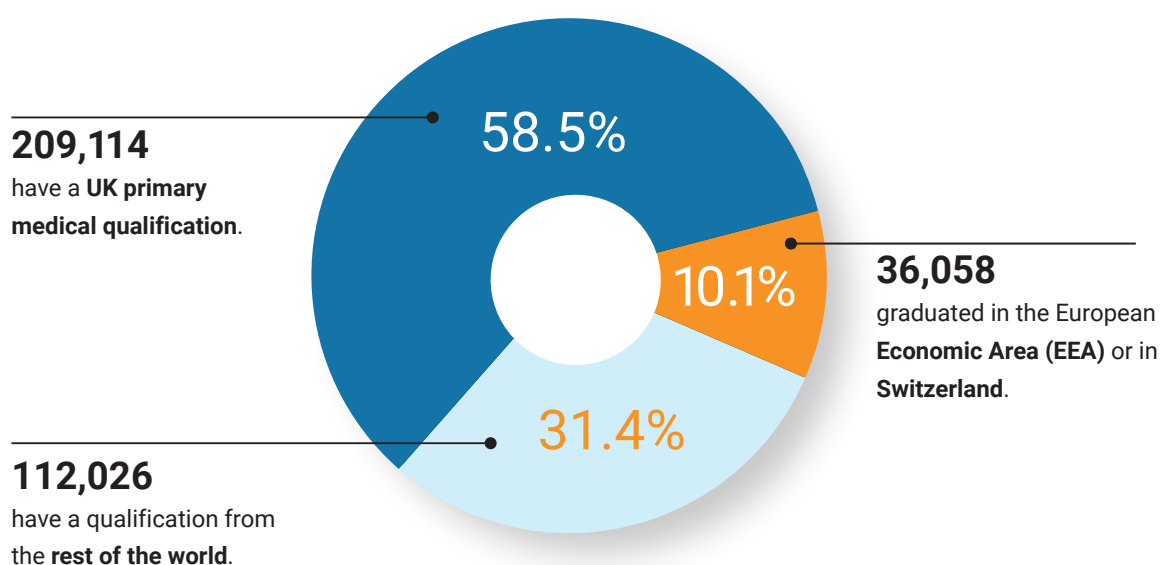
Total doctors on the register



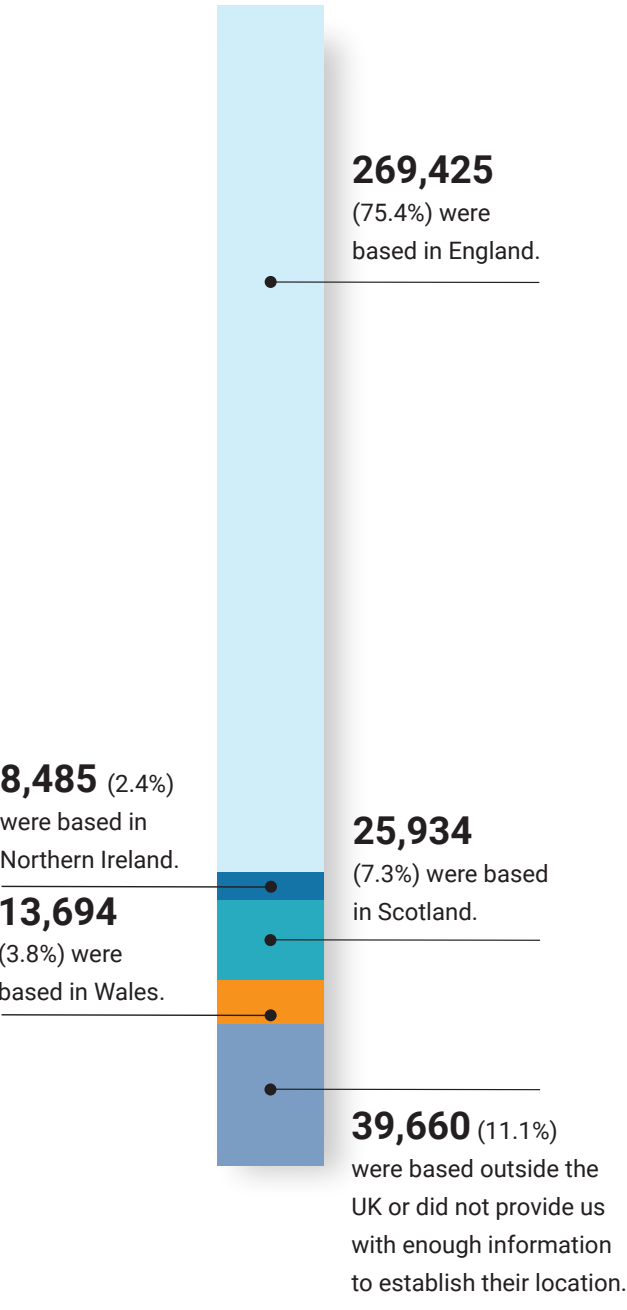
Growth in registered doctors 2012–2022



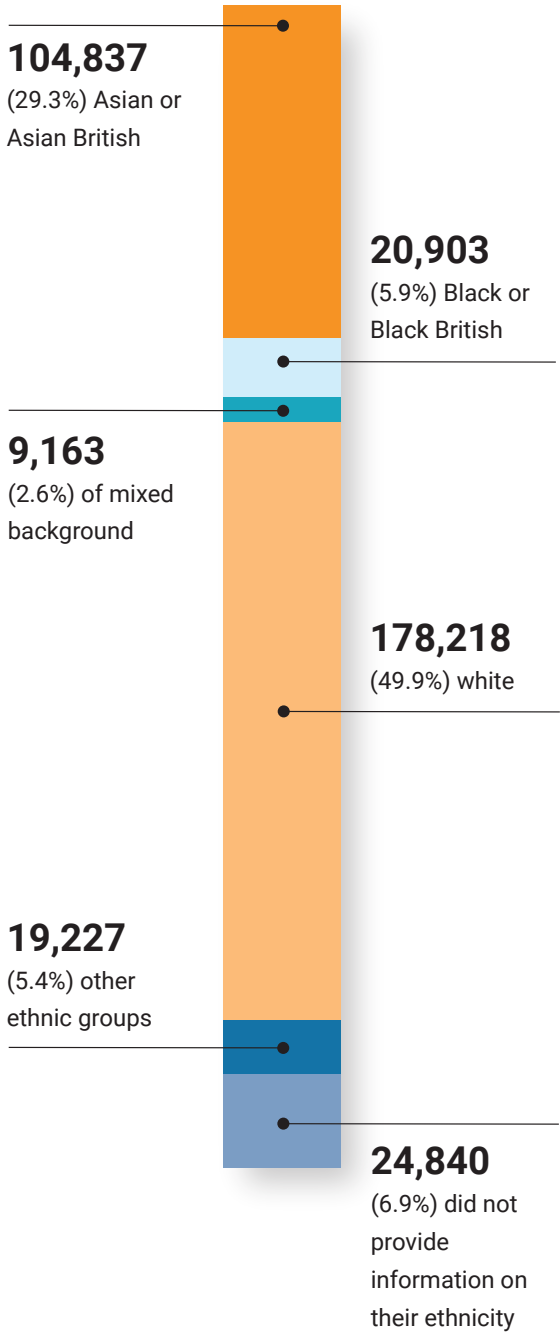
Where they graduated



Doctors on the register by location*



Doctors on the register by ethnicity

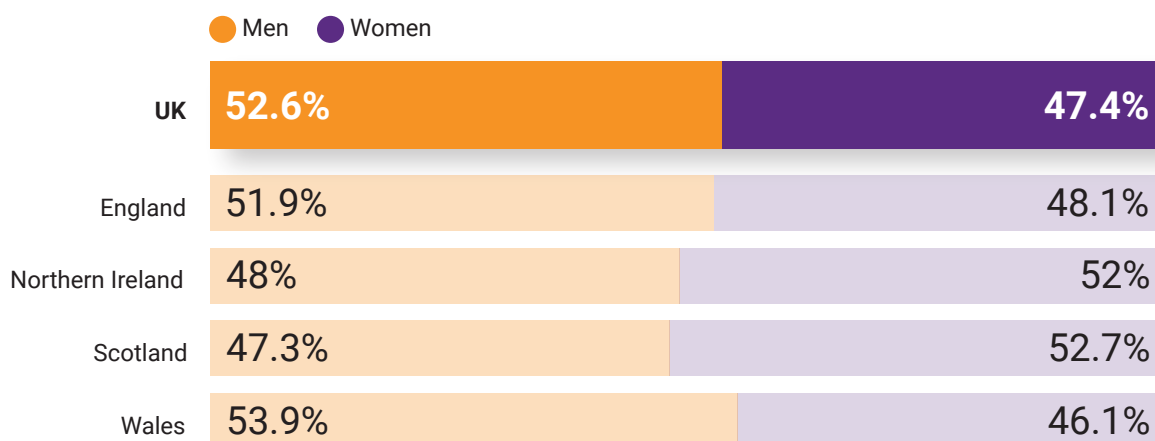


* The derived location of registered doctors is calculated using the following hierarchy:

1. where they work based on NHS practice history data
2. their training location based on the National training survey
3. the location of their designated body
4. their registered address.

Registered doctors located in the Channel Islands and the Isle of Man are included in the figures referring to England.

Doctors on the register by gender



Total doctors on the GP Register

78,619

Down

1.3%

from 2021
(79,685)63,267 (80.5%) were residing in **England**.2,268 (2.9%) were residing in **Northern Ireland**.7,419 (9.4%) were residing in **Scotland**.3,313 (4.2%) were residing in **Wales**.2,352 (3%) either were located **outside the UK** or did not provide us with enough information to establish their location.

Total doctors on the Specialist Register

107,327

Up

0.3%

from 2021
(107,009)81,472 (76%) were residing in **England**.2,610 (2.4%) were residing in **Northern Ireland**.8,289 (7.7%) were residing in **Scotland**.4,104 (3.8%) were residing in **Wales**.10,852 (10.1%) either were located **outside the UK** or did not provide us with enough information to establish their location.

In 2022, we granted:

21,255

applications for first
entry to the register.

That is up

6.4%



from 2021 (19,977).

7,819

(36.8%) were
from doctors
with a **UK PMQ**.

2,033

(9.6%) were from
doctors who
graduated
in the **EEA** or in
Switzerland.

11,403

(53.6%) were
from doctors with
a qualification
from **the rest of
the world**.



3,309

applications to join the
GP Register.

That is down

0.5%



from 2021 (3,326).

2,186

(66%) were from
doctors with a
UK PMQ.

174

(5.3%) were
from doctors
who graduated
in the **EEA** or in
Switzerland.

949

(28.7%) were
from doctors with
a qualification
from **the rest of
the world**.



4,799

applications to join the
Specialist Register.

That is up

4%



from 2021 (4,613).

3,146

(65.6%) were
from doctors
with a **UK PMQ**.

563

(11.7%) were
from doctors
who graduated
in the **EEA** or in
Switzerland.

1,090

(22.7%) were
from doctors with
a qualification
from **the rest of
the world**.



Professional and linguistic assessments board (PLAB)

Doctors who graduate outside the UK, the EEA, or Switzerland usually need to take our Professional and Linguistic Assessments Board (PLAB) test in order to join the UK medical register.* The test is taken in two parts (PLAB 1, delivered in assessment centres around the world, and PLAB 2, undertaken in one of our testing centres in Manchester).

PLAB 1

14,470

candidates took PLAB 1 in 2022, a 38.7% increase on 2021 (**10,431**).

10,259 (70.9%) passed the exam.

PLAB 2

13,533

candidates taking PLAB 2 in 2022, a 56.5% increase on 2021 (**8,648**).

8,775 (64.8%) passed the exam.

* Exceptions to this include international medical graduates joining the register based on being sponsored by healthcare organisations, or based on postgraduate qualifications. In both these cases, doctors must still provide evidence of their competence and skills. For more information on the different routes to join the register, see www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-to-support-your-application.

Setting and maintaining standards

Revalidation

Every licensed doctor who practises medicine in the UK must prove they are meeting our standards every five years through a process called revalidation. Revalidation supports doctors to develop their practice, drives improvements in clinical governance, and gives patients confidence that doctors are fit to practise.

In 2022 we received

50,462

recommendations for revalidation.

Depending on where they work, single doctors can receive more than one recommendation.

42,164 of the recommendations were submitted by designated bodies located in **England**.

1,532 were submitted by designated bodies located in **Northern Ireland**.

4,286 were submitted by designated bodies located in **Scotland**.

2,257 were submitted by designated bodies located in **Wales**.*

40,568

doctors were revalidated in 2022.

33,696 were located in **England**.

1,172 were located in **Northern Ireland**.

3,513 were located in **Scotland**.

1,743 were located in **Wales**.

444 either were based **outside the UK** or did not provide us with enough information to establish their location.

We made decisions on

96.2%

of the total recommendations we received in 2022 **within 5 working days** from when we received them, **exceeding our target of 95%**.

9,082

We approved **deferral of revalidation submission dates** for 9,082 doctors.

841

We **withdrew the licences** of 841 doctors on our register through failure to revalidate.†

* The remaining 145 are not associated to a specific location as they are the result of administrative processes necessary to consolidate data.

† If a doctor does not fulfil the requirements of revalidation, provides fraudulent information, or fails to provide reasonably requested evidence, we can legally withdraw their licence. This process is different to that of being removed from the register, for example, following an MPTS hearing.

Outreach

Our outreach teams delivered training on our standards to:

22,210 doctors in **829** sessions and

That is up **31%** ↑ from 2021 (16,974).

12,205 medical students in **109** sessions across the UK.

That is up **49%** ↑ from 2021 (8,218).

93% of the doctors and **98%** of the students who evaluated one of our outreach workshops across the UK said **their knowledge of the GMC's role and standards improved**.

84% of the doctors and **94%** of the students who evaluated a session across the UK said **it had improved their impression of the GMC**.

Our outreach teams also deliver workshops aimed at helping doctors who are **new to UK practice** adjust to working in the UK's healthcare systems.

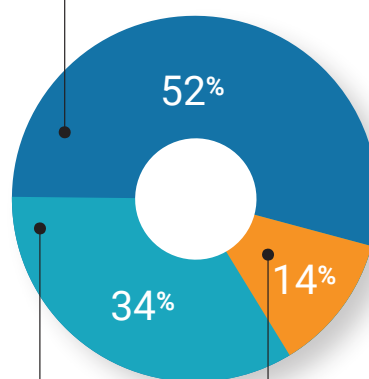
The team delivered **251 Welcome to UK practice workshops** in 2022, involving **8,829 doctors** – up **36%** from 2021 (**6,471**).

Our standards enquiry team answered:

440 enquiries about our guidance.

That is down **28.6%** ↓ from 2021 (**616**).

Around **52%** of the enquiries were **from doctors** (2021: 54%)



34% from **members of the public** (2021: 34%)

14% were from others, including staff from professional organisations, students and the police (2021: 12%).

Our employer liaison advisers held **1,313** meetings with responsible officers.

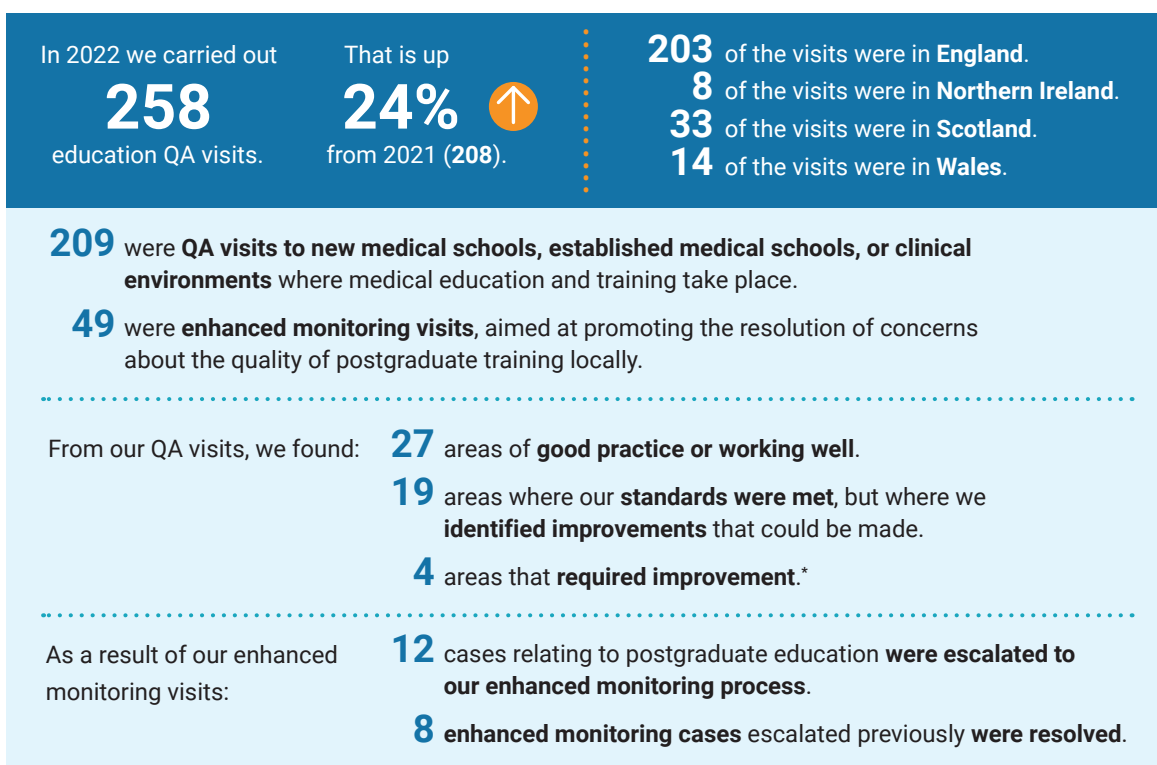
They also provided fitness to practise advice in relation to **2,467** doctors.

