

General Medical Council

Annual Report 2023

Trustees' annual report and
accounts for the year ended
31 December 2023

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for the year ended 31 December 2023

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

2023

General
Medical
Council

About this report

Our trustees present this report and financial statement for the year ending 31 December 2023.

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 publication is available in Welsh on our website.](#)

[Mae'r cyhoeddiad hwn ar gael yn Gymraeg ar ein gwefan.](#)

Foreword

As it marked its 75th birthday in 2023, the NHS faced severe challenges. There remained a backlog from the pandemic, with waiting times in accident and emergency and general practice under scrutiny, and waiting lists for elective surgery climbing higher than ever. Prolonged periods of industrial action added to the disruption.

Workforce shortages, combined with unprecedented demand, put extraordinary pressure on services and those who work within them.

More doctors than ever before told us they were at risk of burnout, had taken hard steps to leave UK practice and, worryingly, were regularly finding it difficult to provide sufficient care to patients, as the pressure of working under strain took its toll. This highlighted an urgent need to improve working conditions to ensure the future sustainability of the workforce and, crucially, to safeguard patient care.

In June we published [The state of medical education and practice in the UK: workplace experiences report](#), which revealed sharp increases in work intensity, job dissatisfaction and the numbers of doctors feeling unable to cope. With doctors choosing to step away, reducing their hours or leaving UK practice altogether, a vicious cycle was intensifying pressure on colleagues with inevitable impacts on the provision of patient care.

As the independent regulator, it is our responsibility to promote patient safety and uphold standards of care, and in August we launched an updated version of our professional standards, [Good medical practice](#), in advance of it coming into effect in January 2024. The updated standards have a much-strengthened focus on professional behaviours and the importance of workplace culture. A number of new duties were introduced, and for the first time the standards set out that all doctors have

a responsibility to contribute to a respectful, fair, supportive and compassionate workplace culture.

While not a panacea for deep-rooted, systemic problems, we know that a good working environment for doctors can act as a protective factor against stress. Combined with compassionate leadership, it also means doctors should feel more able to speak up when things are going wrong: an essential safeguard for patients. The changes we made to *Good medical practice* are intended to help create cultures where all doctors feel valued, and feel the sense of belonging that we know results in better teamworking and better patient care.

A critical component of good workplace culture is inclusion. While internationally trained doctors have always made a significant contribution to our health services, UK-trained workforce diversity has increased dramatically over recent years. [The state of medical education and practice in the UK: workforce](#)

[report](#) showed that over half of new registrants in 2022 were doctors who graduated outside the UK.

During the year we improved our registration pathways to remove unnecessary bureaucratic barriers to doctors choosing to come and work in the UK. We increased our Professional and Linguistic Assessments Board (PLAB) exam capacity, revised our postgraduate qualification criteria and introduced digital ID checks. We also made our process for applying for specialist or GP registration more flexible. These steps have helped us welcome more talented doctors and allow them access to the opportunities they want, with significant benefits for patients.

Unfortunately, we know that international medical graduates, many of whom are from a Black or minority ethnic background, often have worse experiences than others at work and inclusive approaches to enhancing workplace should be seen as a priority.

Several significant projects were rolled out across the UK to raise awareness of the challenges international medical graduates face as they integrate into the UK medical workforce. We worked alongside devolved legislatures and stakeholders, showcased good practice and helped teams on the ground put support programmes in place. We also piloted sessions for supervisors to help raise awareness of the *Welcoming and Valuing International Medical Graduates* guidance we developed in collaboration with NHS England and other partners.

We also worked to tackle some of the structural problems that stand in the way of equality, diversity and inclusion (ED&I). We made encouraging progress against our targets, including those for fairer employer referrals and fairer training cultures, although there remains a long way to travel. We also

published a [regulatory fairness review](#), and made progress implementing changes in line with its recommendations before the end of the year, with work set to continue.

Sustained endeavour from all parties is required if we are to level the playing field. Without such effort, the retention challenge will not go away. We must enable talented doctors to flourish if we hope to retain them and not deprive patients of quality care.

While there are similar challenges and objectives across geographies, our offices in England, Northern Ireland, Scotland and Wales have national strategies designed to meet the needs of their workforce and patient community. This allows their outreach and engagement teams to drive positive changes that are meaningful in a national context. We held six UK Advisory Forums in 2023, two in each of the devolved nations. This long-established format allows us to consult with stakeholders on our policies, ensuring that they will deliver best results for patients and doctors across all parts of the UK's healthcare systems. 2023 also saw celebrations in Scotland as our national office there marked 20 years since it opened in the wake of devolution.

Looking to the future, it will be our responsibility to ensure that standards in medical education and training are maintained as ambitious plans to scale up numbers of medical students are delivered. We welcome innovative approaches from education providers that reflect the changing demands on our healthcare services and the changing composition of the workforce. Reforms to medical education and training will help us increase job satisfaction and career longevity, providing a more robust workforce to meet patient need.

We are also now on the pathway to regulatory reform, another overdue development. The legislation that governs how we work is 40 years

old, and while it has been modified in that time to accommodate developments such as Brexit or other practical matters, we are eager for the UK Government and the devolved legislatures to make more substantial changes that will allow us to regulate in a more modern, effective and compassionate way. Good progress towards reform was made in 2023, with the legislative Order for the regulation of physician associates (PAs) and anaesthesia associates (AAs) laid at the end of the year. We are now required by law to start regulating these groups from December 2024. We made known that we will use an alphabetical prefix for these professionals on public-facing registers, and provided reassurance that under regulation, doctors, PAs and AAs will be treated as three distinct professions. Regulation will maximise the benefit these professionals can bring to the workforce while ensuring good, safe patient care.

Regulatory reform will also allow for the modernisation of medical education and training. A more substantial, diverse and better supported educator workforce is urgently needed, and increased flexibility and innovation in training will benefit doctors and better meet the needs of patients.

Thanks to exceptional work from our people, our regulator, the Professional Standards Authority (PSA), once again confirmed that we met all standards in transparency, public protection, timeliness, and equality, diversity and inclusion. We advanced our internal ED&I work, and our corporate social responsibility agenda, focusing on sustainability, social mobility and community support. We shared our ambition to become a more compassionate regulator, improving the experiences of those interacting with us, and made further changes to our systems and processes with this goal in mind. As we discharge our responsibilities to

promote patient safety and public confidence in the profession, we must also ensure we play a positive role in society and the communities in which we operate. It is essential that we hold, and are held to, high standards.

Our health services face more challenging years ahead. Action is needed to find solutions to workforce problems and improve the workplace experiences of all doctors working in UK practice, wherever they work and wherever they have trained. We will continue to play our part but collaborative efforts are needed to ensure that patients can receive safe care of the highest quality, both now and in the future.



Charlie Massey

Charlie Massey
Chief Executive



Carrie MacEwen

Professor Dame Carrie MacEwen
Chair

Our role in the UK's healthcare systems

We are the independent regulator of doctors in the UK.

We work with doctors, patients and other stakeholders to support good, safe patient care. We set the standards doctors and those who train them need to meet, and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed.

How we promote good, safe patient care

- [We set the standards of patient care and professional behaviours doctors need to meet.](#)

We set the values, knowledge, skills and behaviours expected of all doctors working in the UK, and we support students, doctors and employers to understand and meet these standards.

- [We make sure doctors get the education and training they need to deliver good care.](#)

We approve undergraduate and postgraduate medical training in the UK, and the assessments medical students and doctors in training must pass. We do this by assessing all courses and programmes and by carrying out reviews and regular monitoring. We also talk to students, trainees and educators to hear about their experiences.

- [We check who is eligible to work as a doctor in the UK, and check they continue to meet the professional standards we set throughout their careers.](#) We do this by maintaining an official list called the medical register. When a doctor applies to join the medical register, we check

they meet our requirements to work in the UK and deliver good, safe patient care. To remain in practice, doctors must also continue to meet the professional standards we set, show that they are competent and show that they keep their knowledge and skills up to date. We check this through a process called revalidation, working with employers to make sure they have processes in place to manage doctors' appraisals or complaints about a doctor's practice, and asking them to confirm that doctors are working to the standards we set, and that they regularly review their own performance.

- [We investigate where there are concerns that patient safety, or the public's confidence in doctors, may be at risk, and take action if needed.](#) If serious concerns are raised with us about a doctor's behaviour, health or performance, we can investigate to determine whether patient safety, or the public's confidence in doctors, is at risk. As a result of our investigations, we may refer a case to [the Medical Practitioners Tribunal Service \(MPTS\)](#) for a hearing. MPTS tribunals make independent decisions about the cases we refer. They can suspend or restrict a doctor from carrying out their duties. In very serious cases, the tribunals may remove a doctor from the medical register, meaning they can no longer work in the UK. The MPTS 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 2022–2023](#). We are proud to have met all the 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**

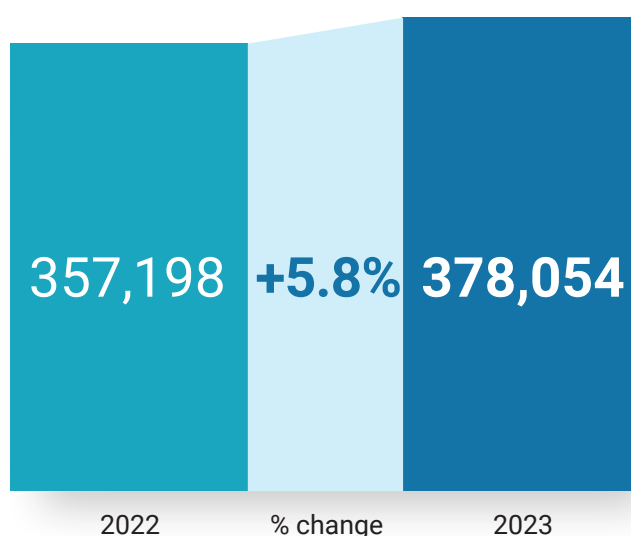
2023 at a glance



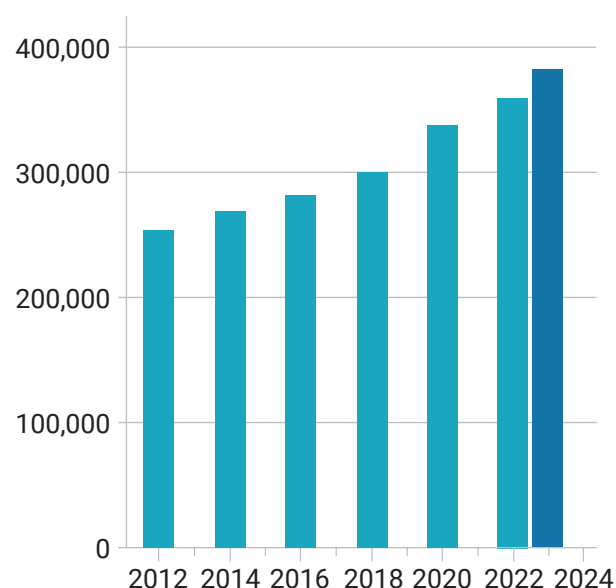
The medical register

All figures as of 31 December 2023 and 31 December 2022, unless otherwise specified.
Visit [GMC Data Explorer](#) to learn more about doctors' education and practice in the UK.

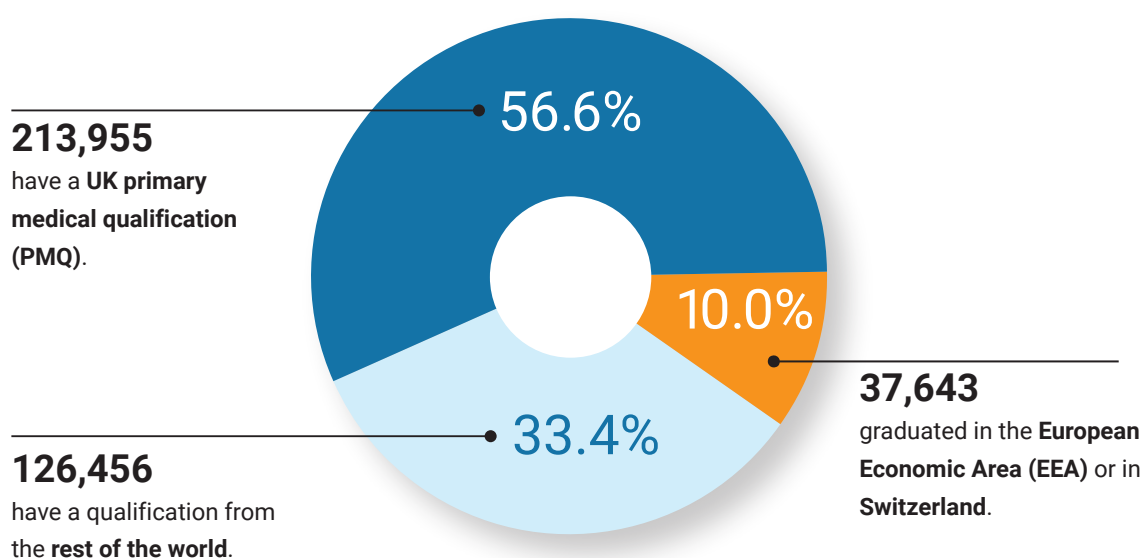
Total doctors on the register



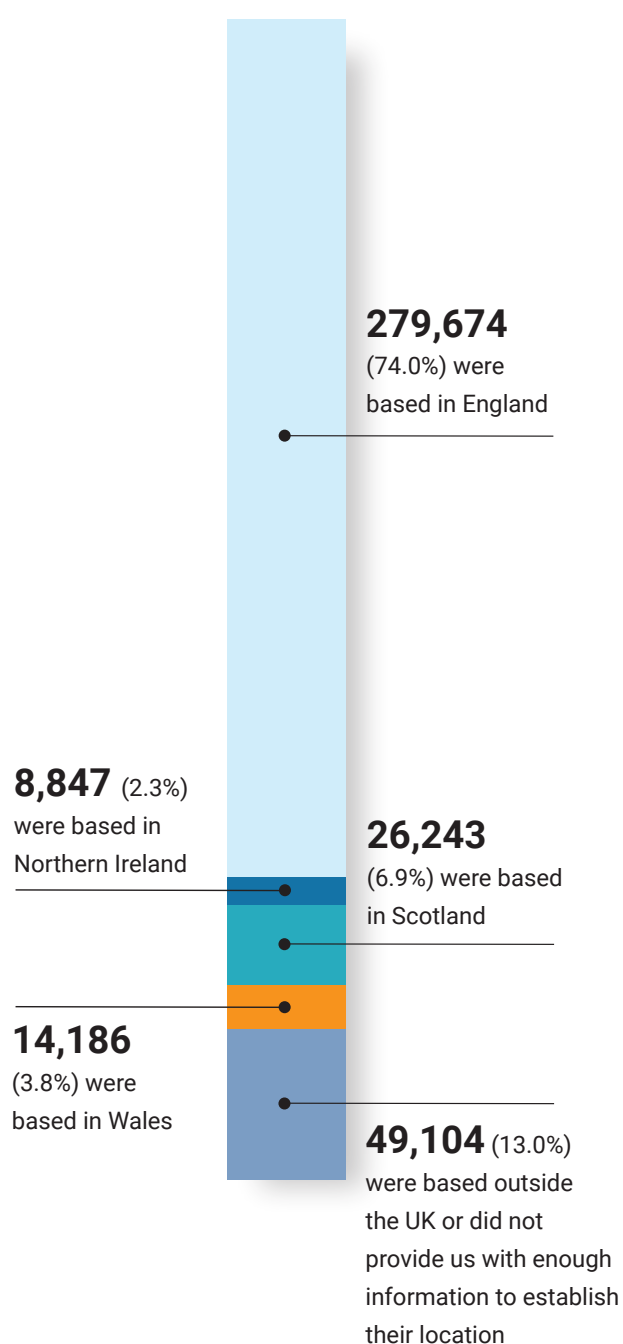
Growth in registered doctors 2012–2023



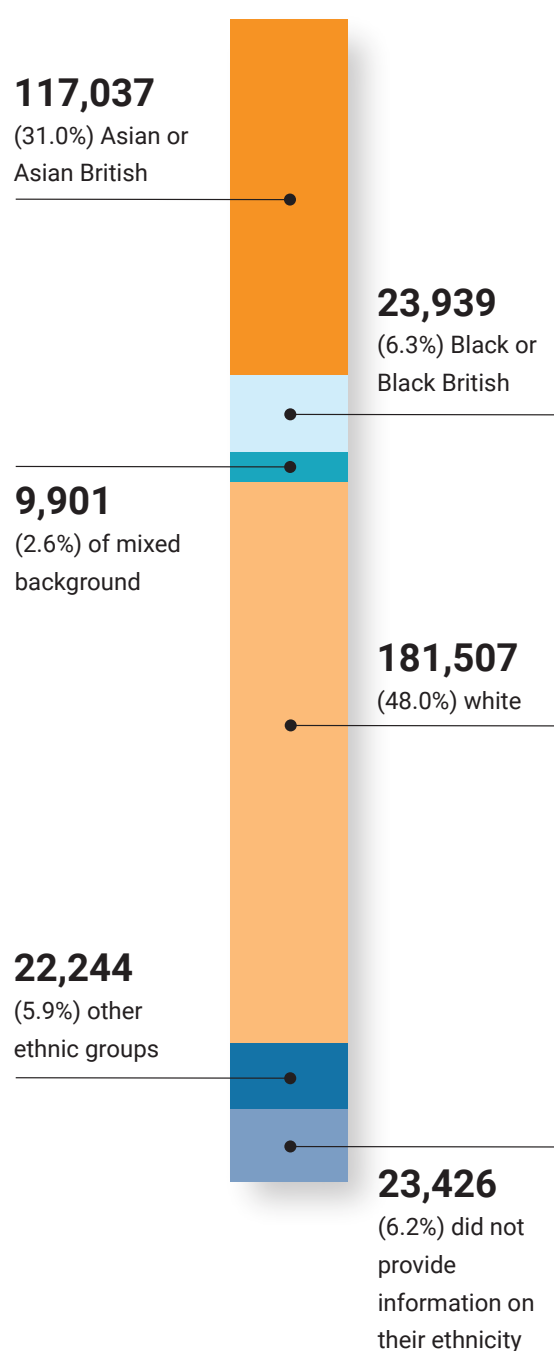
Where they graduated



Doctors on the register by location*



Doctors on the register by ethnicity

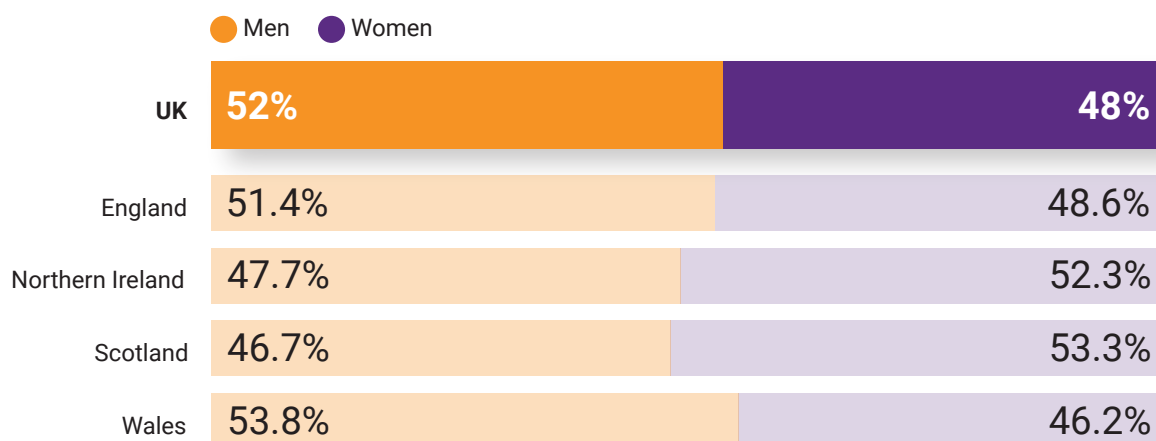


* The derived location of registered doctors is calculated using the following hierarchy:

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

80,562

Up 2.5% from 2022 (78,619) ↑

64,692 (80.3%) were located in England.

2,278 (2.8%) were located in Northern Ireland.

7,452 (9.3%) were located in Scotland.

3,289 (4.1%) were located in Wales.

2,851 (3.5%) either were located outside the UK or did not provide us with enough information to establish their location.

Total doctors on the Specialist Register

110,478

Up 2.9% from 2022 (107,327) ↑

83,735 (75.8%) were located in England.

2,721 (2.5%) were located in Northern Ireland.

8,366 (7.6%) were located in Scotland.

4,250 (3.8%) were located in Wales.