Overseeing medical education and training

Quality assurance

We regulate all stages of a doctor's undergraduate and postgraduate education and training in the UK. We set standards and expected outcomes, and we carry out quality assurance (QA) work to make sure standards are maintained.

Our proactive quality assurance processes promote and encourage local management of concerns about the quality and safety of undergraduate medical education and postgraduate training. Our enhanced monitoring process helps to address serious concerns where additional support is required.




We also run a reactive quality reporting system, through which emerging issues affecting education and training environments can be raised and monitored. The system allows medical schools and postgraduate training organisations to raise issues and provide updates on their resolution. If the issues are not resolved or worsen, cases can be escalated into our enhanced monitoring process.

* Not all QA visits lead to specific findings like those listed here – in some cases nothing of significance is found, as nothing has changed since the previous visit, or nothing has been found worthy of particular note (ie. education and training are working as expected).

Supporting the people we serve

In 2022, we received
1,916
 complaints about our service.

This is a
1.7% 
 increase on 2021 (1,884).

In 2022 our patient liaison service held **230** meetings with patients who had raised a concern with us.

92% of those who responded to a survey after attending a patient liaison meeting were satisfied or very satisfied with the patient meeting experience.

97% agreed or strongly agreed that patient liaison staff showed empathy for their situation.

95% agreed or strongly agreed that they were satisfied that their concerns had been understood during the meeting.

95% agreed or strongly agreed that the meetings helped them to understand what action the GMC could take.

Our contact centre answered

158,230

calls and

123,883

emails or letters.

77%

of the calls and emails we received were from doctors, and

23%

from members of the public and others.

The contact centre also handled

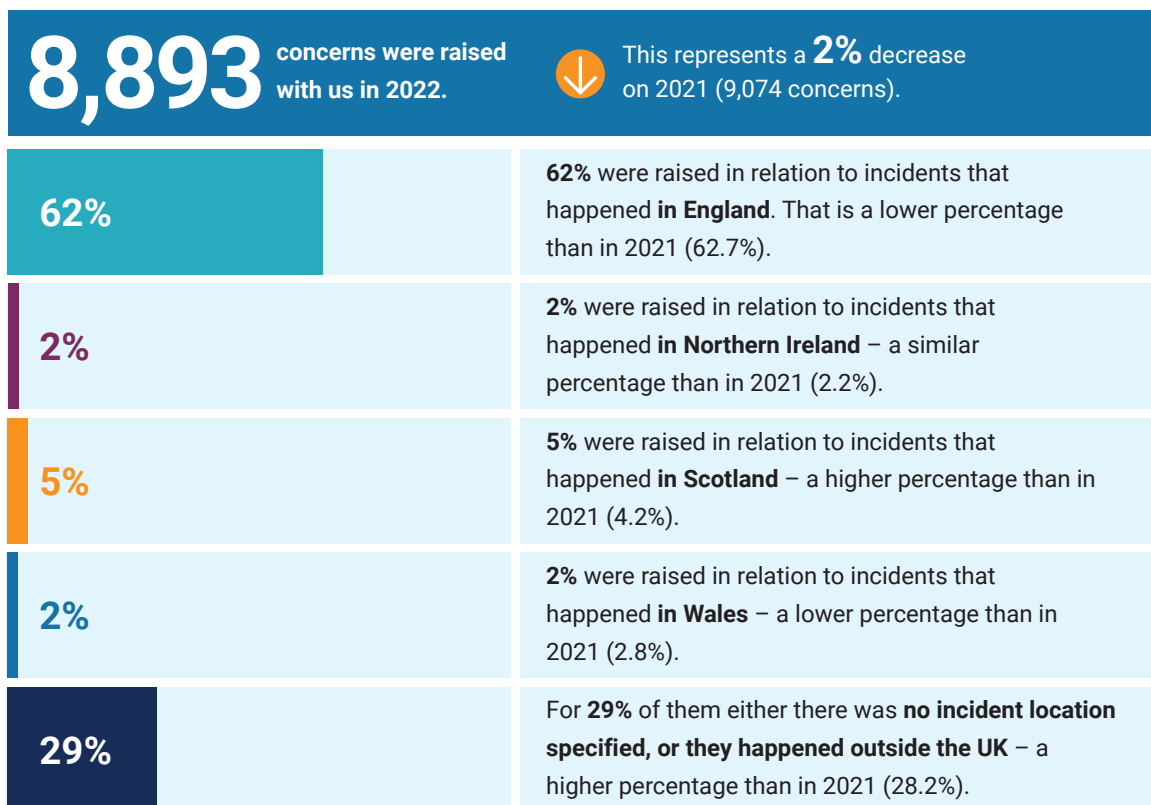
28,369

webchat sessions.

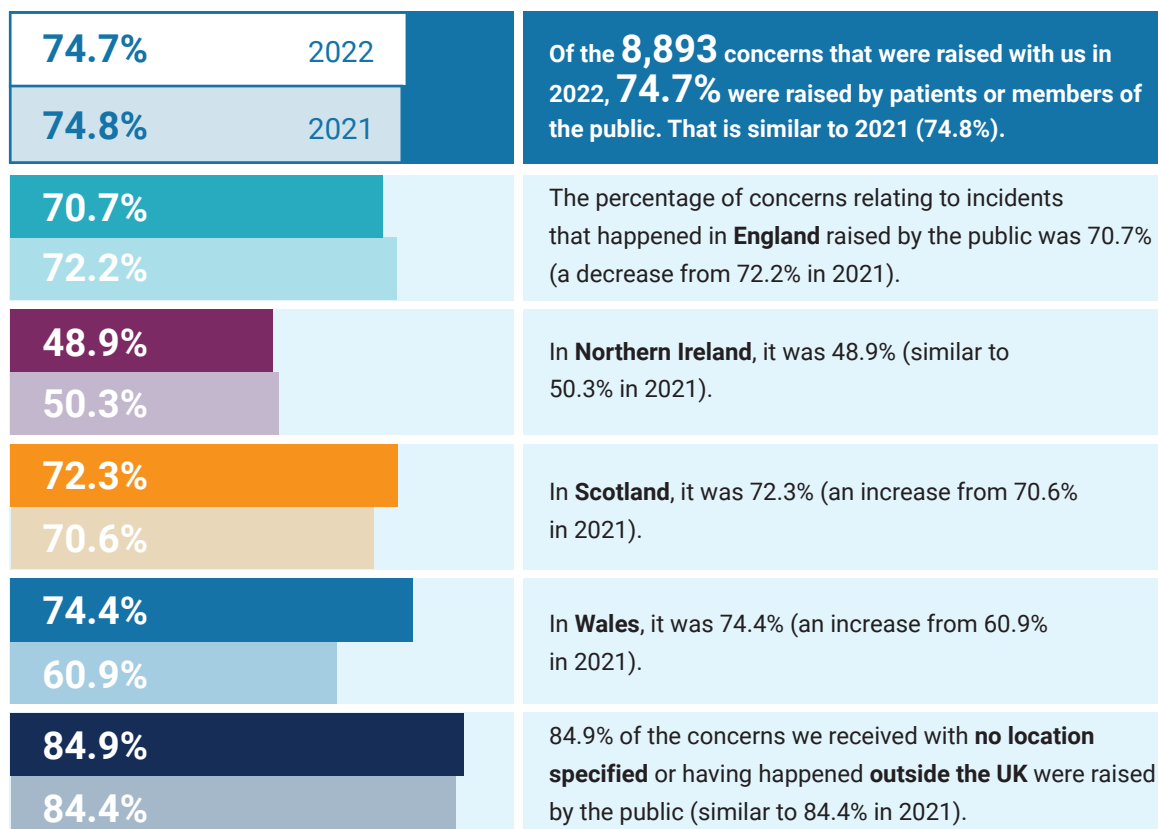


Investigating and acting on concerns

Concerns raised about registrants



Percentage of concerns raised by the public



Responding to concerns

Not all the concerns raised with us meet our threshold for an investigation. Sometimes a concern is best dealt with at a local level or by having a conversation with the doctor, or should be brought before another organisation. We only take action where we are concerned there may be a risk to patient safety or to public confidence in the medical profession.

In certain cases, we make provisional enquiries, where we look at information at an early stage of a case, aiming to provide swifter resolution for patients and the professionals involved. If the evidence shows there is no future risk to patients, and regulatory action is not required, we will not move to a full investigation. For cases where we have concerns about patient safety, we will carry out a full investigation.

Provisional enquiries

476

(5.4%) of the concerns we received in 2022 were **considered under provisional enquiry**.



That is the same percentage as 2021 (5.4%).

373

of these (78.4%) referred to concerns raised by **members of the public**.



That is a similar percentage to 2021 (78%).

In

396

cases (83%) we closed the provisional enquiry with **no action**.



In

63

cases (13%) we **progressed the case to investigation**.



In

17

cases (4%) the provisional enquiry was **still open** as of 20 March 2023.

Investigations opened in 2022

788

(**8.9%**) of the concerns we received in 2022 met our **statutory threshold** for investigation.



That is a lower percentage than in 2021 (**10.2%**).

174

(**22.1%**) of these referred to concerns raised by **members of the public**.



That is a lower percentage than in 2021 (**23.1%**).

Outcomes of investigations concluded in 2022

48%

460 of the investigations we concluded in 2022 were **concluded with no action**.

30%

In 289 cases we **referred the case to the Medical Practitioner Tribunal Service**.

9%

In 90 cases we **issued warnings**.

8%

In 73 cases **the doctor agreed undertakings**.

5%

In 53 cases we **issued advice**.

Outcomes of Medical Practitioners Tribunals Service tribunals

In 2022, the Medical Practitioners Tribunal Service held a total of **273** tribunals.

37%

In 101 cases, the tribunal **suspended** the doctor who had been referred to the tribunal.

24.9%

In 68 cases the doctor was **removed from the register**.

21.2%

In 58 cases the tribunal found **no impairment**.

7.7%

In 21 cases, while the tribunal found no impairment, it **issued a warning**.

6.6%

In 18 cases the doctor had **conditions put on their practice**.

1.5%

In 4 cases the doctor's practice was found to be impaired but **no further action was taken**.

0.7%

In 2 cases doctors **voluntarily removed themselves from the register**.

0.4%

In 1 case the doctor **agreed to undertakings**.

Where we do not agree with the decisions made by a medical practitioner tribunal, we can appeal them.

In 2022 we made **10** appeals. That is the same as 2021. **1** of the appeals we made was unsuccessful, while **9** of them were agreed by consent.

Delivering our strategy



Our strategy 2021–25

Four themes will shape all our work, helping us to achieve our ten-year vision.



What we'll do to achieve this

Together, we'll use these four themes to shape every aspect of our work, including:

- managing the UK medical register and revalidation
- setting standards for medical practice
- overseeing medical education and training
- investigating and acting on concerns.

How we'll work

Our values help us to make our strategy a reality.

- Equality
- Integrity
- Excellence
- Collaboration
- Fairness

Equality, diversity and inclusion are integral to all our work as a regulator and employer.

Where we want to be by 2030

Our vision is to be an effective, relevant and compassionate multiprofessional regulator for patients, the public and medical professionals, and as an employer.

In November 2020, we published our [2021–25 corporate strategy](#). As widely documented, the post-COVID challenges facing healthcare and the medical profession have been exceptional. Therefore, whilst the ambitions we originally set as part of our strategy remain relevant, we have carefully assessed how we can deliver against them, and we have deliberately targeted our resources at fewer strategic priorities and activities.

Equality, diversity and inclusion are integral to all our work as a regulator and employer, and this focus strengthened over 2022 as we learned lessons from the pandemic and other developments.

Progress in 2022

Our three-year business plan, which we review on a quarterly basis, summarises how we are targeting our resources at our high-impact activities.

Our recent [ED&I: targets, progress, and priorities](#) report describes progress in 2022 on our equality, diversity and inclusion targets as an employer and as a regulator. The report shows some encouraging progress, and there is evidence of significant activity taking place across the UK's healthcare systems to address disproportionalities, signalling the potential for long-term change. For example, the disproportionate pattern of fitness to practise referrals we receive from employers in relation to a doctor's ethnicity and place of qualification is on

track to continue to reduce toward the targets we set. We can cautiously report that four out of the five education and training measures we identified as part of our targets also show some continued improvement - the exception being doctors' self-reported preparedness for their first foundation year post. And as an employer, we are on track to have 20% of our staff from an ethnic minority background by 2026 – but need to do further work on meeting our target for ethnic minority employees in management roles. We will continue to dedicate our efforts to supporting this work.

Throughout 2022, we also continued to work closely with the UK Government's Department of Health and Social Care on their proposed changes to the legislation that governs the way that we and other healthcare regulators operate. Regulatory reform will help us respond more quickly and flexibly to protect patients and support doctors. It is therefore vital to achieving our 2030 vision to be an effective, relevant and compassionate multi-professional regulator, as well as to delivering on our strategic theme around Making every interaction matter.

A [review of regulatory fairness](#) we conducted in 2022, and [a review that considered a specific fitness to practise case](#), both concluded that compassion, support, and fairness are critical to effective regulation, both for our registrants and for patients. We accepted the recommendations of both reviews in full. We either started addressing them through existing programmes of work in 2022 or we are initiating new work to ensure we deliver all the recommendations across both reviews.

The challenges and uncertainties facing the UK's healthcare systems and the medical

profession also had a key role in shaping our priorities in connection with our *Enabling professionals to provide safe care* and *Developing a sustainable medical workforce* strategic themes. In relation to them, in 2022 we focused on priorities such as:

- successfully updating our registration processes to reflect the end of Brexit standstill arrangements
- working to support a legislative change allowing us to modify the application process for Certificates of Eligibility for Specialist or GP Registration so that doctors who are not in formal training roles can also apply
- consulting extensively on the [review of our Good medical practice guidance](#). The guidance sets out the standards of patient care and professional behaviour expected of all medical professionals registered with us, and we wanted to make sure it's fit for future practice. In recognition of the enormous pressures doctors are under, we also updated the set of resources offered via the ethical hub on our website, to include a new question and answer section on how to apply our guidance in times of high service demand
- continuing to make progress on the development of the [Medical Licensing Assessment](#) (MLA) The MLA will test the core knowledge, skills and behaviours of doctors new to medical practice in the UK, strengthening our ability to monitor and approve the standard for entry to the medical profession over time. From 2024, the MLA will be introduced for doctors who graduated overseas. Students graduating from UK medical schools from the 2024-25 academic year onwards will also need to pass the new assessment, as part of their degree programme, before they can join the register
- making fairness more central to our work: following the regulatory fairness review conducted last year we're now developing an implementation plan to ensure fairness and transparency across all the high-impact regulatory decisions we make.