11,406 (10.3%) either were located outside the UK or did not provide us with enough information to establish their location.

In 2023, we granted:

26,969

applications for first
entry to the register.

That is up

26.9%

from 2022 (21,255).

8,301

(30.8%) were
from doctors
with a **UK PMQ**.

2,887

(10.7%) were
from doctors
who graduated
in the **EEA** or in
Switzerland.

15,781

(58.5%) were
from doctors with
a qualification
from **the rest of
the world**.



3,776

applications to join the
GP Register.

That is up

14.1%

from 2022 (3,309).

2,189

(58%) were from
doctors with a
UK PMQ.

219

(5.8%) were
from doctors
who graduated
in the **EEA** or in
Switzerland.

1,368

(36.2%) were
from doctors with
a qualification
from **the rest of
the world**.



5,316

applications to join the
Specialist Register.

That is up

10.8%

from 2022 (4,799).

3,233

(60.8%) were
from doctors
with a **UK PMQ**.

754

(14.2%) were
from doctors
who graduated
in the **EEA** or in
Switzerland.

1,329

(25%) were from
doctors with a
qualification
from **the rest of
the world**.



Professional and Linguistic Assessments Board

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

21,916

candidates took PLAB 1 in 2023, a 51.5% increase on 2022 (**14,470**).

15,781 (72%) passed the exam.

PLAB 2

15,702

candidates took PLAB 2 in 2023, a 16% increase on 2022 (**13,533**).

9,884 (62.9%) 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 2023 we received

56,254

recommendations for revalidation.*

48,026 of the recommendations were submitted by designated bodies located in **England**.

1,645 were submitted by designated bodies located in **Northern Ireland**.

3,955 were submitted by designated bodies located in **Scotland**.

2,443 were submitted by designated bodies located in **Wales**.†

47,933

doctors were revalidated in 2023.

40,564 were located in **England**.

1,364 were located in **Northern Ireland**.

3,371 were located in **Scotland**.

2,101 were located in **Wales**.

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

We made decisions on

98.5%

of the total recommendations we received in 2023 **within 5 working days** from when we received them, **exceeding our target of 95%**.

7,160

We approved **deferral of revalidation submission dates** for 7,160 doctors.

582

We **withdrew the licences** of 582 doctors on our register through failure to revalidate.‡

* Doctors can receive more than one recommendation.

† The remaining 185 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:

23,031

doctors in 672 sessions and

That is up
3.7% ↑
from 2022 (22,210).

13,167

medical students in 114 sessions across the UK.

That is up
7.9% ↑
from 2022 (12,205).

79% of doctors said they would **change their practice** as a result of the session.

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 **296 Welcome to UK practice workshops** in 2023, involving **10,575 doctors** – up **19.8%** from 2022 (**8,829**).

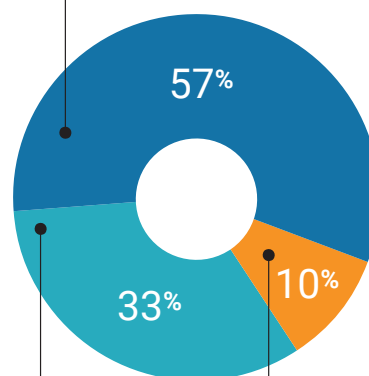
Our standards enquiry team answered:

465

enquiries about our guidance.

That is up
5.4% ↑
from 2022 (**440**).

57% of the enquiries were **from doctors** (2022: 52%)



33% from **members of the public** (2022: 34%)

10% were from **others**, including staff from professional organisations, students and the police (2022: 14%).

Our employer liaison advisers held

1,222

meetings with responsible officers.

They also provided fitness to practise advice in relation to

2,417 doctors.

Overseeing medical education and training

Quality assurance

We regulate all stages of a doctor's undergraduate and postgraduate education and training, setting standards and carrying out **quality assurance (QA)** work to make sure these are maintained.

Through our **proactive quality assurance** process, we check that medical schools and postgraduate training organisations are continuing to meet our standards and we look for innovative and notable practice in medical education and training. We also decide which organisations can award a UK primary medical qualification. To do this, we QA all institutions looking to establish a new medical school or programme to ensure our standards are met.

Our **reactive quality assurance** processes promote and encourage local management of concerns about the quality and safety of undergraduate medical education and postgraduate training, through which emerging issues affecting education and training environments can be raised and monitored.

If the issues are not resolved or worsen, cases can be escalated into our **enhanced monitoring process**, which we use to address serious concerns where additional support is required.

In 2023 we carried out

246

education QA visits.

That is down

4.7%

from 2022 (258).*



186 of the visits were in **England**.

13 of the visits were in **Northern Ireland**.

24 of the visits were in **Scotland**.

23 of the visits were in **Wales**.

190 were **QA visits to medical schools, or clinical environments** where medical education and training take place.
56 were **enhanced monitoring visits**, promoting the local resolution of concerns about postgraduate training.

From our QA visits, we found:

64 areas of **good practice or working well**.

28 areas where our **standards were met**, but where we **identified improvements** that could be made.

9 areas that **required improvement**.†

As a result of our enhanced monitoring visits:

8 cases relating to postgraduate education **were escalated to our enhanced monitoring process**.‡

16 cases escalated previously **were resolved**.§

* We always carry out a minimum of one education QA activity per organisation per year. Sometimes we make follow-up visits in some organisations, which are counted in our totals; we also don't undertake QA visits in organisations while they're affected by industrial action, which happened several times during 2023. This inevitably leads to statistical variation in the number of QA activities we carry out from one year to another, including small declines, as is the case this year.


† 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). Here, we only report on the number of areas found to be particular examples of good practice, ie. working well, or areas requiring improvement or where improvement is recommended. The figures on findings reported here therefore won't necessarily match the total number of visits we carried out.

‡ Enhanced monitoring cases usually concern a specific unit or department in a local education provider (LEP). Monitoring may relate to more than one concern in the same LEP, and a concern under monitoring may affect more than one unit, or an entire trust or health board.

§ Like with QA visits, not all enhanced monitoring visits result in escalation or de-escalation - in some cases the visits focus on monitoring progress towards the resolution of issues that had previously been escalated. The total number of visits therefore won't necessarily match the number of new or open cases or of cases whose status has changed during the year.

Supporting the people we serve

In 2023, we received
1,566
 complaints about our service.

This is an
18% 
 decrease on 2022 (1,916).

In 2023 our patient liaison service held **273** meetings with patients who had raised a concern with us.

93.3% of those who responded to a survey after attending a patient liaison meeting were satisfied or very satisfied with the patient meeting experience.

90% agreed or strongly agreed that patient liaison staff showed empathy for their situation.

90% agreed or strongly agreed that the meetings helped them to understand what action the GMC could take.

86.7% agreed or strongly agreed that they were satisfied that their concerns had been understood during the meeting.

Our contact centre answered

152,320

calls and

105,378

emails or letters.

76.1%

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

23.9%

from members of the public and others.

The contact centre also handled

34,502

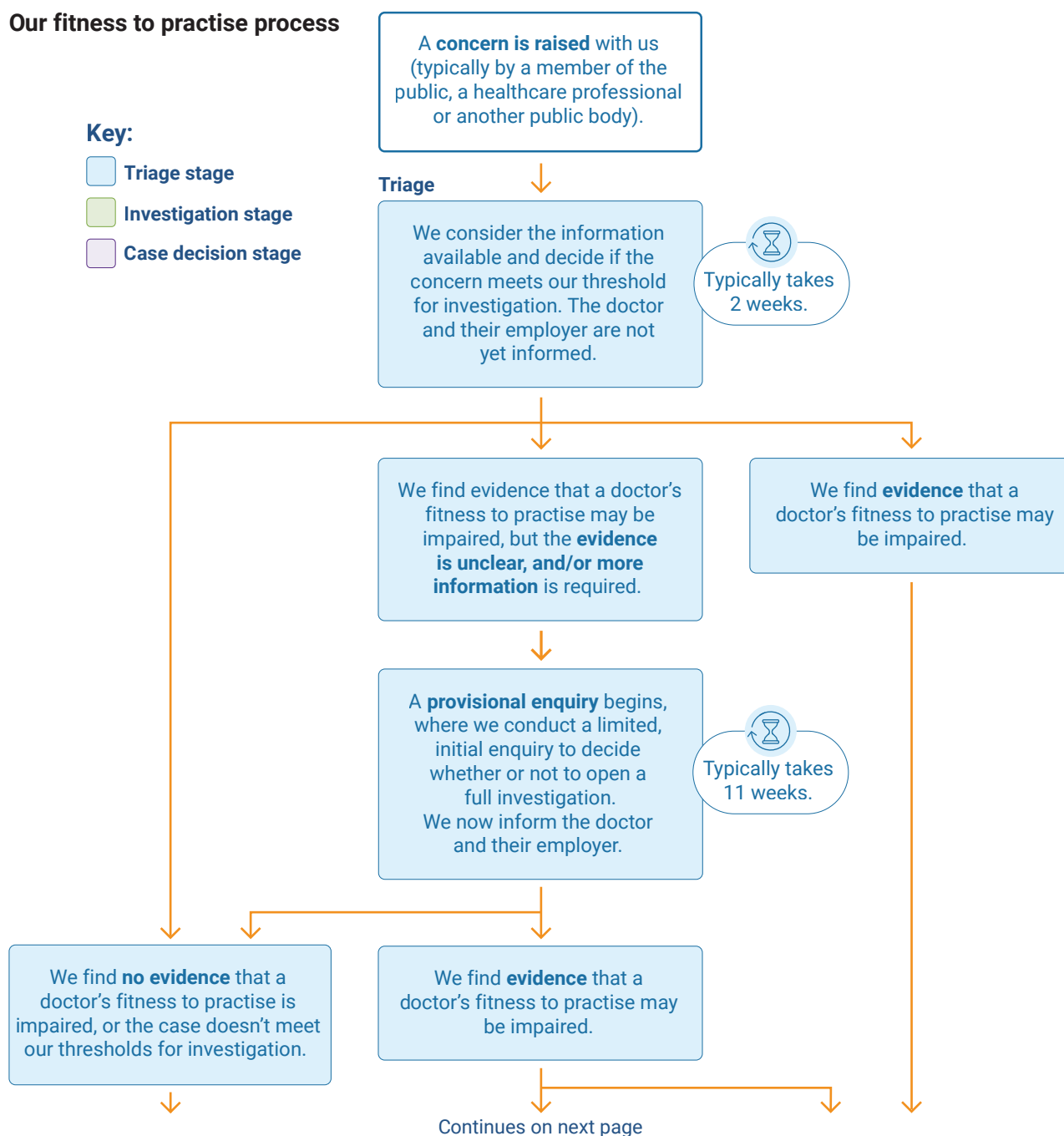
webchat sessions.

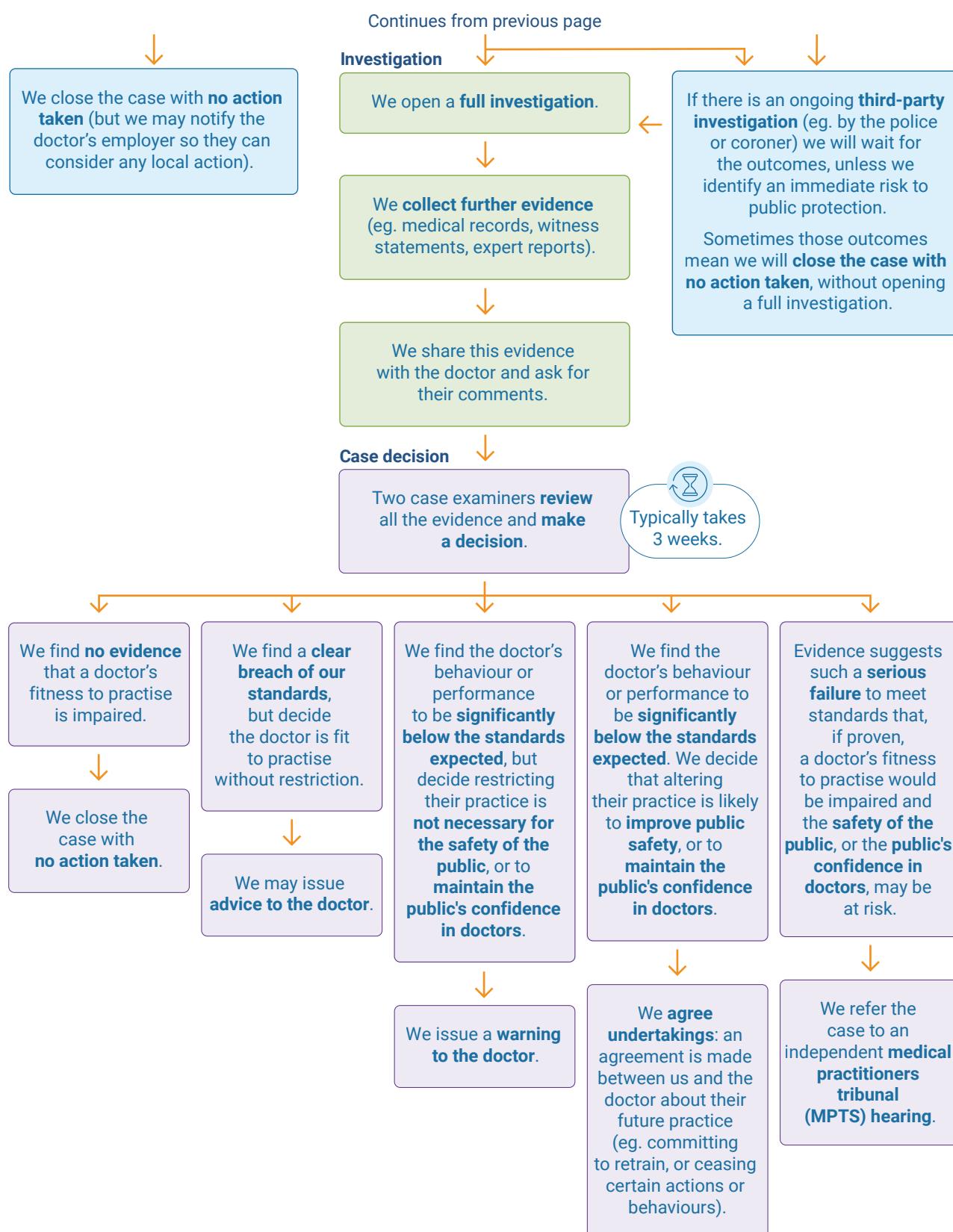


Investigating and acting on concerns

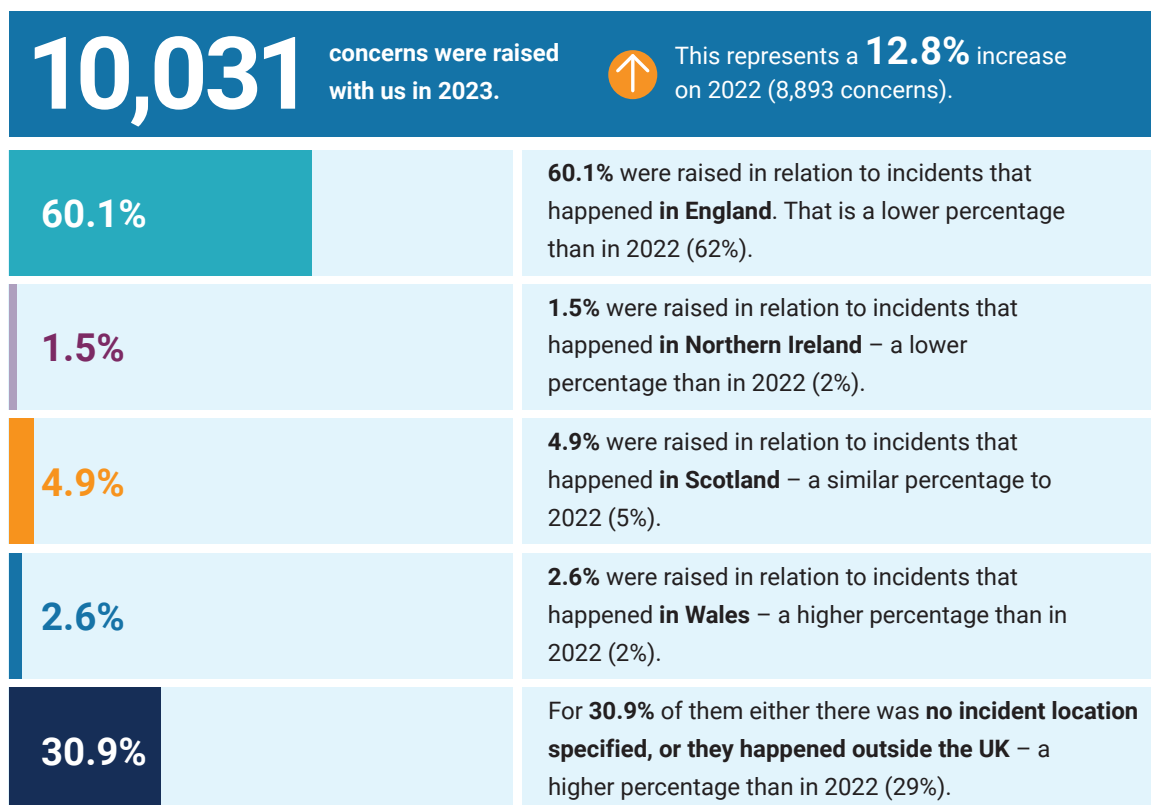
One of our key roles as a regulator is to investigate and act on concerns raised with us about the workforce and a doctor's fitness to practise. We break this process down into three stages, which we call 'Triage', 'Investigation' and 'Decision'. We usually reach 'Decision' within six months, but the length of each stage depends on a range of factors and consequently, in some cases, the process can take a number of years. You can find out more about this process via our [How we investigate concerns](#) webpages.

Our fitness to practise process

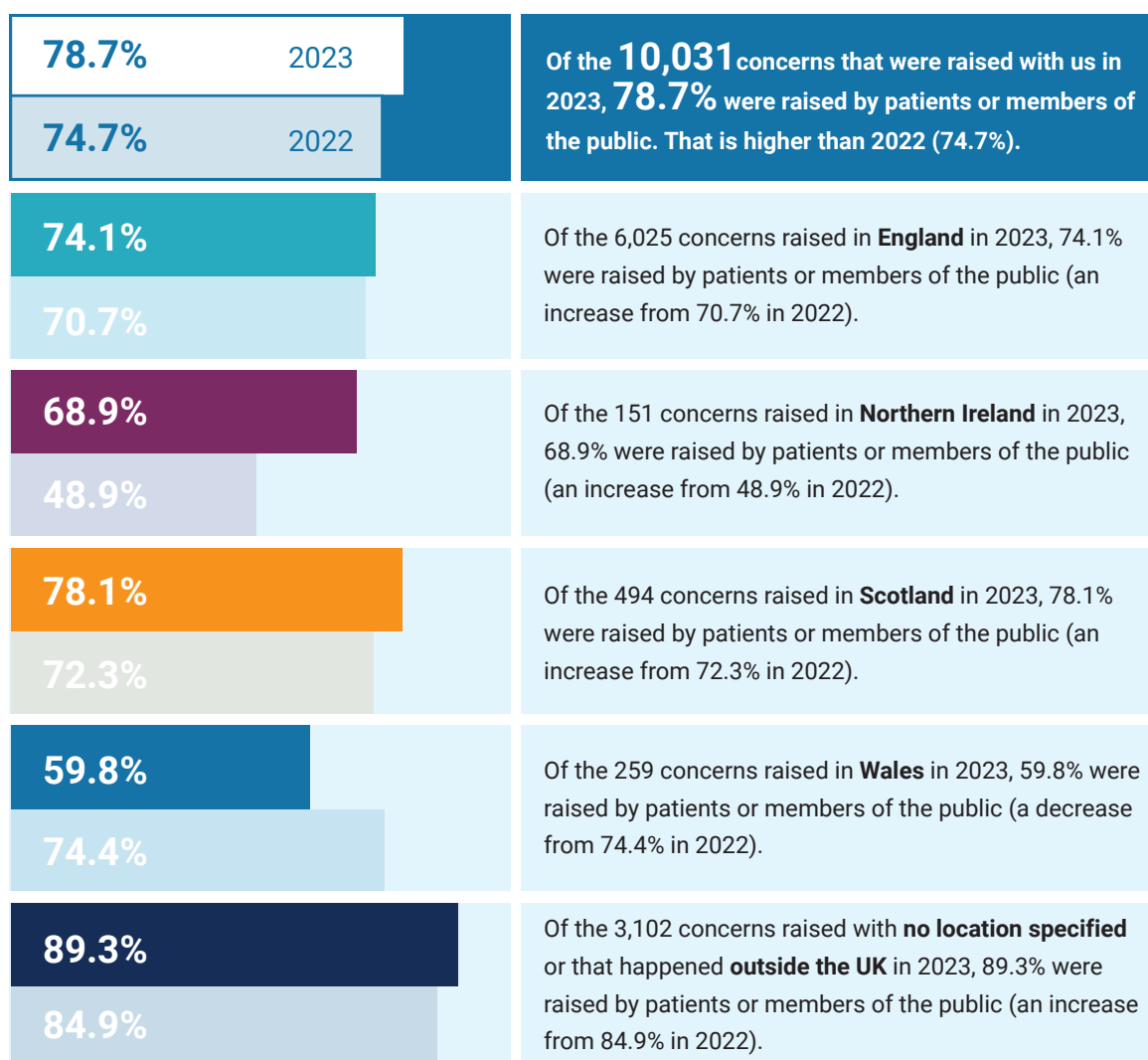




Concerns raised about registrants



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 doctors.