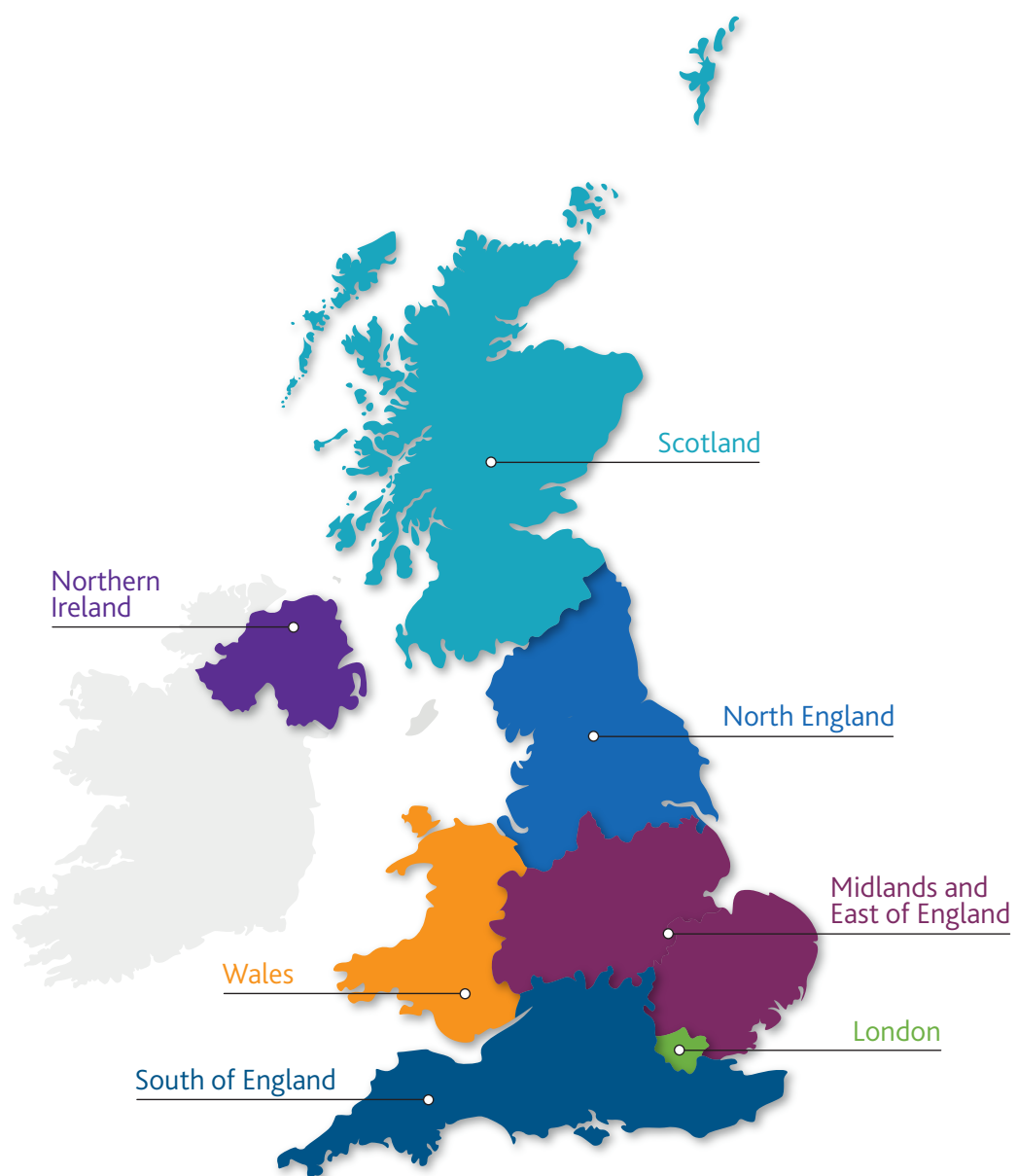
Alongside this, we have continued to develop and share data, research, and insights on medical education and practice to support the development of wider healthcare policies and plans across the UK. Our [2022 State of medical education and practice in the UK Workforce Report](#) highlighted the ongoing change in the shape of the medical workforce, including a 40% increase in the number of specialty and associate specialty (SAS) and locally employed (LE) doctors over the last 5 years, an increase in ethnic diversity, and a changing balance between international and UK recruitment. These findings have informed the wider policy debate, and have important implications for workforce planning.

We also made further progress on the *Investing in our people to deliver* theme of our strategy, focusing in particular on:

- delivering improvements to the diversity of our people
- working towards *Investors in People* Gold accreditation
- managing a smooth transition to hybrid office working.

Our plans for 2023 and beyond are summarised in our [business plan](#), available on our website.

Highlights from across the UK



Highlights from across the UK

Our outreach teams engage directly with doctors, students, employers, educators, and other stakeholders in the UK's healthcare systems.

In England, the teams are organised to reflect the seven geographical NHS England regions: with the exception of London, each England Outreach team covers two NHS regions and the integrated care systems they oversee.

In Northern Ireland, Scotland and Wales the teams cover the entirety of the respective nation.

This approach ensures that each region or nation is separately considered, so that productive relationships and engagement happen at the right level, through teams of a manageable and effective size.

The teams provide:

- training on our standards and how to apply them
- information on our role
- information on the support we provide
- expert advice on clinical governance, culture, and leadership, as well as on specific issues or cases to responsible officers (ROs), clinicians in positions of leadership, and their employers.

In this section of the report, we take a tour around the UK to highlight some of the work the teams have done in collaboration with partners in 2022. Each highlight helps to demonstrate the breadth of our outreach work and the positive impact of targeted, timely frontline support. The examples also show the value of building strong relationships and sharing expertise, with the aim of promoting patient safety and improving work environments for doctors.



Supporting the induction of international medical graduates in England

There can be many differences between practising medicine in the UK and overseas, and it can be challenging for the increasing number of internationally-qualified doctors joining the UK medical workforce to adapt to different requirements and working in a new culture.

To address this, our outreach teams offer international medical graduates (IMGs) a number of workshops and sessions designed to help them settle in to their new roles in the UK's healthcare systems—including our [Welcome to UK practice](#) workshops. These half-day events provide doctors with information on the UK's healthcare systems, practical guidance on different ethical scenarios they may encounter, and networking opportunities.

Building on this, in England we have been working closely with partners to develop a comprehensive induction offer for IMGs, as well as for doctors returning to practice after a break. As part of this, we previously worked with Health Education England (HEE) to co-produce their [Career Refresh for Medicine](#) induction for returners. And since 2019, we have been working with NHS England's Medical Workforce Race Equality Standard team, the British Medical Association (BMA), the Medical Protection Society and HEE to develop [Welcoming and Valuing International Medical Graduates](#), a new approach that sets minimum standards for IMG induction. The new induction package offers:

- a comprehensive welcome to the UK
- local orientation

- support with living in the UK, covering topics such as bank accounts, shopping, and accommodation
- an introduction to the NHS, and information on its computer systems.
- communication modules
- specific modules for medical specialties
- our *Welcome to UK practice* workshop.

Throughout 2022, we worked closely with our partners to pilot and evaluate the proposed induction programme and to produce a final version for launch. We also linked with healthcare leaders and collaborated with doctors' organisations to raise the profile of the initiative, making sure the need for this new approach was firmly on the national agenda.

The induction launched in June 2022, and we have received positive feedback on the difference it has made both from IMGs and from employers using the programme. Our ambition is that all employers in England and across the UK will roll this out to make sure the increasing cohorts of IMGs joining the medical workforce are welcomed and supported through their journey in UK practice.



South England

Getting it right for locum doctors

Locum doctors are key to enabling healthcare providers to manage service demands flexibly and effectively. Their number has been consistently growing across the UK.

Due to the nature of their role, locum doctors can face some unique challenges. As detailed in [research we published in 2018](#), they have to quickly integrate into teams whose work practices and environment may be different to what they have previously experienced. Their induction may not always be as comprehensive as for other doctors, and as evidenced in our [Fair to Refer?](#) research, moving frequently to new teams can leave them feeling isolated or without support, and at disproportionate risk of referral.

In 2022, our South England outreach team made a number of targeted efforts to improve support for locums and their employers, including structured discussion with ROs and targeted engagement at RO network meetings.

Positive results from this work included:

- a medical leader from the Channel Islands creating an exit interview process for all locums, allowing organisations to gather insights about their experiences, give feedback about performance, and foster a culture of reflection and learning for all
- an RO from the home counties working with their medical staffing manager to develop a standard operating protocol for locums. The process aims to provide a better experience for locum doctors, helping them to work safely.

For example, as part of the protocol, a formal induction checklist must now be completed before an agency locum is appointed, providing assurance from the relevant service manager that appropriate measures will be taken to support them.

The support provided by our South England outreach team is part of a UK-wide programme of work our outreach teams have put in place across the UK to support locum doctors, agencies, and those who commission locum services. As part of this programme:

- our employer liaison advisers now discuss early termination of locum contracts with ROs



- our national and regional liaison advisers deliver supportive workshops to locum doctors, including induction and support on challenging areas such as speaking up
- we are developing training materials for locum agency staff on the support we can provide as a regulator and about our fitness to practise work.



London

Working with the independent sector to enhance patient safety and doctors' wellbeing

The independent sector employs a significant number of doctors across the UK, and is extremely diverse in terms of the services it provides and the size of the organisations involved. While the majority of doctors work primarily in the NHS, many also have secondary roles in independent organisations. And with the current pressures on the NHS, the private sector has a role to play in supporting healthcare recovery. As many large private healthcare organisations have their headquarters in London, our London outreach team has developed strong ties with the independent sector, and has been working with partners in the sector to continue to protect and enhance patient safety.

For example, our employer liaison advisers for the area contributed to the development of the Independent Healthcare Provider Network (IHPN)'s Medical Practitioner Assurance Framework. The Framework is the first comprehensive guide to effective clinical governance for consultants in the private sector. It encourages a 'ward-to-board' clinical governance structure with clear lines of accountability up and down the organisation. It also standardises how performance issues should be addressed and the main ways in which organisations recruit and contract doctors.

As many doctors work both in the NHS and in the independent sector, when the Framework was launched, our outreach teams also updated all organisations responsible for doctors' appraisal and revalidation (known as Designated Bodies)

across the UK about its introduction and invited ROs to discuss it.

On a similar topic, one of our employer liaison advisers was also invited to share knowledge and expertise regarding complaint handling in a session organised by the IHPN, alongside speakers from the Parliamentary and Health Service Ombudsman and the Independent Sector Complaints Adjudication Service. This enabled us to share our views and recommendations on early and fair management of concerns with a wide, highly specialised audience.

Good complaint handling at an early stage can often address patient concerns effectively through local resolution ultimately reducing the number of concerns raised with us. This has undoubtedly positive impacts both on patient safety and on doctors' wellbeing, and is therefore something we always keenly support through our work.



Midlands and East England

Supporting a GP provider in applying best practice and protecting patient safety

In June 2022, BBC Panorama broadcast an [investigation](#) into the largest independent provider of NHS GP services in the UK. The provider is also the largest employer of physician associates (PAs) in primary care. The investigation raised several allegations, including concerns around the oversight, supervision, and caseloads of PAs.

This raised concerns for us, in particular around the supervisory and support role played by some doctors working for the organisation.

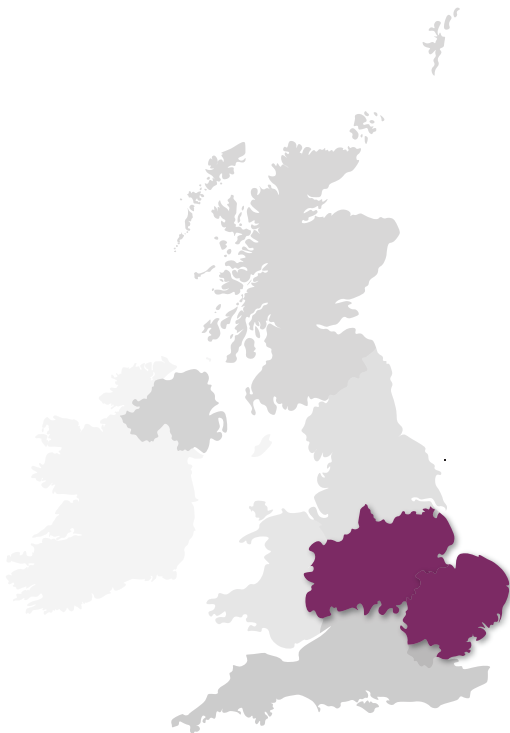
An employer liaison adviser in our Midlands and East England outreach team approached the organisation's RO. They had an in-depth discussion about the issues raised in the BBC programme and how these issues could impact patient safety.

The RO was open about the challenges in providing primary care, including sickness absence and staff shortages, but confirmed there were business continuity plans designed to address these issues. They also confirmed that an action plan had been agreed with the local clinical commissioning group to address the concerns raised in the Panorama investigation, and that the Care Quality Commission had agreed the provider was progressing well with the plan.

A key outcome of the conversation, however, was that it led to direct engagement between the provider's RO, its Chief Medical Officer, and GMC colleagues working on the introduction of regulation of PAs.

The topics discussed included best practice in relation to governance arrangements, career development, and scope of practice, with further contact planned as work to implement the regulation of physician associates and anaesthesia associates develops.

This is a demonstration of the value of our outreach work: proportionate, targeted interventions on the frontline designed around healthcare organisations' needs, often reacting quickly to issues raised in the news or via other channels, with the ultimate aim of improving work environments and protecting patient safety.



North England

Reaching out to diverse groups

The consultation on the [review of our Good medical practice guidance](#) closed in July 2022. We had a very positive response, with over 4,600 individuals taking part from across the UK.

The principles in the guidance are relevant to all doctors, whatever their role, level, specialty, or sector, and they will also apply to physician associates and anaesthesia associates once we start regulating these professions.

Because of the importance of the guidance, we wanted the consultation to have as broad a reach as possible. Our outreach team played a key role) in this respect.

For our GMC North England outreach team, running workshops and events on the new guidance provided an excellent opportunity to engage with a diverse range of stakeholders, including specific ethnic minority groups.

As part of this work, one of our regional liaison advisers ran a consultation with the Sudanese Junior Doctors Association UK and delivered two sessions on the new guidance at the Sudanese British Primary Care Association's annual conference in Manchester. We also led discussions on the new guidance with the British Islamic Medical Association, which resulted in the production of a podcast in collaboration with the association. These activities contributed significantly to building partnerships with diverse groups in northern England, and we expect these partnerships to develop further in the coming years.

The work of our GMC North England outreach team in this space reflects the approach we took across the UK. As a result of our focus on securing diverse voices, our UK teams:

- delivered 200 consultation workshops, 50% of which involved ethnic minority groups
- harnessed the expertise of doctors' organisations such as the Medical Women's Federation; the Association of Lesbian, Gay, Bisexual, Transgender, Questioning, and Others Doctors and Dentists; and the British Association of Physicians of Indian Origin.

In 2023, we will engage with these and other partners to help implement the new guidance which they have all helped shape.



Northern Ireland

Supporting doctors and medical students in their use of social media

The standards expected of doctors do not change because they are communicating through social media rather than face to face or through traditional media, but new challenges can arise. That is why, as part of our work, we also provide [guidance on doctors' use of social media](#).

To help with applying this guidance, our outreach teams regularly engage with doctors and medical students, offering virtual or face-to-face interactive sessions which cover issues such as:

- the use of instant messaging
- patients recording consultations and sharing them on social media
- expressing opinions on social media
- maintaining professional boundaries
- protecting patient confidentiality.

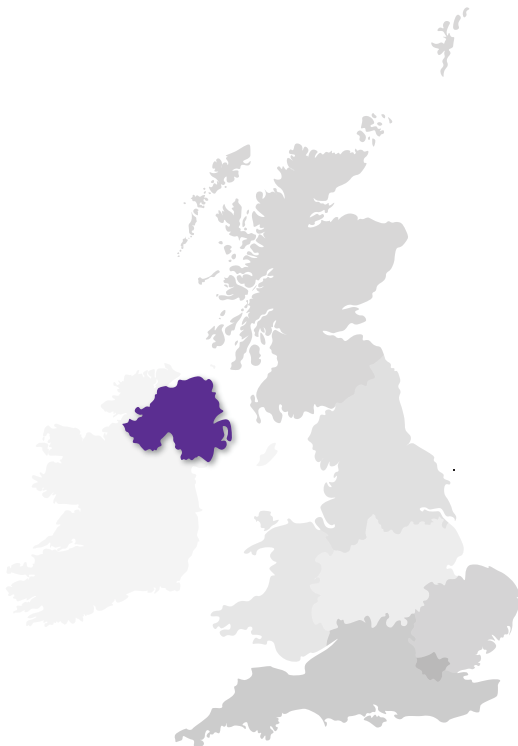
It is also important that medical students, as the doctors of tomorrow, are aware of both the advantages and the pitfalls connected with social media use. This applies to medical work in general but also relates to their role as students.

The necessity of clear guidelines around social media use for students came clearly to the fore when Queen's University Belfast proactively contacted our Northern Ireland outreach team to ask them to provide guidance to their students on the topic.

In response, one of our liaison advisers delivered an interactive session on our guidance to third-year

students at the university, targeting this cohort as they were about to begin their first clinical placements. The session covered a number of scenarios, including:

- how to deal with patients who want to connect on social media
- advice on the sharing of photographs that may inadvertently contain patient details on messenger apps and social media
- coping with criticism of doctors or other medical professionals on social media
- the importance of maintaining the confidence of patients and the public in the medical profession when posting on social media.