Provisional enquiries

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.

490

(4.9%) of the concerns we received in 2023 were **considered under provisional enquiry**.



That is lower than the percentage in 2022 (5.4%).

389

of these (79.4%) referred to concerns raised by **members of the public**.



That is higher than the percentage in 2022 (78.4%).

In

419

cases (85.5%) we closed the provisional enquiry with **no action**.

In

53

cases (10.8%) we **progressed the case to investigation**.

In

18

cases (3.7%) the provisional enquiry was **still open** as of 04 March 2024.

Investigations opened in 2023

814

(**8.1%**) of the concerns we received in 2023 met our **statutory threshold for investigation**.



That is a lower percentage than in 2022 (**8.9%**).

225

(**27.6%**) of these referred to concerns raised by **members of the public**.



That is a higher percentage than in 2022 (**22.1%**).

Outcomes of investigations concluded in 2023

51%

429 of the investigations we concluded in 2023 were **concluded with no action**.

24.9%

In 210 cases we **referred the case to the Medical Practitioner Tribunal Service**.

10.7%

In 90 cases we **issued warnings**.

8.8%

In 74 cases **the doctor agreed undertakings**.

4.6%

In 39 cases we **issued advice**.

Outcomes of Medical Practitioners Tribunals Service tribunals

In 2023, the Medical Practitioners Tribunal Service held a total of **250** tribunals.

43.6%

In 109 cases the tribunal **suspended** the doctor who had been referred to the tribunal.

24%

In 60 cases the doctor was **removed from the register**.

19.6%

In 49 cases the tribunal found **no impairment**.

6%

In 15 cases, while the tribunal found no impairment, it **issued a warning**.

5.2%

In 13 cases the doctor had **conditions put on their practice**.

0.8%

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

0.8%

In 2 cases the doctor's practice was found to be impaired but **no further action was taken**.

0%

There were no cases where the doctor agreed to undertakings.

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

In 2023 we made **2** appeals, compared to **10** in 2022. **1** appeal was successful and **1** appeal was outstanding as of 31 December 2023.

Delivering our strategy



Our strategy 2021–25

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



Where we want to be by 2030

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

In November 2020, we published our [2021–25 corporate strategy](#). As widely documented, the

post-COVID challenges facing our healthcare systems were exceptional. Therefore, whilst we considered the ambitions we originally set as part of our strategy to be relevant during the pandemic, we carefully assessed how we could deliver against them, deliberately targeting our resources at fewer strategic priorities and activities.

Progress in 2023

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

Below is a summary of the key activities we have undertaken in 2023 in support of our strategic goals.

Updating *Good medical practice*

In August 2023, we published an updated version of [Good medical practice](#), the professional standards for doctors across the UK, followed by more detailed guidance in December. The standards are fundamental in supporting doctors to practise effectively and underpin the standard of care patients receive. They will also apply to physician associates (PAs) and anaesthesia associates (AAs) once these professions come under our regulation.

To develop *Good medical practice*, we ran our biggest ever consultation on the professional standards, listening to and acting on feedback from thousands of healthcare professionals, patients and others supporting the UK's health services. We were also guided by findings from public inquiries, our own and others' research and data, and other developments in healthcare.

These sources highlighted a range of issues that are highly relevant to patient care, medical practice and professional standards. These included the negative impact that poor workplace environments and cultures have on patient safety and doctors' wellbeing, and the prevalence and damaging impacts of bullying, discrimination, harassment and sexual misconduct in healthcare.



As a result of this engagement and collection of insights, the changes we made strengthen expectations of doctors in key areas such as leadership, addressing sexual misconduct and other unprofessional behaviours, and multidisciplinary teamworking. The updated standards have a stronger focus on behaviours and values which create respectful, fair and supportive workplaces. These types of environments enable good teamwork, they make everyone feel safe to speak up and they empower doctors to provide good patient care.

To accompany the changes, our outreach teams have run briefing sessions for thousands of doctors, educators, responsible officers and medical students across the UK and have developed resources specifically designed to help tackle discrimination and create compassionate cultures. In the longer term we'll be looking for opportunities to embed the revised professional standards into medical education and continuing professional development across a professional's career, and to work in partnership with others (such as regulators, employers and professional bodies) to influence culture and practice.

Regulatory reform

We have continued to work closely with the UK Government on its 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 doctors' and patients' needs and help us achieve our 2030 vision to be an effective, relevant and compassionate regulator.

The first step in the reform sees us becoming a multiprofessional regulator, responsible not only for doctors but also for PAs and AAs across the UK. The legislation required for this change was laid at the end of 2023 and has since passed. In line with the new duties placed on us by this legislation, our governing document and charitable objects will be changing, in relation to our registration as a charity in England, Scotland and Wales, as required.

Bringing PAs and AAs under our regulation will make sure these professionals have the knowledge and skills to work safely in the UK. It's important that patients understand the difference between doctors, PAs and AAs, so our published registers will make it very clear which profession an individual is registered to practise. We'll also use a different format for doctors', PAs' and AAs' GMC reference numbers. To prepare for the change, we have designed detailed regulatory processes for registration, education and fitness to practise for these professions. PAs and AAs will come under our regulation in December 2024, following a consultation on the rules, policies and guidance as the basis of our regulation of these professions.

The Medical Licensing Assessment

We continued the work to introduce the Medical Licensing Assessment (MLA), a new assessment framework designed to test the core knowledge, skills and behaviours of doctors who want to practise in the UK. This involved extensive engagement with medical schools and the Medical Schools Council. From the 2024-25 academic year onwards, students at UK medical schools will need to pass MLA-compliant assessments as part of their degree before they can join the medical register. The assessments will test their applied medical knowledge through a national test, set and delivered by medical schools and overseen by the GMC, and their clinical and professional skills. The topics to be assessed are set out in our [MLA content map](#).

Throughout 2023 we collected and reviewed submissions and evidence from medical schools, to check whether they met our MLA requirements. Our Professional and Linguistic Assessments Board (PLAB) test for international doctors will also become compliant with these requirements during 2024.

Through the introduction of the MLA, students at UK medical schools and international doctors will take tests that draw from the same topics and meet the same requirements. This will improve consistency in what we expect of doctors new to the medical register, by testing whether they demonstrate the core knowledge and skills necessary for safe practice.

Improving and expanding registration processes

We are seeing unprecedented numbers of doctors who graduated outside the UK registering with the GMC: in 2023 we granted registration to just under 19,000 internationally qualified doctors, compared to around 8,300 UK graduates. We have continued to work on expanding our registration pathways in response to demand.

In our registration exam, just under 22,000 doctors sat part 1 and over 15,500 sat part 2, an increase of over 7,000 and 2,000 places respectively compared to 2022. We have revised our criteria and streamlined pathways to accept international postgraduate qualifications or exam passes from more than 30 countries. By improving flexibility for UK specialty and associate specialist (SAS) doctors and international specialists applying for specialist or GP registration, we estimate an average reduction of around 20% in the evidential burden on applicants. We also implemented digital ID checks for doctors applying for registration, streamlining our routes to registration and reducing barriers for non-UK qualified doctors joining the medical workforce.

Data, research and insight

As part of our work, we 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.

The 2023 edition of our [The state of medical education and practice in the UK: workplace experiences report](#) shares concerning data about doctors' working lives and the challenges to

providing care to patients. It outlines immediate actions that can be taken to improve patient care and doctors' experiences. The report describes approaches to building virtuous cycles of workplace improvement which can provide a strong sense of belonging and help doctors feel better supported and more valued. Key findings and messages from this report have influenced wider policy considerations on workforce, specifically retention, and we hope it will continue to inform important national and local workforce discussions.

Our [The state of medical education and practice in the UK: workforce report](#) highlighted that the UK will remain reliant on the skill and expertise of international medical graduates into the foreseeable future. It also showed that the number of locally employed doctors is growing much faster than the number of SAS doctors, and that pathways through specialty training are less linear and rigid – which has advantages for healthcare systems and doctors. Through our outreach teams we have identified a number of areas where SAS doctors could be better supported to achieve their full potential, including recognition of the SAS role and access to appropriate development and progression, for example onto the Specialist Register. As a result, we have developed a range of SAS-specific materials for our training sessions, as well as wider materials for all doctors looking at how to create workplaces that are inclusive to all.

We hope these insights will assist policy makers and healthcare leaders from all four countries of the UK achieve the shared ambition of developing a sustainable workforce.

Equality, diversity and inclusion

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

[In 2021, we established targets](#) to eliminate disproportionate fitness to practise referrals in relation to ethnicity and origin of medical qualification by 2026. We also aim to eliminate discrimination, disadvantage and unfairness in medical education by 2031.

Our focus on this intensified during 2023 as we embedded the lessons learnt from the pandemic. Our ongoing monitoring shows we've made good progress on most of our measures, although there is still some way to go. We know the extent of the challenge ahead but our commitment remains as we continue to work to achieve these targets.

Throughout the year, we also continued to work on implementing the recommendations from a [review of regulatory fairness](#) that we conducted in 2022. We have been working on identifying which of our regulatory decisions have high impact and the new regulatory decision-making principles that will apply to those decisions. To support our people, we have developed a set of escalation principles to enable a culture of professional curiosity, where colleagues feel they can challenge decisions or raise concerns about a case at the earliest opportunity, and we have worked with external partners to design and deliver learning for decision makers and improved induction learning for new staff.

We have also continued to work with partners to help make sure local investigation processes are fair and consistent, capturing examples of good practice in local complaint handling, and exploring how we can share these to encourage organisations to embed them in their own local processes.

Investing in our people

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

- making improvements to the diversity of our workforce across the organisation, including the introduction of our inclusion programme for managers
- working towards *Investors in People* Gold accreditation
- strengthening our activities to embed the GMC behaviours framework, including the launch of an eLearning module on professional behaviours.

Our plans for 2024 and beyond are summarised in our [business plan](#).

Highlights from across the UK





Our outreach teams engage directly with doctors, students, employers, educators and other stakeholders to support the delivery of good, safe patient care.

The strong local relationships they build allow us to promote good practice and to influence positive, constructive change, for doctors, patients and other stakeholders in the UK's healthcare systems.

The teams include regional or national liaison advisors, employer liaison advisers, senior advisors, operational coordinators and assistants, business and project managers, and 30 associates working across England, Northern Ireland, Scotland and Wales.

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 considered separately, so that productive relationships and engagement happen at the right level, through teams of a manageable and effective size.

In particular, the teams:

- train doctors and students on the professional standards and how to apply them
- advise clinicians, responsible officers, employers and others on promoting positive leadership and culture and protecting wellbeing in the workplace
- support responsible officers and others on improving the quality of referrals, and on promoting good clinical governance more generally, including the fair and effective local resolution of concerns
- work closely with colleagues responsible for overseeing education to check that the standards for education and training are met, and to address challenges in training environments when these emerge.

This external engagement builds positive relationships across our healthcare systems, helping also to improve perceptions of who we are and what we do, fostering trust in our work.

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 2023. 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 good, safe patient care and improving work environments for doctors and those who work with them.

England

Supporting doctors who graduated outside the UK

Doctors who gained their medical qualification abroad ('international medical graduates') are among the fastest growing groups of professionals on the UK medical register, and hospital trusts often rely heavily on the skills and experience these doctors bring to our healthcare systems.

These doctors also face many unique challenges when they join our workforce, from the differences in how various cultures give and provide feedback, to some of the unwritten rules of workplace culture. It is therefore vital that we provide them with the support they need and help make sure the environments they work in allow them to flourish and provide high-quality patient care.

During 2023, our outreach teams across England did significant work to increase our engagement with this important group of doctors and their employers.

In London, our team worked closely with various trusts to help strengthen the support they provide for doctors with international qualifications. For example, the team helped identify eligible doctors to take part in a very comprehensive induction programme in north-west London, and to make sure those doctors have access to one of our *Welcome to UK Practice* workshops as a standard part of their induction. The induction covers topics ranging from NHS structure and function, handover and referral practices, to communication skills, pastoral support and quality improvement. The sessions also have the added benefit of enabling doctors new to UK practice to quickly build a strong peer network.

The team also worked closely with consultants whose job it is to supervise doctors new to UK practice. In September and October, they piloted sessions for supervisors to help raise awareness of the *Welcoming and Valuing International Medical Graduates* guidance we developed in collaboration with NHS England and other partners, and to enhance supervisors' ability to support these doctors effectively so they can thrive within their trust and specialty.

“Given the changing face of the UK medical workforce, it is crucial that our supervisors have access to 'top-up' training to enhance their skills and knowledge in supervising and supporting international medical graduates. It was great to work with the GMC to develop a bespoke workshop and deliver a pilot session to enthusiastic educators in London, which I hope will enhance the learning and training experience of international medical graduates, and reduce differential attainment, incivility, excessive GMC referrals, and barriers to career progression.”

Professor Sujesh Bansal, Consultant Anaesthetist and Honorary Clinical Professor at Manchester Academic Health Science Centre, who helped organise the sessions

88% of participants rated these pilot sessions as 'very good', with anecdotal feedback from supervisors describing it as a 'fantastic' and 'excellent' session that was particularly helpful in providing them with a better understanding of cultural preferences and expectations, as well as possible communication challenges.

Elsewhere in the south of England, our outreach team has been considering the findings of our [Fair to refer? report](#), which examined the possible impacts and outcomes for doctors who graduated outside the UK when they are not given effective inductions upon joining UK practice for the first time. The report evidenced that lack of support systems and awareness of the NHS is associated with higher rates of referral to the GMC.

In 2023 the team worked with four trusts in south-west England to help new doctors who graduated abroad adapt to practice in the UK and confidently provide good, safe patient care from the start of their experience here. Working with recruitment leads, and using our data on where these doctors have joined the workforce, the team delivered a series of tailored workshops at each trust to bolster the trust's existing local induction, aiming to embed the standards we set as early as possible with new starters.

In approaching this work, the team made targeted efforts to address the specific needs of different cohorts of doctors who graduated outside the UK and their employers. For example, where hospitals predominantly recruit in late summer, they targeted August inductions to reach new clinicians as soon as possible. While in hospitals where doctors were joining at various points in the year, and had therefore already had some introduction

to UK practice, they established quarterly sessions. In addition, at Royal Cornwall they engaged with doctors on the GP training scheme, using patient safety case studies to demonstrate how the professional standards we set can be applied in specific situations.

“Today's session brought a more positive outlook for me. It shows the GMC cares about how doctors care for patients.”

Session participant

Similarly, in the north of England our outreach team worked closely with the NHS England North international medical graduate network to run sessions for doctors who qualified abroad, aimed at helping them understand our responsibilities as a regulator, and our role in supporting doctors in delivering good, safe patient care.

The sessions provided an overview of our role, as well as detailed information and data on our fitness to practise process. They also explored with participants the updated version of *Good medical practice*, the professional standards for all doctors in the UK, and heard of many unacceptable examples of racism and discrimination that participants had already experienced in the short time they had worked in the UK.

All the sessions were well received by participants and their employers, and as usual, this work also helped the team develop fruitful contacts that will enable us to expand the reach of our support in this area in the future.

“I’m less anxious about any significantly increased risk of losing my licence because I am an international medical graduate.”

Session participant

“I will make more time for reflection and take consideration of some of the reasons for GMC referrals in my day-to-day practice.”

Session participant

Our ambition is that all doctors coming from abroad to join the medical workforce are welcomed and supported throughout their journey in UK practice.

Responding to concerns regarding lack of consent for intimate examinations

Consent during anaesthesia

Since 2022, our East of England regional liaison adviser (RLA) has been delivering professionalism sessions for year four medical students at the University of East Anglia and Anglia Ruskin University. As part of a session on the topic of consent, our RLA included a case study from her own experience as a medical student 20 years earlier, where she had been expected to perform intimate examinations on anaesthetised patients without having gained proper consent prior to the procedure.

During the discussions, it became clear that students at both universities had also been put in the same situation, 20 years later. Whilst some students had refused, others had felt pressurised to perform the intimate examinations.

We immediately raised this issue with the professionalism leads at both universities, who in turn contacted the teaching hospitals in question together with a copy of the standards in relation to intimate examinations and chaperones, and a copy of the university’s own guidance.

We also ran consent workshops with maternity staff at the teaching hospitals, to reinforce what is expected when supervising medical students.

Our outreach team has since worked closely with our education policy team to develop a bespoke communication on the matter, which has now been shared with all medical schools in the UK. The communication reiterated the standards expected of doctors regarding intimate examinations and consent, and how these would also be updated in new guidance on intimate examinations and chaperones coming into effect in January 2024.

Consent during maternity care

We also received a request for assistance from a trust that had received several patient complaints about consent during maternity care. One accusation of assault had already been taken to the police.

In response, our RLA designed a tailor-made two-hour workshop on consent for doctors working in obstetrics and gynaecology at the trust. The session has since been delivered at four hospitals to an audience of over 100 doctors.

In addition to covering the standards expected of doctors, the workshop references current medical literature as well as guidance from the Nursing and Midwifery Council (NMC), Royal College of Obstetricians and Gynaecologists, the National Institute for Health and Care Excellence, and the UK Government's Department of Health and Social Care. It also includes case studies demonstrating how consent should be approached in different scenarios, such as consent for intimate examinations, patients in labour, and patients who disagree or change their mind.

These workshops have been very popular and have generated a lot of discussion, and in feedback surveys 99% of doctors said that they would change their practice as a result of the activity. We are now expanding the delivery of these sessions and will be sharing the approach with all our RLAs across the UK so that they can consider delivering similar sessions with the providers in their areas.

Northern Ireland

Helping doctors challenge unprofessional behaviour

The standards described in *Good medical practice* highlight that doctors have a responsibility to challenge the unprofessional behaviour of colleagues.

How to do this effectively and successfully is at the core of our *Professional Behaviours and Patient Safety* workshop, which we rolled out in Northern Ireland in 2023.

The sessions aim to support doctors and employers in considering the impact of unprofessional behaviours on patient safety, personal wellbeing and workplace culture, and to develop their skills and confidence in challenging such behaviours.

The training programme is inspired by [‘cup of coffee’ intervention research conducted by Vanderbilt University](#), which has shown that the majority of healthcare professionals tend to improve their behaviour after just one informal intervention conversation.

The half-day interactive workshop uses case studies and role-play to help participants:

- define and identify unprofessional behaviours in practice
- reflect on their own behaviours and responsibilities
- understand the harmful impact of unprofessional behaviours on patient safety
- develop individual and practical skills to challenge unprofessional behaviours in the workplace.

The first sessions, held in September, were delivered in collaboration with the NMC, involving doctors, midwives and human resources colleagues at the Southern Health and Social Care Trust. We then ran a session at the Belfast Health and Social Care Trust, in October, involving a group of senior doctors at the trust.

Attendees commented that the 'pioneering' workshop gave them the opportunity to reflect on their practice, and develop skills to tackle unprofessional behaviours in clinical settings.

“The workshop was very engaging and the facilitators were very personable and were able to bring things to life with examples. I am now more self-aware and have greater insight of my behaviours and their impact on others.”

Session participant

Working with NMC colleagues to deliver the workshops with multidisciplinary teams, and working with medical leaders, has also highlighted and strengthened the positive impact that collaboration across professional groups can bring. Following the success of these first sessions, we are planning to roll the programme out further across other Health and Social Care Trusts in Northern Ireland during the course of 2024.

Scotland

Celebrating 20 years of our Scotland office

This year we celebrated the twentieth anniversary of the establishment of our team and our office in Edinburgh. Created in 2003 in response to devolution, the team helps us to better understand and support doctors, patients and other healthcare stakeholders in the country.

Our outreach team, and colleagues responsible for quality assuring medical education, work with organisations in Scotland's healthcare system to support doctors to practise to the standards we set and manage concerns at a local level. They engage with stakeholders to raise awareness of our role and functions and support the development of our policy and guidance, making sure it recognises the legislation and environments within which doctors work. They also share data and insight to improve systems and practice, and to prevent patient safety risks arising.