Feedback from students and university staff was very positive. They felt that the case studies presented were very relevant, and that the discussions on how to manage these situations prepared students well for clinical practice.

This new, interactive session will now be provided as a standard part of our engagement with medical students in Northern Ireland, adding to the support we provide to doctors and medical students across the UK regarding the use of these communication tools. We also often point medical students to [our advice on using social media](#) via other communication channels, including e-newsletters and social media posts, and the theme of the 2022 edition of our [annual student professionalism competition](#) was 'How to use social media safely and professionally.'

Scotland

Supporting partners on equality, diversity, and inclusion

Since we introduced specific [targets](#) around equality, diversity, and inclusion (ED&I) in 2021, our policy and frontline teams across the UK have been working towards these goals, with the aim of supporting fair and inclusive working cultures.

Inequalities and exclusion are typically systemic issues, so much of our work has focused on supporting partners across the UK's healthcare systems in addressing such problems.

As part of this, in 2022 our Scotland team:

- shared data on ED&I with the Scottish Government, education bodies, and medical representative organisations, to help inform and shape policy decisions
- joined forces with the NHS National Ethnic Minority Forum and the BMA Scotland Race Equalities Forum to create the Scottish Fairer Working Cultures Joint Working Group. The Group is focused on improving the fairness of healthcare training and working environments for ethnic minority doctors and IMGs in Scotland.

Apart from system-wide work, our UK-wide outreach teams also deliver targeted interventions.

For example, in one case, our Scotland office was made aware of Black and Minority Ethnic (BME) medical students experiencing discrimination during their clinical placements in a Scottish Health Board. This is unacceptable, so in response, our outreach team approached the ED&I Champion in the Board to offer support to

their work to address cultural issues among staff. The support came in the form of our liaison advisers delivering a series of sessions to students, trainees, consultants, and equalities groups within the Board, covering topics related to addressing cultural issues, for example team-based reflective practice and raising concerns. The team also delivered sessions on implementing the recommendations of the [Fair to refer?](#) research we commissioned on disproportionality in referrals to the GMC based on ethnic origin.

As part of our evaluation approach, before and after sessions participants are asked whether they were optimistic that disproportionate referral of BME and IMG doctors would be addressed.



The percentage of those who said they were optimistic typically increased after these sessions. For example, in one case only 12% agreed before the session, compared with 45% at the end. In another case, agreement increased from 25% to 78%.

These sessions have since been incorporated into the Board's own ED&I work, and our outreach team will continue to support them and any others with their ED&I work going forward. Information about this work and its impact has also been shared with other Outreach teams across the UK, so they can apply the learnings from these activities in engagement activities in their areas, as part of our overall ED&I work.



Wales

Supporting medical students and educators in the north of Wales

At present, there are no medical schools in the north of Wales, and prospective students from the area have traditionally had to travel or move to other areas to study medicine—for example at Cardiff University or Swansea University.

Since 2019, however, a dedicated programme of studies called C21 has given medical students at Cardiff University the option to study four years of their MBBCh degree based at the School of Medical Sciences at Bangor University in the north of Wales. In the meantime, the Welsh Government has been working with partners including Bangor University, Cardiff University, and Betsi Cadwaladr University Health Board to create a new medical school in the region, anticipated to open in 2024.

To prepare for and support these developments, during 2022 our liaison adviser for the north of Wales worked with Bangor University to deliver tailored interactive sessions to students on the C21 programme covering varied topics, such as our role as a regulator; our standards, leadership and management; and myths and realities about our fitness to practise work.

The sessions were a key first step in a series of efforts to build and develop strong relationships with medical students and medical education staff in the region, and they received very positive feedback.

We will continue to work with Bangor School of Medical Sciences and with educators and students in the north of Wales on the C21 programme, including on the application process. We will also



continue to offer our advice and expertise to help the school in its transition to full medical school status, which will allow students to complete an entire medical degree in the north of Wales.

“Thank you so much for the teaching that you delivered yesterday to the C21NW students. I met with the students this morning and they found the session very helpful and informative.”

Dr Nia Jones, Clinical Senior Lecturer in Medical Education (Primary Care and Year 5 Lead), Bangor University.



Corporate social responsibility



Corporate social responsibility

We strive to be a socially responsible organisation. We want to embed sustainability, social impact, and ethics into everything we do. From standalone initiatives to everyday activities, we try to carry out our work in a way that benefits the environment and society.

In 2022, we made progress with our corporate social responsibility (CSR) agenda in several ways.

Protecting the environment

- Given our purpose is to protect the public, it's key that we play our part also in tackling climate change.

In 2022, we announced our ambition to become a net zero organisation by 2040. During the year we took a number of steps on this journey, including launching a programme of staff engagement, and working to calculate our carbon footprint.

Importantly, calculating our footprint has allowed us to develop a net zero plan for the organisation. The plan sets out what we will be doing in the coming years to reach net zero emissions and tackle climate change. It specifies targets to reduce our carbon footprint, eliminating scope 1 and 2 emissions by 2030, and scope 3 emissions by 2040.

Everyone in the organization will have a part to play in helping us achieve net zero, and we look forward to working with colleagues and others to help us reach this important goal.

Supporting the community

- We partnered with the Royal Voluntary Service's Befriending Scheme. Volunteer befrienders give weekly companionship phone calls to people at risk of being lonely or isolated. The scheme provides invaluable support to elderly people, and many of our volunteers have formed lasting connections. As the programme has been such a success, we plan to extend it and to expand our volunteer base in the coming year.

“A simple call can make such a difference to a person's day. I love the fact that I can put a smile on someone's face.”

Salma, Trainee Solicitor and volunteer befriender

- A number of our colleagues have continued to take part in our volunteer reading scheme. The volunteers spend time twice a week reading with secondary school students who need additional support with literacy. We have seen impressive results from programme participants, with some students showing reading age improvements of up to seven years.
- We also partnered with the National Literacy Trust, which organised and coordinated three book reading events at primary schools in deprived areas in Greater Manchester. These were equally well received and some GMC volunteers from these events have continued their volunteer role in their own time.

Promoting social mobility

- As part of our commitment to CSR and to equality, diversity, and inclusion, we expanded our existing apprenticeships offer. Apprenticeships provide exciting and varied career opportunities to those who may not have access to further education or who particularly benefit from on-the-job training. From 2023, we will be recruiting 20 or more new apprentices every year across multiple departments, with at least 50% from ethnic minority groups.

“I can’t put into words just how much the GMC programme has helped me. The support I’ve been given every step of the way has set me up for life.”

Oliver, Automation and Delivery Support Engineer

- Widening participation in medical education continues to be a priority for us. We want young people to have a fair and equal chance of becoming our doctors of the future. So, we work with organisations who support young people from less advantaged backgrounds. During the summer, we worked with our partners at the Social Mobility Foundation to hold events aimed at potential future doctors. The programme received positive feedback from our attendees.

“I was able to see what I could potentially become in the future and get a clearer idea of why so many people are a part of the medical field. I also enjoyed the

clinical fellow who spoke of her experience as an anaesthetist, as I just felt like she was exactly what I wanted to be.”

Participant at Social Mobility Foundation event

Benchmarking and working with partners to promote CSR

- We continue to work with Business in the Community, using their Business Tracker to benchmark our CSR work. The tracker allows us to measure our progress compared to other organisations.
- We also established a cross-regulator CSR group, which includes the Nursing and Midwifery Council, the General Dental Council, the General Pharmaceutical Council, the Health and Care Professionals Council, and Social Work England. The group met twice during the year, discussing environmental matters and the development of policies to reach net zero targets.



Our structure, governance, and management

Council and other governance groups

Council is our governing body. It provides strategic direction, holds the executive to account, and takes major high-level policy decisions. It comprises twelve members from the four countries of the UK. Six are medical members and six are lay members.

We are a registered charity and our Council members are also the trustees of the organisation.

They are all independently appointed by the Privy Council through a process that follows the Professional Standards Authority's guidance for making appointments to healthcare professional regulatory bodies.

The trustees between 1 January 2022 and 31 December 2022 were:

- Mr Steve Burnett
- Dr Vanessa Davies
- Professor Anthony Harnden
- The Rt Hon Lord Hunt of Kings Heath PC
- Professor Paul Knight
- Professor Dame Carrie MacEwen
- Professor Deepa Mann-Kler
- Dr Raj Patel
- Miss Suzanne Shale
- Miss Alison Wright.*

Dame Carrie MacEwen was Acting Chair of Council from January to May 2022, having been appointed to the role after Dame Clare Marx stepped down due to ill health in July 2021. Following an open recruitment process, in May 2022 Dame Carrie was appointed as Chair, and she has been leading Council since.

In November 2022 Dame Clare Marx died from pancreatic cancer at her home in Suffolk. A tireless advocate for the leadership required to bring about change in our health services, she was the first woman to hold the post of Council Chair since the GMC was established in 1858. Prior to taking up the role, she was the first woman President in the history of the British Orthopaedic Association (2008–09) and the Royal College of Surgeons of England (2014–17), and was Chair of the Faculty of Medical Leadership and Management until the end of 2018, where she was instrumental in establishing the national clinical fellows initiative.

Dame Clare left a profound legacy right across the medical profession and wider health services. Her leadership, her wisdom and the importance she attributed to exhibiting kindness in day-to-day in medical work touched many in the healthcare sector and at the GMC, and her loss has been felt just as strongly.

As a way to recognise her leadership and her achievements, from 2022 onwards the clinical fellows joining the GMC cohort will be known as the Marx clinical fellows.

* At the end of 2022 Council had two vacancies, one for a lay member and one for a registrant member. Recruitment for these positions commenced in November 2022 and final interviews took place in March 2023, leading to the appointment of Mr Douglas Millican as a lay member and Dr Rajiv Wijesuriya as a registrant member.

All Council members are also asked to declare any conflicts of interests. These are listed in a [register of interests](#) published on our website.

Council members also participate in appraisal reviews, and in a 360-degree feedback process that takes place every two years. The process includes consideration of any learning and development needs and revisits actual or perceived conflicts of interest to make sure any potential conflicts identified are manageable.

As a charity, we take into account the seven principles set out in the Charity Governance Code (2020) and can demonstrate how we use these principles to guide our work on an 'apply or explain' basis.

There are two exceptions to the Code, which we explain rather than apply. Firstly, our Council and committees operate without a formally appointed deputy or vice-chair. However, provisions are made in the [Governance Handbook](#) for chairs to nominate a deputy to assist during periods of absence, which was enacted in 2022. Secondly, as our appointments process is well established and thorough and is overseen by the Remuneration Committee and the Professional Standards Authority, a nominations committee is not considered necessary.

The *Governance Handbook* is the governing document of the organisation. In 2022, we reviewed it following internal audit work to reflect updates to the process for appointing assistant registrars, and to review the schedule of authority (or scheme of delegation from Council). Minor updates are made with Council's approval on an ongoing basis, for example to the membership of committees.

Our Corporate Governance team is charged with supporting the Council in maintaining high standards of governance, on an 'apply or explain' basis, in line with the good practice set out within the Charity Governance Code. The team also provides training and advice to the organisation on matters of governance. Each committee accounts to the Council through a formal report, and the Council and each committee undertake to review their effectiveness in delivering its statement of purpose, which is reviewed annually.

The diagram on the next page shows the different governance groups that assist Council in carrying out its responsibilities effectively. These have all been agreed by Council. The roles and activities of these groups are described in the pages that follow.

Council business is conducted in an open and transparent manner and [the agenda and papers for each meeting](#) are published on our website.

Council generally meets six times a year. In line with our commitments to 4-country working and to reducing our environmental impact, it meets twice in London, once in Manchester and once in either Belfast, Cardiff or Edinburgh. The remaining two meetings are held virtually.



Audit and Risk Committee

In 2022 the Audit and Risk Committee was chaired by Paul Knight. Its external co-opted members were Jon Hayes and Kenneth Gill.

The Committee plays a key part in our governance, providing Council with independent assurance about:

- the integrity of our financial statements
- the effectiveness of internal control, governance, and risk management systems
- the delivery of internal and external audit services.

The Committee met five times in 2022, and reports to Council twice a year. You can find more about its role and work in the Audit and Risk Committee Report section of this report (see page 53).

Remuneration Committee

In 2022, the Remuneration Committee was chaired by Anthony Harnden. The Committee advises Council on the remuneration, the terms of service, and the expenses policy for Council members, including the Chair. It oversees the recruitment process of the Chair and Council members before their appointment by the Privy Council. It determines the appointment process for the Chief Executive and Medical Practitioners Tribunal Service (MPTS) Chair, and the remuneration, benefits, and terms of service for the Chief Executive, directors, MPTS Chair, and MPTS Committee members.

In 2022, the committee was actively engaged in the process to recruit a new Chair of Council and a new Chair of the MPTS.

And it oversaw the commencement of the recruitment process for two Council members. It is also responsible for making sure the assessment and measurement of performance, recruitment, and succession planning take place within an appropriate framework for the senior management roles within its remit. The Committee reports annually to Council and met twice in 2022.

Investment Committee

Steve Burnett chaired the Investment Committee in 2022. Its external co-opted members during the year were Keith MacKay and Mike Jennings.

The Committee is responsible for:

- implementing and reviewing our investment policy
- making sure the management of assets is consistent with the policy
- appointing and managing fund managers
- monitoring performance.

It also has responsibility for overseeing the GMC's investment in GMC Services International Limited (GMCSI), including ensuring compliance with the GMC's Investment Policy, scrutinising GMCSI's business plan, and assessing the potential levels of investment risk and return. The Committee reports on investment performance to Council via post-meeting circulars. It reports on the performance of the portfolio to Council directly on an annual basis. It met five times in 2022.

GMC Services International

GMC Services International (GMCSI) was established by Council in 2016 as a wholly owned trading subsidiary of the GMC. Its main objective is to offer the GMC's support and expertise to countries and institutions which are working to improve standards of healthcare, who have less experience with the regulation of healthcare professionals and of medical education. Robust and effective governance arrangements are in place to ensure that our interests are protected and that our relationship with GMCSI is managed effectively.

While Council has overall responsibility for GMCSI, the Audit and Risk Committee considers the risks to the GMC from the operation of GMCSI, conducting routine internal audit and spot checks as appropriate.

Andrew McCulloch chaired the GMCSI Board during 2022. Up until October 2022 the Board comprised (in addition to the Chair) Paul Reynolds, Anthony Harnden, Alison Wright, and Colin Melville. In October 2022 Anthony Harnden stood down as a member of the Board. He will be replaced by a new Council member during the course of 2023.

Board of Pension Trustees

The GMC's defined benefit staff superannuation scheme is managed and administered by a board of trustees in accordance with the scheme's trust deed and rules. The trust makes sure the pension scheme's assets are kept separate from those of the employer.

The scheme's trustees are responsible for the proper running of the scheme, including the collection of contributions, the investment of

assets, and payment of the pension benefit commitments made by the employer.

Deirdre Kelly chaired the Board during 2022. Deirdre, Steve Burnett, Raj Patel, and Vanessa Davies are employer-nominated trustees. Danny Dubois, John Foley, Paula Robblee, and Martin Hart are member-nominated trustees.

Medical Practitioners Tribunal Service

A key part of the governance structure is the statutory MPTS Committee. Dame Caroline Swift chaired the Committee in 2022, reaching the end of her tenure on 31 December 2022. The Committee oversees the delivery of the hearing service for doctors and makes sure the service meets its responsibilities under the Medical Act 1983.

The GMC/MPTS Liaison Group is a core part of our governance framework. It is chaired by the Chair of Council. It oversees the working relationship between the MPTS and the functions of the GMC with which it interacts.

During 2022, a recruitment process took place to seek a successor for Dame Caroline as Chair of the MPTS. Her Honour Judge Deborah Taylor took up the post in March 2023.

Executive Board

The Executive Board is the senior decision-making and oversight forum established to provide strategic direction, scrutiny, and reporting to Council by the GMC's senior management team on significant policy, strategy, finance, performance, operational delivery, and resource management issues. It ensures that the GMC is a high-performing and agile regulator that understands its registrants, the healthcare systems in which it operates, and the views of its key stakeholders.

The Board meets monthly (except for August) and reports to every meeting of Council through the Chief Executive's report and via a separate annual report.

UK Advisory Forums

We have a well-established programme of Advisory Forums meeting in Northern Ireland, Scotland, and Wales.

The Forums make sure we have effective engagement and consultation with interest groups, and that our policies are suited to all parts of the UK. The invited membership differs from country to country and reflects the diverse range of those who have an interest and expertise in the areas under our regulation across the UK. The Forums report on their work to the Executive Board twice a year.

Education Advisory Forum

The Education Advisory Forum began work in February 2019. The Forum engages widely and effectively with our key interest groups on education, training, and assessment matters, making sure we are able to develop and promote a strategic approach to this work across all countries of the UK.

Colin Melville, Medical Director and Director of Education and Standards chairs the Forum, and the invited membership reflects the diverse range of those who have an interest and expertise in medical education, training, and assessment across the UK. The work of the Forum is reported to the Chief Executive and to Council through the Chief Executive's report.

Equality, Diversity and Inclusion Forum

Our Strategic Equality, Diversity, and Inclusion (ED&I) Forum helps us make sure that our activities respond to the needs of diverse groups of doctors. The forum comprises organisations representing doctors with shared protected characteristics. It helps us meet our ED&I objectives by providing feedback and advice on our policies and strategies, raising issues and concerns requiring our attention in relation to ED&I. In 2022, the forum discussed:

- our new ED&I targets
- fairness and transparency
- bullying, harassment, and discrimination
- our review of *Good medical practice*, and
- the redesign of our processes as part of our regulatory reform programme.

Member attendance at Council, Boards, and Committees in 2022*

Member	Council attendance [†]	Committee attendance
Steve Burnett	7/7	10/10
Vanessa Davies	7/7	5/7
Anthony Harnden	7/7	5/5
Philip Hunt	7/7	7/7
Paul Knight	6/7	5/5
Caroline MacEwen	7/7	5/5
Deepa Mann-Kler	7/7	5/7
Rajesh Patel	7/7	10/10
Suzanne Shale	7/7	5/5
Alison Wright	6/7	6/6
Ken Gill (ARC co-opted member)	n/a	5/5
Jon Hayes (ARC co-opted member)	n/a	5/5
Michael Jennings (IC co-opted member)	n/a	5/5
Keith Mackay (IC co-opted member)	n/a	5/5

Management

In 2022, our staff were under the direction of Chief Executive Charlie Massey. He is supported by a team of directors, who, as at 31 December 2022 were:

- Shaun Gallagher, Director of Strategy and Policy
- Una Lane, Director of Registration and Revalidation
- Colin Melville, Medical Director and Director of Education and Standards
- Anthony Omo, General Counsel and Director of Fitness to Practise
- Paul Reynolds, Director of Strategic Communications and Engagement
- Neil Roberts, Director of Resources.

* Attendance reflects the number of meetings for which attendance was possible.

† Includes six Council meetings and one strategic away day.

Key management personnel: remuneration policy

The Remuneration Committee is responsible for determining the remuneration, benefits, and terms of service for the Chief Executive, Chair of MPTS, and directors. The Committee sets all aspects of salary or honoraria, the provision of other benefits, and any other arrangements or contractual terms for this group of staff.

The Committee considers that we should provide remuneration and rewards that will attract and retain the high-calibre staff necessary to enable us to fulfil our statutory remit and deliver our strategic objectives.

In setting the base pay for individual posts, the Committee will take external advice on roles within its remit and align salaries with an appropriate market rate subject to resource considerations.

An annual consolidated pay award is considered with reference to the organisation's level of performance, the financial implications of any award, the award agreed for other GMC employees, and wider market trends. An annual variable non-consolidated element is considered, reflecting personal performance and the same considerations applied to any consolidated award. We review the effectiveness of these arrangements on an annual basis.

Staff within the Remuneration Committee's remit will usually be entitled to the benefits package available to all GMC employees on the same terms. The Committee retains the ability to withdraw, adjust, or change any benefits for staff within its remit, subject to any consultation and contractual requirements. The Committee considers any additional benefits in kind (such as relocation payments) on a case-by-case basis.

New external staff appointees within the Committee's remit are automatically enrolled into our defined contribution pension scheme. Where employees have existing agreed pension arrangements, such as membership of our defined benefit scheme, they retain this for the course of their employment, subject to any changes to the rules agreed by trustees and the employer.

The Committee makes sure that the equality and diversity implications of remuneration policy and related decisions are considered appropriately. Specifically, it ensures that:

- any salary differentials are supported by a formal job evaluation or independent external market advice
- any decisions relating to variable pay are supported by an objective assessment of performance
- any adjustment or changes to remuneration arrangements do not discriminate unlawfully.

Other decisions relating to terms of service are supported by appropriate advice on any equality and diversity implications.

2022 financial review

The accounts for the year ended 31 December 2022 have been prepared in accordance with the Charities Statement of Recommended Practice (FRS 102).

Our total income and expenditure in 2022

Over the course of 2022, the impact of the coronavirus pandemic on our day-to-day business activities waned, with most of our core services to support doctors and patients largely returning to pre-pandemic operational norms.

In 2022, we generated unrestricted income of £132.7 million, which was £13.0 million higher than 2021. This was due to the increase in the size of the medical register and the impact of running more Professional and Linguistic Assessments Board (PLAB) tests in 2022 than in 2021, and the subsequent increase in new applications to join the register.

In addition, we are reflecting a further £2.5 million of restricted income in our accounts from the UK Government's Department of Health and Social Care (DHSC) to cover the cost of implementation work to bring physician associates and anaesthesia associates under our regulation. These funds were fully spent in 2022, and, as with 2021, some funding was used to develop IT systems. A further £0.9 million was therefore capitalised this year, with a total restricted asset of £1.8 million held on the balance sheet, as yet undepreciated.

The gains of £4.9 million we saw on our investments in 2021 were eroded in 2022, with a loss on investments recorded this financial year of £4.8 million. This was substantially the result of volatile market movements including but not limited to the war in Ukraine, historically high

inflation and the UK Government's September 2022 mini-budget. As we move into 2023 we are now seeing an upward trajectory in these investments.

Our unrestricted charitable expenditure in 2022 was £129.8 million, which was an increase of £11.9 million on 2021. This growth in expenditure in 2022 when compared to 2021 was intended. Costs increased as we continued with our recovery plans and backlog reduction, which saw increased capacity for both PLAB tests and tribunals throughout the year. However, while our cost base did see an increase, it was not to the level anticipated, with some continued disruption from the pandemic having an impact on spend, most notably the cancellation of PLAB exams in the early part of 2022.

We increased our dilapidations provision by £0.3 million to make sure our obligations under our building leases can be met. We expect this provision to increase annually until the point of exiting any of our sites. A further £1.4 million was also added to our legal provision to reflect potential additional costs that may arise from outstanding legal cases.

Our other core activities continued throughout 2022 relatively unimpeded by the ongoing impact of the pandemic, with our focus shifting from recovery to efficient delivery of our core statutory function. To this end, we have seen some efficiencies generated as a result of the pandemic, with new working patterns and greater use of IT-enabled forums as opposed to face-to-face activities. We expect these to continue into future years.

The charity had no fundraising activities requiring disclosure under S162A of the Charities Act 2011.

Reserves policy and going concern

Our level of reserves and our reserves policy are reviewed annually, and any financial implications are addressed as part of the budget-setting process.

Our total reserves are made up of free reserves, reserves backed by fixed assets, and pension reserves.

We hold free reserves:

- to provide working capital to undertake our normal day-to-day business
- to provide funds to deal with any risks that materialise
- to provide funds to respond to new initiatives, opportunities and challenges that present themselves
- to cover the period before any changes to fee levels take full effect.

A significant proportion of our total reserves is represented by fixed assets, which cannot easily be converted into cash without adversely affecting our ability to fulfil our charitable aims and statutory obligations. The value of fixed assets is therefore disregarded for reserves policy purposes.

The value of pension reserves is also disregarded for reserves policy purposes. The defined benefit scheme was closed to future accruals in 2018, and any deficit or surplus in the scheme can be managed over the medium term, with no immediate impact on free reserves.

There is no standard formula that can be used to calculate the ideal level of free reserves. We follow the Charity Commission's guidance and set a target range based on our cash flow requirements and

an assessment of the risks facing the organisation. We aim to hold free reserves at a level that is not excessive but does not put our solvency at risk.

Based on our analysis of cash flows and the risks facing the organisation, our policy has historically been to maintain free reserves in the range of £25 million to £50 million. However, to make sure that the free reserves policy continued to reflect changes in the size of the organisation, from 2022 we have linked the target range directly to expenditure, expressed in percentage terms: our target range of free reserves was therefore between 20% and 35% of annual expenditure. This was achieved throughout 2022, and at the year-end.

We will also continue to review the purpose and scope of our reserves policy on an annual basis to make sure the thresholds reflect our current risk profile, cash flow requirements and operating environment.

Our policy is to maintain actual free reserves in line with the target level over the medium term. If our actual reserves vary significantly from the target range set out in our reserves policy, we take action to address the variation as part of the annual budget-setting process to bring actual reserves back into line within a reasonable period.

Our total reserves at the end of 2022 were £54.9 million, reducing from the previous year by £44.9 million. Actuarial movements on the defined benefit scheme were the key driver of this reduction. In 2022 markets were generally more volatile, but during September and October the movement in bond markets was unprecedented and significant, resulting in a decline in the value of our pension assets and liabilities. However, the value of assets reduced at a faster rate than the pension obligation which in turn saw our pension asset reduce from £36.6 million to a liability of £3.2 million.

Free reserves constituted £39.2 million of the balance, with a further £18.9 million of reserves being represented by fixed assets.

As part of our strategy we have planned to limit expenditure growth in 2023 to make sure we operate efficiently and effectively, and have sufficient funds to respond to any unanticipated demands, arising from initiatives invested in over the course of this year. We expect that reserves at the end of 2023 will remain within the parameters of our reserves policy.

Most of our income comes from registration fees paid by doctors. All doctors must be registered with us to practise medicine in the UK, and so our income is relatively certain. Trustees remain of the view that the GMC is a going concern for the foreseeable future, and have therefore prepared the financial statements on a going concern basis.

There are no material uncertainties related to events or conditions that cast significant doubt on our financial stability for the foreseeable future.

Investment policy

Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns. It has delegated responsibility for implementing the investment policy, appointing and managing fund managers, and monitoring performance, to the Investment Committee, which regularly reports to Council.

Our investment policy separates our funds into four categories:

- those which are required as working capital for the normal day-to-day operation of the business

- those which we may invest under management
- those which we may invest in a trading subsidiary
- any residual cash balance.

We hold a minimum of £15 million as working capital for normal cash flow purposes. This is held in instant access bank accounts and provides sufficient flexibility to avoid temporary borrowing and/or the need to liquidate investments to deal with short-term variations in operational income and expenditure.

We increased our managed investment to £50 million in June 2019. Our target rate of return on funds invested under management is inflation (CPI) plus 2% over a rolling five-year period. This reflects our relatively low risk appetite. We seek to provide protection against inflation; to generate a modest level of return; and to diversify our funds to reduce the risk of capital and/or revenue loss.

We have adopted a comprehensive ethical approach to investments. We believe that investing in certain companies or sectors would conflict with our charitable aims or may create reputational damage. We do not wish directly to profit from, or provide capital to, activities that are materially inconsistent with our charitable aims, so we specifically exclude investment in companies that derive more than 10% of their revenue from tobacco, alcohol, gambling, pornography, high-interest rate lending, cluster munitions and landmines, and the extraction of thermal coal or oil sands. We also do not invest in companies that are under investigation for, or have been found guilty of, tax evasion or money laundering in the past three years. As we will follow the in-house investment policy of our fund managers, in selecting them, we ensure the two policies are fully compatible. While the 10%

revenue limit mentioned above is the maximum for our own policy, our current invested funds are subject to lower tolerances around thermal coal and oil sands (5%) and cluster munitions and landmines (0%) based on our current fund manager's policy.

We chose CCLA Investment Management (CCLA) to manage our investments because of their strong track record and high standards in ethical investing. CCLA invest in a manner that prioritises environmental, social and governance factors, working with companies to urge them to commit to producing healthier products, which are more accessible and more affordable. We may invest in companies whose activities are consistent with, or supportive of, our charitable aims. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious regarding environmental and social issues, and to deal fairly with people and the communities in which they operate. We may also use our position as an investor to actively engage with and influence the corporate behaviour of those companies we invest in.

We invest only through fund managers who demonstrate the strongest environmental, social and governance credentials. When appointing fund managers, we take into consideration how they incorporate an assessment of a company's performance on environmental, social and governance issues in their stock selection.

Our funds under management were valued at £56.6 million at the end of 2022, compared with £61.6 million at the start of the year, reflective of market volatility and historically high levels of inflation in 2022. Since the point of increasing our investment in June 2019 we have generated returns at a compounded growth rate of 3.6%.

Any residual cash not held as working capital or invested is held in medium-term deposits and/or interest-bearing accounts. We generated interest of £0.5 million on our cash balances, equivalent to an average annual rate of return of 1.15%. Cash held as working capital, and any residual cash, is shown on our balance sheet within current assets.

GMC Services International Limited

The trading subsidiary was incorporated as a private company limited by shares on 16 December 2016. It is a wholly owned subsidiary of the GMC which utilises knowledge gained from the core activities of the GMC to provide services on a commercial basis, including consultancy, training, and accreditation. Any profits derived from these activities are gifted back to the GMC for the purpose of delivering the GMC's charitable aims.

The GMC invested £0.6 million as share capital in GMCSI. In its early years of operation GMCSI generated net losses but has been able to recently generate modest profits. In 2022, GMCSI generated a net profit of £26,077 and ended the year with net assets of £256,523. No profits have been gift-aided back to the GMC in 2022. GMCSI is projected to generate profits over the medium term.

The accounts presented here are consolidated group accounts to include our trading subsidiary GMCSI. The statement of financial activities shows the consolidated position for the GMC and GMCSI combined. The balance sheet shows separate columns for the group position (GMC and GMCSI combined) and the parent charity position (GMC). Separate company accounts have been prepared for GMCSI.

Trustees' responsibilities for the financial statements

The trustees are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). The law applicable to charities in England, Scotland and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and the group and of the incoming resources and application of resources of the group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures being disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, and to

disclose, with reasonable accuracy at any time, the financial position of the charity, enabling them to make sure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended), the Privy Council Directions issued under the Medical Act 1983 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Related party transactions

We require that all trustees and senior managers disclose details of any organisations in which they (and their close family members and business partners) hold a position of authority or other material interest and whose business could bring them into financial contact with the GMC. Details of any actual transactions between the GMC and related parties in the year must also be disclosed. We also publish a register of interests on our website.

In 2022, all disclosures were made and there were no points of concern.

Audit and Risk Committee report

The Audit and Risk Committee plays a key role in our governance. The Committee provides Council with independent assurance about:

- the integrity of our financial statements
- the effectiveness of internal control, governance, and risk management systems
- the delivery of internal and external audit services.

It also monitors our anti-fraud policies and any risks relating to the *General Data Protection Regulations* and reviews arrangements for raising concerns.

The Committee bases its advice and decisions on guidance issued by the Financial Reporting Council, the Charity Commission, the Office of the Scottish Charity Regulator and, where appropriate, independent external advice.

The Committee has six members— four Council members and two co-opted members. Co-opted or independent, members enhance the work of the Committee by bringing valuable additional skills and experience to the independent scrutiny of finance, risk, and governance. All members of the Committee participate in an annual appraisal process.

In 2022, the Committee met five times and submitted two formal reports on its work and findings to Council. As well as this, members had the opportunity to learn more about and scrutinise specific areas of the business and their risks in three seminar sessions and a day observing operations at the Medical Practitioners Tribunal Service (MPTS) and in our call centre.

The Committee bases its annual work programme on risk, with our Corporate Opportunities and Risk Register reflecting the key strategic risks we manage. The Committee's oversight and scrutiny play a valuable role in assuring that risks are being managed and opportunities are enhanced through effective systems of governance, internal control, and risk management arrangements.

Key activities during 2022

During 2022, the Committee followed a planned programme of internal audit work. It scrutinised 19 audit reports, which included considering how the organisation continues to respond to new ways of working after the pandemic. Specifically, the Committee checked progress on plans for backlog recovery in our Fitness to Practise department and in the MPTS, and completed regular reviews of progress with our work to support the Government's regulatory reform programme. Towards the end of the year, the Committee turned its attention to broader organisational resilience, reflecting the emerging risks of the global financial crisis and the potential for fuel shortages.

At each of its meetings, the Committee:

- discussed a wide range of strategic risks to provide an important backdrop to its understanding of the challenges and opportunities the GMC was facing
- considered the assurance it had with respect to how the organisation was responding to emerging threats and opportunities
- challenged our Corporate Opportunities and Risk Register

- scrutinised audit and learning review findings to satisfy itself that the actions being taken were appropriate
- monitored the implementation of recommendations made in previous audit reports to make sure they were being managed effectively
- reviewed any findings and lessons learned from work undertaken in relation to significant adverse events.