In the last five years alone, in line with the objectives set in our business plans, our Scotland team hosted almost 400 events and workshops, engaging with over 14,500 doctors and medical students, and over 300 educators.*

As in every devolved country, twice a year we bring our Scottish partners together through our UK Advisory Forum, with representatives from the Scottish Government, medical leaders, representatives from medical education bodies and improvements bodies, and patient representative organisations. The forum allows us to focus on long-term priorities, seek views on policy development and identify areas of mutual interest that require co-operation.

* Data from January 2019 and December 2023.

In the last 20 years GMC Scotland has refined and enhanced its contribution across the healthcare environment in the country. Over recent years we have welcomed the opportunity to work even more closely with key stakeholders in the Scottish health system. Highlights include the creation of the Medical Workforce Wellbeing Stakeholder Group with British Medical Association (BMA) Scotland and the Academy of Medical Royal Colleges, and the recent formation of the Fairer Working Cultures Group with the National Ethnic Minority Forum, Scottish Government and BMA Scotland. We are hopeful these partnerships can help to improve the working lives of doctors in Scotland, ultimately impacting positively on patient safety. We have also welcomed the opportunity to collaborate more with our system partners on the identification of risk, including through structures such as the Sharing Health and Care Intelligence Network.

“The GMC’s input, sharing their wealth of intelligence and insight, has been critical for us in developing a greater focus on system-level risks and identifying emerging risks. They have also made a major contribution to establishing a culture of trust, collaboration and co-operation between partners.”

Simon Watson, Medical Director and Director of Safety, Healthcare Improvement Scotland

We are proud of how our contribution to the health service in Scotland has matured over the last two decades, and are keen to enhance this even further in the years ahead.

Wales

Embracing the Welsh Language Standards

In 2023, we marked a key milestone in our goal to enhance our Welsh language provision. Following the Senedd’s approval of the Welsh Language Standards (No.8) Regulations in July 2022, in June 2023 the Welsh Language Commissioner issued a compliance notice to professional regulators in healthcare. The aim of the standards is to promote and facilitate use of the Welsh language and ensure it is not treated less favourably than the English language in Wales. As such, the standards form part of the Welsh Government’s commitment to enable people to live their lives through the medium of Welsh.

On 6 December 2023 we renewed our commitment to Welsh speakers as we applied the new standards to our work, joining some of our key partners in Wales already subject to their own set of standards. Colleagues from across the organisation worked throughout the year to develop tools, guidance and processes to support compliance. The standards cover key areas of our work such as correspondence, meetings and events, publicity and advertising materials, our website and social media, recruitment, policy development and opportunities for staff to learn Welsh.

This work was supported by a joint regulators’ forum which we convened and co-chaired with the NMC. The forum is dedicated to sharing ideas, challenges and good practice, and includes representation from each healthcare regulator and the Professional Standards Authority.

As part of this work, we also cultivated a positive relationship with colleagues at the Welsh Language Commissioner's office and in June attended a positive introductory meeting with the new Commissioner, Efa Gruffudd Jones. This relationship has been further strengthened by the creation of a brand new role within GMC Wales: our new Welsh Language Standards Manager will liaise with key stakeholders in Wales and work with them to assure a smooth transition from the project we set up to achieve compliance, to ensuring compliance as 'business as usual'.

Enhancing our Welsh language provision is a significant contribution to our commitment to making every interaction matter, making sure that everyone who deals with us is met with empathy, efficiency and respect, in line with our corporate strategy. In doing this, we are responding to the diverse needs of patients, students, registrants and the bilingual context in Wales: this is crucial to our role as a competent, sensitive four-country regulator. Working towards compliance has also provided a tangible opportunity to raise awareness of the Welsh language across the organisation, and to strengthen our relationships and reputation in Wales - particularly opening up conversations around the role of bilingual medical education in patient safety and patient-centred care.

We hope Welsh speaking patients, students, registrants, and all other professionals and members of the public interacting with us will feel more comfortable having the opportunity to do so in their preferred language.

“2023 was an exciting time for me to join the GMC as we implemented the Welsh Language Standards. As a Welsh speaker myself, I understand the importance of making it as easy as possible for people to engage with us in their preferred language, and I have been delighted to see colleagues across the GMC embrace these standards and embed them in our work across the organisation.”

Gethin Matthews-Jones, Head of GMC Wales

Corporate social responsibility



Corporate social responsibility

We are a [socially responsible organisation](#), constantly looking for new ways to embed sustainability, social impact and ethics into what we do.

In 2023 we made progress with our corporate social responsibility (CSR) agenda in several ways.

Protecting the environment

In 2022 we announced our ambition to become a net zero organisation by 2040, alongside a new plan specifying our targets to reduce our carbon footprint, eliminating scope 1 and 2 carbon emissions by 2030, and scope 3 emissions by 2040.

We have now taken several steps on this journey. We have calculated our carbon emissions since our baseline year of 2019, established a working group to implement our net zero plan and are currently working on projects that will help us make more efficient use of energy on site. We will be calculating our emissions annually moving forward so that we can better track our progress, and we are working on improving our data so that we can have a more accurate picture of our emissions.

Everyone in the organisation has a part to play in helping us achieve net zero, and we look forward to working with colleagues and suppliers to reach this important goal. Key next steps for 2024 include developing a 'Green Travel Plan' that will help us to reduce emissions associated with business travel and commuting, and developing a supplier sustainability survey to better understand our supply chain emissions.

Promoting social mobility

As part of our commitment to CSR and to equality, diversity and inclusion, we expanded our existing apprenticeship opportunities. 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.

We also worked with the Social Mobility Foundation, Edge Hill Medical School and Lancaster Medical School to host joint events for A Level and first-year medical students from less advantaged backgrounds. Widening participation in medical education continues to be a priority for us as we want young people to have a fair and equal opportunity to become our doctors of the future. The events were extremely well received and provided valuable networking opportunities for many bright and capable individuals, as well as an early introduction to their future professional regulator.

Supporting the community

In May 2023 we launched a new initiative to repurpose older generation laptops in the organisation and donate them to small community organisations across the UK. We have been working with [Business in the Community](#) to distribute these, donating 125 laptops by the end of the year. We are hoping to extend this scheme in 2024 to include more electronic equipment.

We continued our partnership with the Royal Voluntary Service's Befriending Scheme. Through the scheme, volunteer members of staff have weekly companionship phone calls with 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 with the people they call.

“I love the fact that I can put a smile on someone's face. I remember when I first called my contact, she sounded very tired and her mood was a bit down, but by the end of the call you could really feel a difference in her tone and energy.”

GMC befriender

Colleagues have also 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 within an academic year.

Throughout 2023 some of our in-house coaches supported a Business in the Community initiative guiding long-term unemployed individuals seeking to re-enter the workplace.

“My coachee's confidence grew within a few sessions and just having someone to chat through aims and ambitions really spurred her on to be proactive in applying for jobs, securing interviews and subsequently gaining a new job, which is absolutely fantastic!”

GMC coach who took part in our initiative for long-term unemployed individuals

Others worked with senior leaders in a small environmental charity, helping our coaches and the charity workers alike build confidence in their respective fields. Provided by recently qualified in-house coaches over Microsoft Teams, there are usually three to six sessions. Coaching starts with a 'chemistry chat' to check the style of the coach will suit the person being coached, and coaching then covers individuals' current challenges and future aspirations.

“I've found the sessions to be really useful in helping me figure out areas where I would like to see change/improvement, but don't always have the headspace during the week to properly consider what needs to be done or actions to take. I always feel better after a session, and more in control of whatever problem I am trying to overcome.”

Environmental charity employee who took part in our coaching scheme

Benchmarking and working with partners to promote CSR

We continue to play an active role within the Cross-regulator CSR Group, whose membership expanded further and now also includes the Nursing and Midwifery Council (NMC), General Dental Council, General Pharmaceutical Council, Health and Care Professionals Council, Social Work England, General Chiropractic Council and General Optical Council.

The group met four times during 2023, discussing topics such as the regulation of sustainable healthcare, environmental matters and responsible procurement.

Colleagues in our Information Systems department also developed an app allowing staff to report on their volunteering work, which enables us to collate better data on the impact of these activities too.

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 12 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 12 trustees between 1 January 2023 and 31 December 2023 were:

- Professor Dame Carrie MacEwen (Chair)
- Mr Steve Burnett
- Dr Vanessa Davies
- Professor Anthony Harnden
- The Rt Hon Lord Hunt of Kings Heath PC*
- Professor Paul Knight
- Professor Deepa Mann-Kler
- Mr Douglas Millican (from 1 May 2023)
- Dr Jeeves Patel
- Professor Suzanne Shale
- Dr Rajiv Wijesuriya (from 1 May 2023)
- Miss Alison Wright.

All Council members are also asked to declare any conflicts of interest. 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. Secondly, as our appointments process is well established and thorough and is overseen by the Remuneration Committee and the Professional Standards Authority, a separate 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.