Other key activities in 2022 included:

- undertaking an internal audit procurement exercise
- scrutinising the Annual report and accounts 2021
- reviewing the [Head of Internal Audit's annual report and opinion](#) which provided substantial assurance that the systems of governance, risk management and internal control in operation during 2022 were generally well designed and working effectively to ensure the achievement of the GMC's objectives
- scrutinising an independent test of our cyber security control arrangements
- reviewing concerns raised to our Freedom to Speak Up (FTSU) Guardian, as reported in its 2021 Annual Report
- holding a seminar to understand how we are addressing our corporate social responsibility agenda
- scrutinising the principles behind the development of a financial stress-testing model to strengthen financial scenario-planning exercises.

The Committee also spent a day at our Manchester offices observing an MPTS hearing, shadowing telephone calls to the Contact Centre and observing part of a Clinical Assessment Centre PLAB exam. In advance of reviewing the Annual Report and Accounts, the Committee held a financial reporting seminar.

Risk management in 2022

Risk management continues to be inherent in discussions and operations at all levels of the business and is integral to the work of the Committee. Open risk discussion at the start of every meeting provides the opportunity to consider both current risks the GMC faces and emerging areas in the wider external environment. We have a mature set of risk management arrangements embedded in our day-to-day activities, and risk registers are used as a tool for identifying, articulating, monitoring, and managing operational and project risks and opportunities to improve how the business is managed. Our Corporate Opportunities and Risk Register is available as part of the [Executive Board and Council papers](#) published on our website and is updated on a regular basis.

Throughout 2022, the wider context continued to be turbulent. As part of its work, the Committee promptly considered the impact of the evolving economic and energy crises that marked the year, aiming specifically to assess and improve organisational resilience. This included reflecting on the reputational, political, financial, and operational risks we might face in the future if the organisation were not properly prepared to manage the challenges ahead.

The management of risks in relation to other key areas of activity included:

- the requirements and implications of regulatory reform
- managing preparations for the impact of Brexit
- preparing for the introduction of the Medical Licensing Assessment in 2024
- a continued focus on the organisation's work on regulatory fairness, the elimination of disproportionate patterns of fitness to practise concerns referrals based on doctors' ethnicity and place of qualification, and eliminating discrimination, disadvantage, and unfairness in undergraduate and postgraduate medical education and training
- responding to a range of public investigations and inquiries.

The organisation also managed and responded to significant issues as they arose. The court case of Zholia Alemi in February 2023 resulting in a jail sentence for forging her medical qualifications (allegedly from New Zealand) in 1995, and fraudulently securing positions as a hospital psychiatrist over a 20-year period, are a reminder of the importance of the GMC's regulatory role, including registering doctors from overseas. All qualifications submitted with a registration application are now primary source verified (including for doctors with EEA qualifications) and we are confident that such an application received today would not pass our strict controls and review processes.

Learning from events and issues

The GMC has a strong culture of learning and continuous improvement. This includes a robust approach to undertaking learning reviews and significant event reviews (SERs) to identify opportunities to improve. A significant event is where an incident did or could have had the potential for a material adverse effect on the organisation. Carrying out SERs allows the organisation to identify how incidents occur and learnings are used to strengthen controls for the future where appropriate. The organisation's audit and risk assurance planning provides guidance, support, challenge, action plans, and independent quality assurance for SERs and their findings.

There were six SERs in 2022.

- Four related to fraudulent registration applications by doctors.
- One related to a delay between referral of a case for legal preparation and listing for a tribunal hearing.
- One related to the lapse of the sponsorship licence granted by the Home Office which enables the GMC to sponsor skilled workers from overseas to work in the UK.

Each of these was scrutinised by the Audit and Risk Committee and reviewed in line with the policy for reporting to the Charity Commission. Trustees determined these events did not reach the threshold for serious incident reporting. Nevertheless, the findings from each review provided welcome opportunities to reflect on processes and systems and to implement improvements where they were identified.

The committee also discussed issues arising in relation to the handling of a fitness to practise case regarding a doctor who faced sanctions that were later overturned. The outcome of the case generated concerns about the GMC's processes and decision making, including whether bias played any part.

In response to these concerns, the GMC commissioned [an independent learning review](#), co-chaired by Professor Iqbal Singh CBE and Martin Forde KC, to identify whether there were lessons to be learnt from the case. While the review found no clear or conclusive evidence to suggest that biased thinking affected the case, it did find that the GMC missed multiple opportunities to assess whether the allegations at the centre of the case were serious enough to be referred to a tribunal, which the organisation apologised for. The review also emphasised that the GMC needs to do more to embed a culture of professional and cultural curiosity and speaking up, and that it was vital for it to continue to proactively seek out bias.

These findings provided further momentum for the GMC to pursue its equality, diversity, and inclusion (ED&I) ambitions and the [targets set by Council](#) in this respect in 2021. The targets provide a way of holding the organisation to account for playing a part in effecting change. They also show a commitment to influencing and working with other organisations in the system who can make a difference.

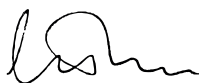
Our work in 2023

In 2023, the Committee will continue to focus on risks in relation to key areas of operations and assurance on the organisational change programmes we worked on during 2022, including:

- preparing for the implementation of the regulation of physician associates and anaesthesia associates
- the final stages of the post-Brexit transition
- the legislative changes we have been seeking through regulatory reform.

It will also be seeking assurance that positive operational changes that have emerged after the pandemic, such as maximising the benefits of holding virtual tribunal hearings and introducing digital identification checks for doctors wishing to join the medical register, are being realised.

Approved by the trustees on 15 June 2023 and signed on their behalf by:



Dame Carrie MacEwen

Independent auditors' report to the trustees of the GMC

Opinion

We have audited the financial statements of the General Medical Council ('the charitable company') and its subsidiary ('the group') for the year ended 31 December 2022 which comprise the Consolidated Statement of Financial Activities, Consolidated Balance Sheet, Consolidated Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 December 2022 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's or the group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion based on the work undertaken in the course of our audit

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 requires us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept; or

- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 52, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, Medical Act 1983 and The Charities and Trustee Investment (Scotland) Act 2005 together with the Charities SORP (FRS102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud.

The laws and regulations we considered in this context for the UK operations were, General Data Protection Regulation (GDPR), and employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

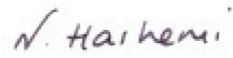
We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of grant income, estimates surrounding legal provisions, dilapidations and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, internal audit, legal counsel and the Audit & Risk Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, testing MAPS income from underlying funding agreement with the Department for Health and Social Care through to the financial statements and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures

required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Naziar Hashemi
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
55 Ludgate Hill
London
EC4M 7JW

Date 27th June 2023

Consolidated statement of financial activities for the year ended 31 December 2022

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000	Total 2021 £'000
Income					
From charitable activities					
Registration	2	125,851	-	125,851	114,545
Specialist and GP registration	2	4,714	-	4,714	4,047
Revalidation	2	182	-	182	107
Other trading activities	3	159	-	159	337
Commercial trading operations	3	351	-	351	239
Investments	3	1,236	-	1,236	154
Department of Health funding - MAPS*	3	-	2,506	2,506	2,605
Other	3	214	-	214	308
Total incoming resources		132,707	2,506	135,213	122,342
Expenditure					
Raising funds					
Commercial trading operations	4	325	-	325	246
Investment management costs	4	209	-	209	249
		534	-	534	495
Charitable activities					
Fitness to practise	4	47,633	-	47,633	46,882
Registration and revalidation	4	37,122	-	37,122	29,803
External relationships	4	16,760	-	16,760	15,319
Medical Practitioners Tribunal Service	4	14,875	-	14,875	14,012
Education	4	11,308	-	11,308	9,941
Standards	4	2,060	-	2,060	1,920
Department of Health funding - MAPS	4	-	1,551	1,551	1,749
		129,758	1,551	131,309	119,626
Other expenditure					
Legal provision	11	1,398	-	1,398	144
Dilapidations provision	11	286	-	286	1,882
		1,684	-	1,684	2,026
Total expenditure	4	131,976	1,551	133,527	122,147
Operating surplus		731	955	1,686	195
Net (losses)/gains on investments	8	(4,846)	-	(4,846)	4,879
(Net loss)/Net income		(4,115)	955	(3,160)	5,074
Other recognised gains and losses					
Actuarial (loss)/gain on defined benefit pension scheme	16	(41,785)	-	(41,785)	30,143
Net movement in funds		(45,900)	955	(44,945)	35,217
Total funds brought forward		98,942	856	99,798	64,581
Total funds carried forward		53,042	1,811	54,853	99,798

The General Medical Council incorporated a wholly owned trading subsidiary on 16 December 2016 with the purpose of providing services on a commercial basis including consultancy, training and accreditation. The Charity has taken exemption from presenting its unconsolidated profit and loss account. The Charity movement in funds for the year is (£45,900,000).

* The Department for Health and Social Care (DHSC) provided funding in 2022 to continue implementation work to bring physician associates and anaesthesia associates under regulation with the General Medical Council. Funding was restricted in nature, and was fully spent in the year. A proportion of the funds paid for IT System Development which has created an asset on the balance sheet. The net impact on GMC reserves is an increase of £955,000. The balance of the reserves will reduce when the asset is amortised in future periods.

Balance sheet

		2022		2021	
	Note	Group £'000	Charity £'000	Group £'000	Charity £'000
Fixed assets					
Intangible fixed assets	6	14,524	14,524	11,702	11,702
Tangible fixed assets	7	4,423	4,423	6,305	6,305
Investments	8	56,593	56,849	61,649	61,879
		75,540	75,796	79,656	79,886
Current assets					
Debtors and prepayments	9	27,057	27,101	24,041	24,096
Cash and bank balances		51,112	50,750	46,821	46,502
		78,169	77,851	70,862	70,598
Liabilities					
Creditors: amounts falling due within one year	10	(87,181)	(87,119)	(80,538)	(80,504)
Net current liabilities		(9,012)	(9,268)	(9,676)	(9,906)
Total assets less current liabilities		66,528	66,528	69,980	69,980
Provisions for liabilities and charges	11	(8,427)	(8,427)	(6,743)	(6,743)
Net assets excluding pension scheme (liability)/asset		58,101	58,101	63,237	63,237
Defined benefit pension scheme (liability)/asset	16	(3,248)	(3,248)	36,561	36,561
Total net assets		54,853	54,853	99,798	99,798
Unrestricted income funds		56,290	56,290	62,381	62,381
Restricted income funds		1,811	1,811	856	856
Pension reserve		(3,248)	(3,248)	36,561	36,561
Total funds	12, 13	54,853	54,853	99,798	99,798

The financial statements were approved by the trustees and authorised for issue on 15 June 2023.

They were signed on behalf of trustees by:



Dame Carrie MacEwen

Chair of Council

Consolidated cash flow statement

	2022		2021	
	£'000	£'000	£'000	£'000
Cash flows from operating activities:				
Net cash provided by/(used in) operating activities (note i below)		12,290		16,902
Cash flows from investing activities:				
Dividends, interest and rents from investments	522		84	
Purchase of property, plant, equipment and intangibles	(8,521)		(8,293)	
Net cash used in investing activities		(7,999)		(8,209)
Change in cash and cash equivalents (note ii below)		4,291		8,693

Note (i)

Cash flow from operating activities

Net incoming/(outgoing) resources	(3,160)	5,074
Investment income and interest	(1,236)	(154)
Net investment movement	5,056	(4,629)
Non-cash items - depreciation and amortisation	7,581	8,165
Non-cash items - assets written off	-	1
Pension past service cost and curtailment	100	-
Pension scheme contribution	(1,362)	(2,360)
(Increase)/decrease in debtors	(3,016)	(692)
Increase/(decrease) in creditors and provisions	8,327	11,497
Net cash provided by/(used in) operating activities	12,290	16,902

Note (ii)

Cash and equivalents

	Cash at bank and in hand	Total
	£'000	£'000
Balances at 1 January 2022	46,821	46,821
Net increase in cash and cash equivalents	4,291	4,291
Balances at 31 December 2022	51,112	51,112

Notes to the accounts

General information

We are a statutory body governed by the Medical Act 1983 and are registered with the Charity Commission for England and Wales (1089278), and with the Office of the Scottish Charity Regulator (SC037750).

1. Principal accounting policies

(i) Accounting convention

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP (FRS 102) first published on 16 July 2014, updated 1 October 2019.

Our financial statements have been prepared on a going concern basis and in accordance with the Charities Statement of Recommended Practice (FRS 102) - effective 1 October 2019, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and UK Generally Accepted Practice as it applies from 1 October 2019. The GMC meets the definition of a public benefit entity under FRS 102.

(ii) On 16 December 2016 the GMC incorporated a trading subsidiary, GMC Services International LTD, company number 10530157, which is wholly owned by share capital by the General Medical Council.

(iii) The principal accounting policies adopted in the preparation of the financial statements, which have been applied consistently, are:

Incoming resources

Income is included in the statement of financial activities when all of the following criteria are met:

- Entitlement - control over the rights or other access to the economic benefit has passed to the GMC
- Probability - it is more likely than not that the economic benefits will flow to the GMC
- Measurement - the value can be measured reliably.

The following specific policies apply:

- Annual retention fees relate to services to be provided over a 12-month period. Income is deferred and released to the statement of financial activities on a straight-line basis over the period to which the income relates.
- Registration fees, including provisional registration fees, are recognised when registration is granted.
- Professional and Linguistic Assessments Board (PLAB) fees are recognised when the examinations are sat.
- Income from investments and funds held on deposit is recognised when it is receivable and the amount can be accurately measured.

All income is recognised gross.

Basis for recognising liabilities

Expenditure includes staffing costs, office costs, committee costs, legal costs, accommodation costs, purchase of assets, and financial, actuarial and professional costs.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

Basis for allocation of resources expended

The majority of our resources are expended directly in pursuit of our charitable aims, and are identified as such in the statement of financial activities.

Accommodation costs, governance costs and other support costs are apportioned to charitable activities on the basis of staff head count across the organisation.

Irrecoverable VAT

Any irrecoverable VAT is charged to the statement of financial activities as part of the relevant item of expenditure, or capitalised as part of the cost of the related asset where appropriate.

Taxation

We can take advantage of the exemptions from taxation on income and gains available to charities, so no taxation is payable on the net incoming resources.

Debtors

Trade and other debtors are normally recognised at the settlement amount due after any trade discount offered. Prepayments are normally valued at the amount prepaid net of any trade discounts due.

Creditors and provisions for liabilities

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Critical accounting judgements and key sources of estimation uncertainty

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are:

- All unsettled claims for legal costs made against the GMC are reviewed on a case-by-case basis at the year end. Provisions are based on historical experience and a detailed assessment of the specific details of current cases. The final settlement of cases is dependent on a number of factors, so the accuracy of the provision is subject to a significant degree of uncertainty.
- Provisions for property dilapidation costs are made for all leased buildings. They are assessed on a case-by-case basis reflecting the different configurations of leased buildings and the cost to revert to their original state.
- Provisions for holiday pay are based on the actual level of accrued days and salaries of each staff member.

Tangible fixed assets

Tangible fixed assets are stated at cost, net of depreciation and any provision for impairment. Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £5,000.

Intangible fixed assets

Intangible fixed assets comprise computer software. They are stated at cost, net of amortisation and any provision for impairment. Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £5,000.

Depreciation

Depreciation is provided so as to write off the cost, less estimated residual value, of the assets evenly over their estimated lives.

The estimated useful lives are as follows:

- Leasehold buildings and leasehold improvements - the lesser of five years or the remaining term of the lease.
- Furniture, fixtures, and office fittings - the lesser of five years or the remaining term of the lease.
- Information Technology (IT) equipment - three years.
- Intangible assets: (IT software) - three years.
- Other office equipment - three years for IT-related items and five years for all other items.

Depreciation rates are reviewed on a regular basis comparing actual lives of assets with the accounting policy rates.

Licensed IT software

Development costs for implementing new IT systems are capitalised and depreciated over the lesser of 3 years or the useful life of the asset. The first year license costs are capitalised as they are necessary to bring the asset into use, subsequent year license costs are treated as operating expenditure.

Operating leases

Rent payable under operating leases is charged to the statement of financial activities on a straight-line basis over the period of the lease.

Financial instruments

The charity has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost. Financial assets held at amortised cost consist of cash and bank balances, short-term deposits (cash flow statement), investments held in cash deposits (note 8) together with trade and other debtors (note 9). Financial liabilities held at amortised cost comprise trade and other creditors, tax and social security creditors and accruals (note 10).

Investments

Our investment policy separates our funds into four categories: those which are required as working capital for the normal day to day operation of the business; those which we invest under management; those which we may decide to invest in a trading subsidiary; and the remaining cash balance which fluctuates during the year.

Funds held as cash for the normal day to day operation of the business are shown on the GMC's balance sheet within current assets, while funds held for the longer term are shown as investments.

Pensions

We have a defined benefit pension scheme for permanent employees. The scheme was closed to new members on 30 June 2013, and for future accrual to existing members on 31 March 2018, and replaced by a defined contribution scheme. The surplus or deficit of the defined benefit scheme is recognised on the balance sheet. Changes in the assets and liabilities of the scheme are disclosed and allocated as follows:

- Charges relating to current or past service costs, and gains and losses on settlements and curtailments, are included within staff costs and charged to the statement of financial activities.
- Interest on the net defined benefit asset/liability is shown as a net amount of other finance costs or as an incoming resource alongside investment income and interest. Actuarial gains and losses are recognised immediately in other recognised gains and losses on investments.
- The assets, liabilities and movements in the surplus or deficit of the scheme are calculated by qualified independent actuaries as an update to the latest full actuarial valuation. Details of the defined benefit scheme assets, liabilities and major assumptions are shown in the notes to the accounts.
- Our defined contribution pension scheme was set up on 1 July 2013. Contributions to the scheme are charged to the statement of financial activities in the year in which they are payable to the scheme.
- 1 member of staff who transferred to the GMC on the merger with the Postgraduate Medical Education and Training Board (PMETB), contribute to the NHS multi-employer scheme and contributions to the scheme are charged to the statement of financial activities in the year in which they are payable to the scheme.

Funds and reserves

The majority of our funds are unrestricted, and so can be expended at the trustees' discretion in pursuit of our charitable aims. Restricted funds will be expended in line with the purpose of the funding.

Termination payments

Termination payments are accounted for as soon as the organisation is aware of the obligation to make the payment.

2. Income from charitable activities

	Unrestricted funds	Total 2022 £'000	Unrestricted funds	Total 2021 £'000
Registration				
Annual retention fees	104,494	104,494	99,025	99,025
Registration fees	4,722	4,722	4,630	4,630
Provisional registration fees	455	455	416	416
PLAB fees	16,103	16,103	10,388	10,388
Other fees	77	77	86	86
	125,851	125,851	114,545	114,545
Specialist and GP registration				
Certificates of Completion of Training fees	3,197	3,197	2,949	2,949
Certificate of Eligibility for Specialist Registration/ Certificate of Eligibility for General Practitioner Registration fees	1,476	1,476	1,072	1,072
Other fees	41	41	26	26
	4,714	4,714	4,047	4,047
Revalidation				
Revalidation annual return	114	114	98	98
Revalidation assessment	68	68	9	9
	182	182	107	107

3. Income from raising funds

	Unrestricted funds	Restricted funds	Total 2022 £'000	Unrestricted funds	Restricted funds	Total 2021 £'000
Activities for raising funds						
Other trading activities*	159	-	159	337	-	337
Commercial trading operations†	351	-	351	239	-	239
Other‡	214	-	214	308	-	308
	724	-	724	884	-	884
Investment income						
Other finance income - pension scheme (note 16)	714	-	714	70	-	70
Bank interest	522	-	522	84	-	84
	1,236	-	1,236	154	-	154
Department of Health funding						
Funding to cover expenditure on Medical Associate Professionals regulation¶	-	2,506	2,506	-	2,605	2,605

* Other trading activities include the reimbursement of costs of visiting overseas medical schools and the reimbursement of costs of staff seconded to external bodies.

† Income from commercial trading operations is derived from GMC Services International Ltd, a wholly owned subsidiary, which provides services on a commercial basis including consultancy, training and accreditation.

‡ Other income includes reimbursement of legal fees from appeals and transaction fees generated through registration status changes.

¶ The Department of Health and Social Care have provided funding for the General Medical Council to start implementation work to bring physician associates and anaesthesia associates under regulation with the General Medical Council. The work is ongoing and legislation is expected to be in place for regulation to start no sooner than 2024.

4. Total expenditure

Charitable activity and support cost allocation

	Direct staffing costs £'000	Direct costs £'000	Allocated costs £'000	Total 2022 £'000	Direct staffing costs £'000	Direct costs £'000	Allocated costs £'000	Total 2021 £'000
Expenditure on:								
Commercial trading operations	287	38	-	325	216	30	-	246
Investment management costs	-	209	-	209	-	249	-	249
Total expenditure on raising funds	287	247	-	534	216	279	-	495
Fitness to practise	21,792	6,944	18,897	47,633	21,354	6,774	18,754	46,882
Registration and revalidation	14,065	9,308	13,749	37,122	12,077	5,915	11,811	29,803
External relationships*	9,733	691	6,336	16,760	8,948	602	5,769	15,319
Medical Practitioners Tribunal Service	5,089	5,199	4,587	14,875	4,782	4,972	4,258	14,012
Education	6,883	245	4,180	11,308	5,841	345	3,755	9,941
Standards	1,219	7	834	2,060	1,109	13	798	1,920
Department of Health funding - MAPS	1,049	502	-	1,551	1,196	553	-	1,749
Total charitable expenditure	59,830	22,896	48,583	131,309	55,307	19,174	45,145	119,626
Other expenditure - legal provision	-	1,398	-	1,398	-	144	-	144
Other expenditure - dilapidation provision	-	286	-	286	-	1,882	-	1,882
Total group expenditure	60,117	24,827	48,583	133,527	55,523	21,479	45,145	122,147

* External relationships include the work done by our Regional Liaison Service, strategic relationships, our devolved offices, and our European and international development activities.

Support costs allocated to charitable activities

	Management £'000	IT £'000	Human resources £'000	Finance £'000	Procurement £'000	Facilities £'000	Governance £'000	Total 2022 £'000	Management £'000	IT £'000	Human resources £'000	Finance £'000	Procurement £'000	Facilities £'000	Governance £'000	Total 2021 £'000
Fitness to practise	3,416	5,852	2,495	886	163	4,651	1,434	18,897	3,249	6,066	2,367	875	161	4,678	1,358	18,754
Registration and revalidation	2,485	4,259	1,815	645	119	3,383	1,043	13,749	2,046	3,820	1,490	551	102	2,946	856	11,811
External relationships*	1,145	1,963	836	297	55	1,559	481	6,336	999	1,866	728	269	50	1,439	418	5,769
Medical Practitioners Tribunal Service	829	1,421	605	215	40	1,129	348	4,587	738	1,377	537	199	37	1,062	308	4,258
Education	756	1,295	552	196	36	1,029	317	4,181	650	1,215	474	175	32	937	272	3,755
Standards	151	258	110	39	7	205	63	833	138	258	101	37	7	199	58	798
Total charitable expenditure	8,782	15,048	6,413	2,278	420	11,956	3,686	48,583	7,820	14,602	5,697	2,106	389	11,261	3,270	45,145

Support costs are allocated to charitable activities on the basis of staff head count across the organisation.

Support cost recharges have been made to both the trading subsidiary, GMCSI, and the MAPS project throughout the year on a direct basis therefore are treated separately to the year end allocation.

Group expenditure by type

	Charitable activities 2022	Expenditure on raising funds 2022	Department of Health funding - MAPS 2022	Other expenditure 2022	Total 2022	Charitable activities 2021	Expenditure on raising funds 2021	Department of Health funding - MAPS 2021	Other expenditure 2021	Total 2021
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Staffing costs	82,261	288	1,049	-	83,598	74,880	216	1,196	-	76,292
Office costs	1,781	24	444	-	2,249	1,412	24	530	-	1,966
Council and committee costs	407	-	-	-	407	359	-	-	-	359
Panel and assessment costs	16,770	-	28	-	16,798	13,220	-	-	-	13,220
Legal costs	4,706	-	-	1,398	6,104	4,408	-	-	144	4,552
Accommodation costs	7,637	-	-	286	7,923	7,016	-	-	1,882	8,898
Financial, actuarial and professional costs	4,028	222	30	-	4,280	4,115	255	23	-	4,393
Purchase of assets - charged to revenue	4,587	-	-	-	4,587	4,301	-	-	-	4,301
Assets written off	-	-	-	-	-	1	-	-	-	1
Depreciation	2,595	-	-	-	2,595	3,163	-	-	-	3,163
Amortisation	4,986	-	-	-	4,986	5,002	-	-	-	5,002
	129,758	534	1,551	1,684	133,527	117,877	495	1,749	2,026	122,147

Total resources expended includes:

	2022	2021
Operating lease costs: leasehold property and equipment	3,669	3,639
Audit fees	48	43

5. Staff

	2022 £'000	2021 £'000
Total costs of all staff		
Salaries	63,993	59,022
Social security costs	6,992	6,189
Superannuation costs - defined benefit scheme	100	-
Superannuation costs - defined contribution scheme	9,082	8,487
Redundancy costs	80	202
Other staffing costs	3,351	2,392
	83,598	76,292

During the year the General Medical Council made termination payments of £236,000 (2021: £40,000) which included £162,000 relating to decisions made and accrued in 2021. At year-end payments of £6,000 were outstanding (2021: £162,000).

	2022	2021
Average staff numbers in the year by category		
Fitness to practise	465	478
Registration and revalidation	338	301
External relationships	156	147
Medical Practitioners Tribunal Service	113	109
Education	103	96
Standards	20	20
Governance and management	165	154
Resources	226	217
	1,586	1,522
 GMC Services International Ltd	 1	 1
	1,587	1,523

The number of staff whose total employee benefits (excluding employer pension contributions) fell into higher salary bands was:

	2022	2021
GMC		
£60,000-£70,000	59	52
£70,001-£80,000	50	57
£80,001-£90,000	46	28
£90,001-£100,000	12	14
£100,001-£110,000	11	7
£110,001-£120,000	10	11
£120,001-£130,000	7	9
£130,001-£140,000	3	3
£140,001-£150,000	4	4
£150,001-£160,000	2	1
£200,001-£210,000	-	6
£210,001-£220,000	6	-
£250,001-£260,000	-	1
£260,001-£270,000	1	-
	211	193
MPTS		
£60,000-£70,000	2	2
£70,001-£80,000	-	1
£80,001-£90,000	2	2
£90,001-£100,000	2	1
£110,001-£120,000	1	1
	7	7
Total	218	200

	2022	2021
Number of staff included above for whom retirement benefits are accruing		
GMC defined contribution pension scheme	217	197
NHS defined benefit pension scheme	-	1
Not in scheme	1	2
	218	200

The senior management team includes the Chief Executive and six permanent directors in 2022. The total employee benefits (including employer pension contributions) of the senior management team was £1,759,804 in 2022. The equivalent figure for 2021 was £1,705,118.

Senior management team remuneration	Basic salary 2022 £'000	Basic salary 2021 £'000
Charlie Massey - Chief Executive	255	248
Shaun Gallagher - Director of Strategy and Policy	208	202
Una Lane - Director of Registration and Revalidation	208	203
Colin Melville - Director of Education and Standards	208	203
Anthony Omo - Director of Fitness to Practise	208	203
Paul Reynolds - Director of Strategic Communications and Engagement	208	203
Neil Roberts - Director of Resources	208	203

All GMC staff, including the senior management team, are entitled to pension contributions of 15% of salary into the GMC Group Personal Pension Plan and may exchange contributions for salary.

The Chief Executive and Directors receive non consolidated pay. In 2022 payments were below 3% of basic salary for all members of the senior management team. No payments were made in 2021.

All GMC staff, including the senior management team, are entitled to buy and sell leave and to the taxable benefit of private medical insurance. These costs and benefits are not included in the table above.

The Chief Executive's salary is 7.57 (2021: 7.67) times the median salary and 12.8 (2021: 13.2) times the lowest salary.

There were no related party transactions in the year that require disclosure other than payments made to Trustees as disclosed in notes 17 and 18.

6. Intangible fixed assets

Group and charity

Computer software and systems development £'000

Cost

Balance at 1 January 2022	30,949
Additions	7,808
Disposals	(3,924)
Balance at 31 December 2022	34,833

Amortisation

Balance at 1 January 2022	19,247
Amortisation charge for year	4,986
Disposals	(3,924)
Balance at 31 December 2022	20,309

Balance at 1 January 2022	11,702
Net book value at 31 December 2022	14,524

Intangible assets incorporates all IT software development costs including, but not limited to, the development of our strategic applications, Siebel, Livelink and Agresso, the development of IT security systems, facilities management systems and website. Intangible assets also include the systems to support working from home and mobile applications.

7. Tangible fixed assets

Group and charity

	Buildings £'000	Fixtures, furniture and equipment £'000	IT equipment £'000	Total £'000
Cost				
Balance at 1 January 2022	2,188	14,532	8,072	24,792
Additions	-	147	566	713
Disposals	-	(57)	(1,255)	(1,312)
Balance at 31 December 2022	2,188	14,622	7,383	24,193
Depreciation				
Balance at 1 January 2022	2,000	10,070	6,417	18,487
Depreciation charge for year	74	1,524	997	2,595
Disposals	-	(57)	(1,255)	(1,312)
Balance at 31 December 2022	2,074	11,537	6,159	19,770
Net book value at 1 January 2022	188	4,462	1,655	6,305
Net book value at 31 December 2022	114	3,085	1,224	4,423

8. Investments

Managed funds

Managed funds	Group		Charity		
	Listed Investments	Total	Listed Investments	Equity Investment in Group Undertakings	Total
	£'000	£'000	£'000	£'000	£'000
The valuation at the end of the year consisted of:					
As at 1st January 2022	61,649	61,649	61,649	230	61,879
Additions	18,789	18,789	18,789	-	18,789
Disposals	(18,999)	(18,999)	(18,999)	-	(18,999)
Gain on investments	(4,846)	(4,846)	(4,846)	-	(4,846)
Reversal of Impairment*	-	-	-	26	26
Balance at 31 December 2022	56,593	56,593	56,593	256	56,849

* The General Medical Council incorporated a wholly owned trading subsidiary on 16 December 2016. Having previously been impaired by £370,000 due to trading losses incurred, we have reversed the impairment of the investment by £26,000 in 2022 as a result of profits generated by the company thereby increasing its net assets.

Listed investments are managed by CCLA Investment Management Ltd. Investment management fees of £209,170 were incurred (2021: £249,422).

9. Debtors

	2022		2021	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Registration debtors	20,935	20,935	18,810	18,810
Prepayments and accrued income	5,785	5,849	5,054	5,121
Other debtors	337	317	177	165
	27,057	27,101	24,041	24,096

10. Creditors

	2022		2021	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Trade creditors	1,427	1,420	877	872
Tax and social security	1,945	1,933	1,829	1,825
Holiday pay	1,107	1,107	1,106	1,106
Accruals	8,404	8,361	9,050	9,025
Deferred income	74,298	74,298	67,676	67,676
	87,181	87,119	80,538	80,504

Charity deferred income

Income from annual retention fees is deferred and released to the statement of financial activities on a straight-line basis over a 12 month period from the date of renewal. All deferred income brought forward from the previous year is released to the statement of financial activities in the following year. Professional and Linguistic Assessments Board (PLAB) fees are deferred to the date the examination is sat.

	Annual retention fees	PLAB fees	Specialist and GP registration fees	Revalidation assessment fees	Total
	£'000	£'000	£'000	£'000	£'000
Deferred income at 1 January 2022	57,356	10,222	57	41	67,676
Resources deferred during the year	61,800	12,433	24	42	74,299
Amounts released from previous years	(57,356)	(10,222)	(57)	(41)	(67,676)
Deferred income at 31 December 2022	61,800	12,433	24	42	74,299

11. Provisions

Group and charity

	2022	2021
	£'000	£'000
Dilapidations	3,141	2,855
Legal claims	5,286	3,888
	8,427	6,743

Dilapidations - each year we review our property leases and make a provision for dilapidations, where the cost can be reasonably estimated.

Legal claims - Each year we make a provision for potential costs related to ongoing legal cases. Within this provision we hold an estimate for the additional sums due to a wider group of individuals but arising from the determination of a single employment tribunal. The full financial implications of this legal proceeding have yet to be determined, and therefore the amounts remain unsettled in the current year. We are choosing not to disclose further information until the matter is fully settled so as not to prejudice proceedings.

	Dilapidations	Legal claims	Total
	£'000	£'000	£'000
Provisions at 1 January 2022	2,855	3,888	6,743
Provisions created during the year	286	1,743	2,029
Amounts released from previous years	-	(345)	(345)
Provisions at 31 December 2022	3,141	5,286	8,427

12. Group fund movements in the year

Group and charity

	Unrestricted funds £'000	Restricted funds £'000	Pension fund £'000	2022 Total £'000
At 1 January 2022	62,381	856	36,561	99,798
Net incoming/(outgoing) resources	(6,091)	955	(39,809)	(44,945)
At 31 December 2022	56,290	1,811	(3,248)	54,853

	Unrestricted funds £'000	Restricted funds £'000	Pension fund £'000	2021 Total £'000
At 1 January 2021	60,593	-	3,988	64,581
Net incoming/(outgoing) resources	1,788	856	32,573	35,217
At 31 December 2021	62,381	856	36,561	99,798

13. Net assets by fund

Group and charity

Fund balances at 31 December 2022 are represented by

	Unrestricted funds	Restricted fixed asset funds	Pension reserve	2022 Total funds
	£'000	£'000	£'000	£'000
Intangible fixed assets	12,713	1,811	-	14,524
Tangible fixed assets	4,423	-	-	4,423
Investments	56,593	-	-	56,593
Current assets	78,169	-	-	78,169
Current liabilities	(87,181)	-	-	(87,181)
Provisions for liabilities and charges	(8,427)	-	-	(8,427)
Pension scheme asset	-	-	(3,248)	(3,248)
Total net assets	56,290	1,811	(3,248)	54,853

	Unrestricted funds	Restricted fixed asset funds	Pension reserve	2021 Total funds
	£'000	£'000	£'000	£'000
Intangible fixed assets	10,846	856	-	11,702
Tangible fixed assets	6,305	-	-	6,305
Investments	61,649	-	-	61,649
Current assets	70,862	-	-	70,862
Current liabilities	(80,538)	-	-	(80,538)
Provisions for liabilities and charges	(6,743)	-	-	(6,743)
Pension scheme asset	-	-	36,561	36,561
Total net assets	62,381	856	36,561	99,798

14. Capital commitments

Capital expenditure contracted but unspent at 31 December 2022 amounted to £799,978. The equivalent figure for 2021 was £63,936.

15. Operating lease commitments

	Land and buildings		Equipment	
	2022	2021	2022	2021
Expiry date	£'000	£'000	£'000	£'000
Within one year	4,580	4,557	48	97
In years two to five	5,158	8,624	-	48
After more than five years	1,443	2,530	-	-
	11,181	15,711	48	145

Commitments include our obligations under our buildings and equipment leases. They are calculated up to the first lease break clause or lease end where there is no break clause in the agreement. Commitments are calculated on a cash basis rather than incorporating rent free benefits.

16. Superannuation schemes

The GMC has three staff pension schemes:

GMC Group Personal Pension Plan

This is a defined contribution pension scheme, which was set up on 1 July 2013. We started auto enrolment on 1 November 2013. At the end of 2022 there were 1,587 members of staff contributing to this scheme. It meets the government's requirements following the introduction of automatic enrolment. Individuals can choose to make additional contributions by deduction from salary to the scheme. Under the terms of FRS102, contributions are accounted for as a defined contribution scheme based on actual contributions paid through the year.

NHS Multi-Employer Scheme

We have 0 members of staff who contribute to the NHS multi-employer scheme (2021: 1 member of staff), which is a defined benefit scheme. The staff member transferred to the GMC on the merger with PMETB. The scheme operates as a pooled arrangement, with contributions paid at a centrally agreed rate. The trustees are unable to confirm the GMC's share of the underlying assets and liabilities of the NHS scheme and so, under the terms of FRS102, contributions are accounted for as if the scheme were a defined contribution scheme based on actual contributions paid through the year.

GMC Staff Superannuation Scheme

This is a funded scheme of the defined benefit type, providing retirement benefits based on final salary. The top-up arrangement is an unfunded scheme.

This scheme was closed to new members on 30 June 2013, and replaced by the GMC Group Personal Pension Plan. The scheme was closed to future accruals for existing members on 31 March 2018 therefore at the end of 2018 there were no members of staff contributing to this scheme.

The FRS 102 valuation has been based on a full assessment of the liabilities for the Scheme as at 31 December 2021. The present values of the defined benefit obligation, the related current service cost and any past service costs were measured using the projected unit credit method.

Actuarial gains and losses have been recognised in the period in which they occur (but outside the profit and loss account) through the Other Comprehensive Income (OCI).

The GMC recognises surplus in accordance with the requirements of FRS 102 Section 18. The trustees of the Scheme do not have the unilateral right to commence wind-up of the Scheme. Thus, the GMC assumes that the Scheme continues in existence until the last benefit payments are made to members, at which point any residual assets are returned to the GMC in line with the rules of the Scheme.

The GMC made a top up payment to the scheme of £1.3m in 2022 and this will increase to a fixed annual contribution of £1.5m each year until 2031 under the terms of the recovery plan agreed as part of the 2021 triennial valuation. A further £5.0m between 2023 and 2025 will also be paid into the pension scheme to fund the deficit.

Responsibility for investing pension scheme assets rests with pension trustees. The Pensions Act 1995 requires trustees to draw up a Statement of Investment Principles, setting out the scheme's

investment strategy. Pension trustees are required to consult the employer (GMC) when drawing up the strategy, but do not require the employer's formal agreement. Following consultation with the GMC, in 2014 the pension trustees adopted a fiduciary management approach to the investment of the scheme's assets.

The principal assumptions used by the independent qualified actuaries to calculate the liabilities under FRS102 are set out below.

Main financial assumptions

	31 December 2022	31 December 2021
	%pa	%pa
Retail Prices Index inflation	3.1	3.1
Consumer Price Index inflation	2.7	2.7
Rate of general long-term increase in salaries	3.7	3.7
Pension increases (excess over guaranteed minimum pension)	2.7	2.7
Discount rate for scheme liabilities	4.6	1.9

Mortality assumptions

The mortality assumptions are based on standard mortality tables which allow for expected future mortality improvements. The assumptions are that a member currently aged 65 will live on average for a further 22.2 years (2021: 22.7 years) if they are male and for a further 24.1 years if they are female (2021: 24.5 years).

For a member who retires in 2042 at age 65 the assumptions are that they will live on average for a further 23.2 years after retirement if they are male and for a further 25.3 years after retirement if they are female.

Scheme asset allocation

	31 December 2022		31 December 2021	
	£'000	%	£'000	%
Delegated consulting services	155,728	99%	327,665	99%
Other	1,256	1%	1,891	1%
Total	156,984	100%	329,556	100%

The Delegated Consulting Service (DCS) is a fiduciary management solution that invests in a wide range of underlying assets in order to meet the Scheme's specific investment objectives. The underlying asset allocation changes over time, based on the views of the fiduciary manager within the overall bounds set by the trustees. Under this approach the majority of scheme assets are invested in pooled funds. The managers of the pooled funds are required to have in place a policy on social, environmental and ethical considerations.

None of the Scheme assets are invested in the Company's financial instruments or in property occupied by, or other assets used by, the GMC.

Reconciliation of funded status to balance sheet

	31 December 2022	31 December 2021
	£'000	£'000
Fair value of assets	156,984	329,556
Present value of funded defined benefit obligations	(159,407)	(291,864)
Funded status	(2,423)	37,692
Present value of unfunded defined benefit obligation	(825)	(1,131)
(Liability)/asset recognised on the balance sheet	(3,248)	36,561

Commitments include our obligations under our buildings and equipment leases. They are calculated up to the first lease break clause or lease end where there is no break clause in the agreement. Commitments are calculated on a cash basis rather than incorporating rent free benefits.

Amounts recognised in income statement

	31 December 2022	31 December 2021
	£'000	£'000
Operating cost:		
Past service cost	100	-
Financing cost:		
Interest on net defined benefit liability/(asset)	(714)	(70)
Pension income recognised in profit and loss	(614)	(70)

Amounts recognised in Other Comprehensive Income (OCI)

	31 December 2022	31 December 2021
	£'000	£'000
Asset (losses)/gains arising during the year	(175,762)	19,325
Liability gains/(losses) arising during the year	133,977	10,818
Actuarial (loss)/gain on defined benefit pension Scheme	(41,785)	30,143

Changes to the present value of the defined benefit obligation during the year

	31 December 2022	31 December 2021
	£'000	£'000
Opening defined benefit obligation (DBO)	292,995	302,281
Interest expense on DBO	5,525	4,213
Actuarial (gains) on liabilities	(133,977)	(10,818)
Net benefits paid out	(4,411)	(2,681)
Past service cost	100	-
Closing defined benefit obligation	160,232	292,995

Changes to the fair value of Scheme assets during the year

	31 December 2022	31 December 2021
	£'000	£'000
Opening fair value of Scheme assets	329,556	306,269
Interest income on Scheme assets	6,239	4,283
(Loss)/gain on Scheme assets	(175,762)	19,325
Contributions made by the company	1,362	2,360
Net benefits paid out	(4,411)	(2,681)
Closing fair value of Scheme assets	156,984	329,556

Actual return on Scheme assets

	31 December 2022	31 December 2021
	£'000	£'000
Interest income on Scheme assets	6,239	4,283
Gain/(loss) on Scheme assets	(175,762)	19,325
Actual return on Scheme assets	(169,523)	23,608

17. Honoraria

	2022	2021
Trustees		
Dame Clare Marx (Chair)*	-	64,167
Professor Dame Carrie MacEwen (Acting Chair)†	97,083	41,055
Mr Steve Burnett	18,000	18,000
Dr Vanessa Davies‡	18,000	18,000
Professor Anthony Harnden	18,000	18,000
Lord Philip Hunt	18,000	18,000
Professor Paul Knight	18,000	18,000
Ms Lara Fielden¶	-	12,000
Professor Deepa Mann-Kler‡	18,000	18,000
Dr Rajesh Patel	18,000	18,000
Dr Suzanne Shale‡	18,000	18,000
Miss Alison Wright	18,000	18,000

* Demitted as Council Member and Chair 31 July 2021.

† Appointed as Council Member in January 2021 and Acting Chair from 1 August 2021 and appointed chair from 1 May 2022.

‡ Appointed as a Council Member in 2021.

¶ Appointed as a Council Member January 2021, deceased August 2021.

Honoraria payments are permitted by the governing document of the General Medical Council, The Medical Act 1983, paragraph 17, schedule 1.

	2022	2021
Medical Practitioners Tribunal Service Committee members		
Dame Caroline Swift	97,657	93,286
Mrs Joy Hamilton	3,720	3,720
Professor Jacky Hayden	7,440	7,440
Gill Edelman (Gillian Gordon)*	3,720	564
Dr Tushar Vince [¶]	1,166	564
Dr Simon Mackenzie [†]	1,113	-
Dr Patricia Moultrie [‡]	-	3,156
Mrs Judith Worthington [‡]	-	3,156

* Appointed as MPTS Committee member 2021.

† Appointed as an MPTS Committee member 2022.

‡ Demitted as MPTS Committee member 2021.

¶ Appointed as MPTS Committee member 2021 and demitted in April 2022.

	2022	2021
Audit and Risk Committee co-opted members		
Elizabeth Butler*	-	1,473
Jon Hayes [†]	4,030	930
Kenneth Gill	3,255	2,945

* Demitted as ARC co-opted member 2021.

† Appointed as ARC co-opted member 2021.

	2022	2021
Investment Committee co-opted members		
Keith Mackay	2,945	2,170
Tim Scholefield*	-	620
David Stewart*	-	-
Michael Jennings [†]	2,480	620

* Demitted as IC co-opted member 2021.

† Appointed as IC co-opted member 2021.

	2022	2021
GMC Services International Ltd		
Dr Andrew McCulloch	310	-

18. Travel and subsistence expenses claimed in 2022

	2022	2021
Trustees		
Dame Clare Marx (Chair)*	-	-
Professor Dame Carrie MacEwen (Acting Chair) [†]	1,812	236
Mr Steve Burnett	2,840	732
Dr Vanessa Davies [‡]	1,395	706
Professor Anthony Harnden	555	184
Lord Philip Hunt	383	-
Professor Paul Knight	3,127	1,689
Ms Lara Fielden [¶]	-	-
Professor Deepa Mann-Kler ^{‡**}	5,133	2,878
Dr Rajesh Patel	1,631	942
Dr Suzanne Shale [‡]	431	-
Miss Alison Wright	-	-

* Demitted as Council Member and Chair 31 July 2021.

[†] Appointed as Council Member in January 2021 and Acting Chair from 1 August 2021.

[‡] Appointed as a Council Member in 2021.

[¶] Appointed as a Council Member January 2021, deceased August 2021.

^{**} Professor Mann-Kler is our Council representative based in Northern Ireland and as such incurs higher travel and subsistence expenses to carry out her responsibilities as a Council Member.

	2022	2021
Medical Practitioners Tribunal Service Committee members		
Dame Caroline Swift	25	463
Mrs Joy Hamilton	-	-
Professor Jacky Hayden	508	302
Gill Edelman (Gillian Gordon)*	-	167
Dr Tushar Vince [¶]	-	-
Dr Simon Mackenzie [†]	328	-
Dr Patricia Moultrie [‡]	-	-
Mrs Judith Worthington [‡]	-	-

* Appointed as MPTS Committee member 2021

† Appointed as MPTS Committee member 2022

‡ Demitted as MPTS Committee member 2021

¶ Appointed as MPTS Committee member 2021 and demitted in April 2022

	2022	2021
Audit and Risk Committee co-opted members		
Elizabeth Butler*	-	-
Jon Hayes [†]	278	241
Kenneth Gill	522	-

* Demitted as ARC co-opted member 2021.

† Appointed as ARC co-opted member 2021.

	2022	2021
Investment Committee co-opted members		
Keith Mackay	56	74
Tim Scholefield*	-	-
David Stewart*	-	-
Michael Jennings [†]	127	26

* Demitted as IC co-opted member 2021.

† Appointed as IC co-opted member 2021.

	2022	2021
GMC Services International Ltd		
Dr Andrew McCulloch	-	-

	2022	2021
Senior management team		
Charlie Massey - Chief Executive	4,903	1,118
Shaun Gallagher - Director of Strategy and Policy	3,982	1,355
Una Lane – Director of Registration and Revalidation	2,603	971
Colin Melville - Director of Education and Standards	3,906	392
Anthony Omo – Director of Fitness to Practise	3,769	-
Paul Reynolds - Director of Strategic Communications and Engagement	3,697	156
Neil Roberts – Director of Resources	7,491	2,164

Variations in expenses reflect that the trustees, committee members and the Senior Management Team live in different parts of the UK and are required to travel around the UK on GMC business, including to our offices in London, Manchester, Edinburgh, Belfast and Cardiff, and occasionally outside the UK.

Adjustments are also made for those with disabilities, which may mean that additional expenses are incurred for travel and accommodation according to specific needs.

Reference and administrative information

We are independent of UK government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the *Medical Act 1983*.

We are registered with the Charity Commission for England and Wales (1089278), and with the Office of the Scottish Charity Regulator (SC037750). We are not currently required to be registered separately with the Northern Ireland Charity Commission.

Our principal places of business are 3 Hardman Street, Manchester M3 3AW and Regent's Place, 350 Euston Road, London NW1 3JN. We also have offices in Belfast, Cardiff and Edinburgh; a centre for hearings, where the MPTS is based, at St James's Buildings, 79 Oxford Street, Manchester M1 6FQ; and a Clinical Assessment Centre, in 3 Hardman Square, Manchester M3 3EB.

Our trustees have a duty to act impartially and objectively, and to take steps to avoid any conflict of interest arising as a result of their membership of, or association with, other organisations or individuals. As trustees, members have a duty to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless authorised to do so. To make this fully transparent, we publish a register of members' interests on our website.

Day-to-day management of the organisation is delegated to the Chief Executive, Charlie Massey. You can read more about our governance and management arrangements from page 40.

We work with the Professional Standards Authority (PSA), an independent body, which is accountable to Parliament and scrutinises and oversees our work, together with other health and social care professional regulatory bodies in the UK.

Information requests

In 2022, we received 407 subject access requests under the General Data Protection Regulation (GDPR). This was an increase of 1.2% from 2021. The number of information requests we received under the Freedom of Information Act 2000 (FOI) in 2022 was 820. This was a 2.5% decrease from 2021.

We achieved 82.2% against our target of responding to 80% of subject access requests within the statutory timeframe. We achieved 85.6% against our target of responding to 90% of FOI requests within 20 working days.

Paying for goods and services

We paid 98% of valid and undisputed invoices within 30 days and did not pay any interest to suppliers due to late payment in excess of 30 days.

Professional advisers

Bankers	Royal Bank of Scotland 250 Bishopsgate London EC2M 4AA
Solicitors	The majority of our legal work is carried out by our in-house legal team.
Auditors	Crowe U.K. LLP 2nd Floor, 55 Ludgate Hill London EC4M 7JW
Actuary and pension scheme adviser	Aon Parkside House, Ashley Road Epsom Surrey KT18 5BS

Email: gmc@gmc-uk.org

Website: gmc-uk.org

Telephone: 0161 923 6602

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0161 923 6602 to use the Text Relay service

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