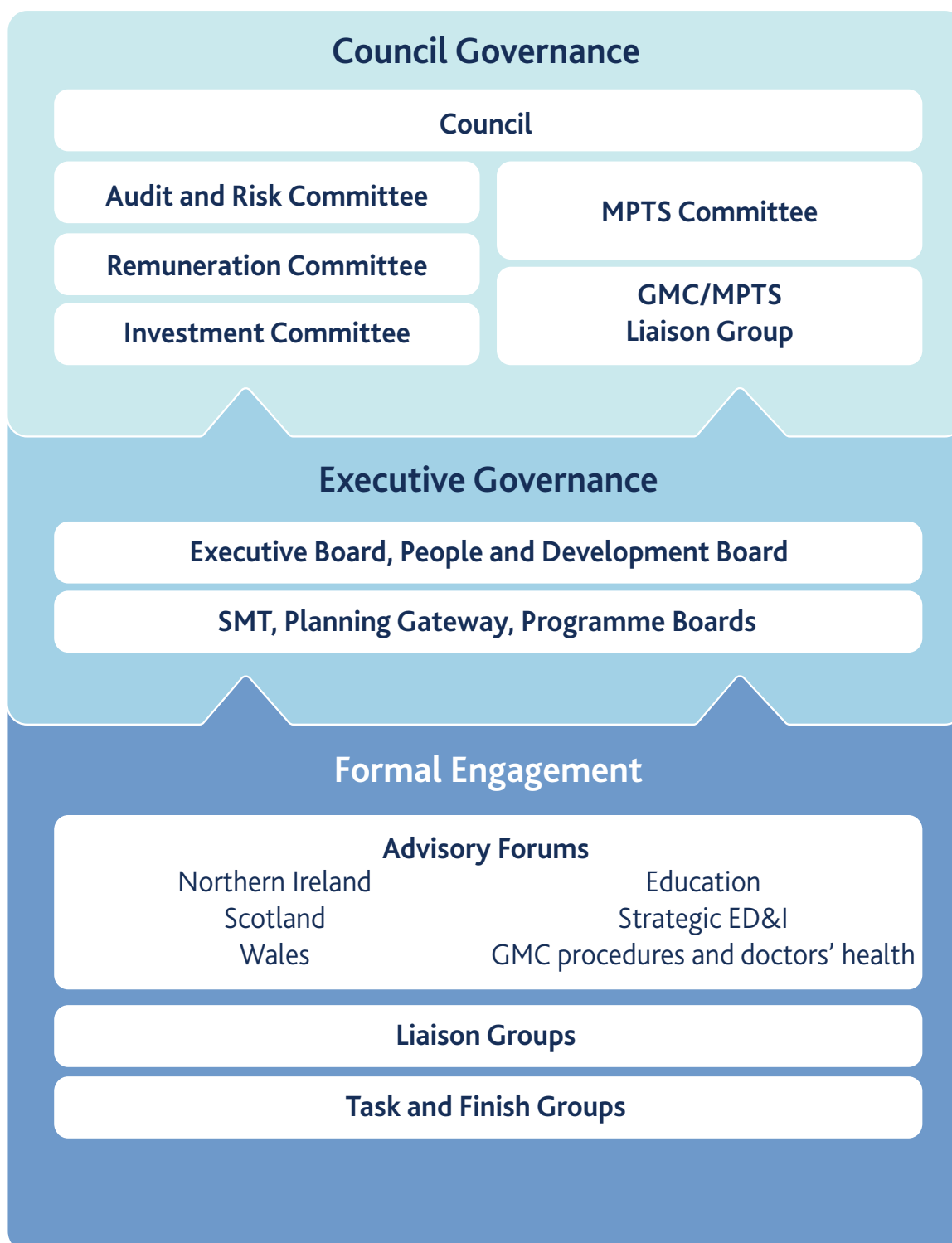
* Lord Hunt of Kings Heath resigned as a Council member on 31 January 2024 due to a conflict of interest created by his return to a more active role in the House of Lords. Recruitment to replace him was still underway at the time this report was approved by Council. The report should therefore be considered as having been approved and signed by the remaining 11 trustees listed above.

Our Corporate Governance team is charged with supporting 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 Council through a formal report, and Council and each committee undertake to review the committees' effectiveness in delivering their statement of purpose, which is reviewed annually.

The diagram on the following 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. It meets in London, in Manchester and once in either Belfast, Cardiff or Edinburgh.



Audit and Risk Committee

In 2023 the Audit and Risk Committee (ARC) was chaired by Paul Knight. Its external co-opted members were Jon Hayes and Ken Gill (until March 2023). Aneen Blackmore was appointed as Ken Gill's successor from 1 November 2023 following a competitive process.

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 2023, and provided a short briefing note on key issues to Council after each meeting. It also formally reported to Council twice. You can find more about its role and work in the Audit and Risk Committee section later in this report.

Remuneration Committee

In 2023, 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 2023, the Committee was actively engaged in the process to recruit 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 2023.

Investment Committee

Steve Burnett chaired the Investment Committee (IC) in 2023. 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 our investment in GMC Services International Limited (GMCSI), including ensuring compliance with our 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 2023.

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 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 make sure that our interests are protected and that our relationship with GMCSI is managed effectively.

Council has overall responsibility for GMCSI. As outlined above, our Investment Committee scrutinises its business plan to ensure compliance with our Investment Policy, and 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 2023. The Board comprised (in addition to the Chair) Paul Reynolds, Alison Wright and Colin Melville. Helen Featherstone joined the Board on 1 March 2023 and Deepa Mann-Kler joined on 20 November 2023. The Board met four times in 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, and is a separate entity to the GMC.

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 2023. Deirdre, Steve Burnett, Raj Patel and Vanessa

Davies are employer-nominated trustees. Danny Dubois (until 31 May 2023), John Foley, Paula Robblee and Martin Hart are member-nominated trustees. Samantha Anthony joined the Board as a member-nominated trustee from 1 June 2023.

MPTS Committee

A key part of our governance structure is the statutory MPTS Committee. The Committee oversees the delivery of the hearing service for doctors and makes sure the service meets its responsibilities under the Medical Act 1983.

Her Honour Judge Deborah Taylor took up the post of Chair of the MPTS in March 2023, succeeding Dame Caroline Swift, whose tenure ended on 31 December 2022.

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

Executive Board, and People and Development 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.

The People and Development Board is chaired by the Chief Executive and meets five times a year to bring focus to our People strategies. The outcome of its work is reported to Executive Board, and on to Council.

UK Advisory Forums

We have a well-established programme of Advisory Forums meetings 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.

Strategic 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 registrants. Paul Reynolds, Director of Strategic Communications and Engagement, chairs the forum which comprises organisations representing registrants 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 2023, the forum discussed:

- our progress against our ED&I targets
- our regulatory fairness review
- bullying, harassment and discrimination
- changes to how doctors demonstrate requirements for specialist and GP registration
- our review of *Good medical practice*, and
- the redesign of our processes as part of our regulatory reform programme.

GMC Procedures and Doctors' Health Forum

Our Advisory Forum on GMC Procedures and Doctors' Health provides expert advice to our Executive Board on how we engage with vulnerable doctors in GMC processes. The forum may, as required, advise on GMC policies, guidance and training for staff.

Membership includes representatives from the Royal College of Psychiatrists, the Royal College of GPs, the Faculty of Occupational Health, the Conference of Postgraduate Medical Deans, and NHS Providers.

Member attendance at Council, Boards and Committees in 2023*

Member	Council attendance [†]	Committee attendance
Carrie MacEwen (Chair)	6/6	N/A
Steve Burnett	5/6	9/9
Vanessa Davies	5/6	5/6
Anthony Harnden	5/6	4/6
Philip Hunt	6/6	7/7
Paul Knight	6/6	5/5
Deepa Mann-Kler	6/6	5/7
Douglas Millican	4/4	2/2
Rajesh Patel	6/6	8/10
Suzanne Shale	6/6	5/5
Jeeves Wijesuriya	4/4	1/1
Alison Wright	6/6	5/6
Aneen Blackmore (ARC co-opted member)	N/A	1/1
Ken Gill (ARC co-opted member)	N/A	2/2
Jon Hayes (ARC co-opted member)	N/A	5/5
Michael Jennings (IC co-opted member)	N/A	3/4
Keith Mackay (IC co-opted member)	N/A	4/4

Management

In 2023, our staff were under the direction of Chief Executive, Charlie Massey. He is supported by a team of directors, who as of 31 December 2023 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 also oversees terms and conditions for Council members (including the Chair) by benchmarking and seeking independent market advice when necessary.

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.

2023 financial review

The accounts for the year ended 31 December 2023 have been prepared in accordance with the Charities Statement of Recommended Practice (FRS 102).

- Our free reserves by the end of 2023 were £44.8 million, up from £39.2 million at the end of 2022. We saw £5.2 million of this improvement driven by a gain on our investment fully recouping losses in the previous year.
- We also saw income growth of £16.2 million, which was in excess in growth of our cost base, driving a surplus of £6.1 million.
- We invested in our infrastructure, including building a fourth Professional and Linguistic Assessments Board (PLAB) circuit to deliver against the growing demand for this service.
- Furthermore, our healthy reserves position enabled us to restrict the increase applied to fees in 2024.

Our total income and expenditure in 2023

In 2023 we generated unrestricted income of £148.9 million, which was £16.2 million higher than 2022. This was due to the increase in the size of the medical register and the impact of running more PLAB tests in 2023 than in 2022, accompanied by a subsequent increase in new applications to join the register.

In addition, we are reflecting a further £1.6 million of restricted income in our accounts from the UK Government's Department of Health and Social Care to cover the cost of implementation work to bring physician associates and anaesthesia associates under our regulation. These funds

were fully spent in 2023, including a further £0.3 million on the development of IT systems which were capitalised this year. This increased the total restricted asset held on the balance sheet to £2.1 million, which is as yet undepreciated.

We are pleased to report that by the end of 2023 our investments generated gains of £5.2 million, more than offsetting the £4.8 million loss incurred in the previous year.

Our unrestricted charitable expenditure in 2023 was £140.2 million, which was an increase of £10.4 million on 2022. This growth in expenditure in 2023 when compared to 2022 was the result of increased volumes across core functions, most notably registration and revalidation, but also the impact of a prolonged period of high inflation being built into our cost base. However, new working patterns and greater use of IT-enabled forums, as well as clearing backlogs initially driven by the COVID-19 pandemic, have continued to generate efficiencies in our cost base which means charitable expenditure has grown to a lesser extent than income. This has allowed us to restrict fee increases in 2024 and invest in our infrastructure to support our registrants better. Most notably, the continuing demand for PLAB saw us approve the build of our fourth PLAB circuit, the costs of which have been capitalised and will start to be depreciated once the circuit has opened in 2024.

We increased our dilapidations provision by £1.3 million to make sure our obligations under our building leases can be met, with this increase reflecting price surges within the construction industry. We expect this provision to increase annually until the point of exiting any of our sites. A further £0.7 million was also added to our legal provision to reflect potential additional costs that may arise from outstanding legal cases.

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. Our 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. Over the medium term we target the mid-point of a reserves range between 20% to 35% of the annual expenditure for the next 12 months. We accept fluctuations within the range over the short-term. We remained firmly within the range in 2023 and at the year end free reserves were 28% of budgeted total expenditure for 2024.

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 total reserves at the end of 2023 were £50.4 million, reducing from the previous year by £4.5 million. Actuarial movements on our defined benefit scheme were the key driver of this reduction, with our pension liability increasing by £12.6 million in 2023 to £15.8 million.

Free reserves constituted £44.8 million of the balance of total reserves, with a further £21.4 million of reserves being represented by fixed assets, with both currently being partially offset by our pension deficit. We expect that reserves at the end of 2024 will remain within the parameters of our reserves policy.

Most of our income comes from registration fees paid by doctors, and all doctors must be registered with us to practise medicine in the UK. Trustees therefore 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 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.

While we have adopted a comprehensive ethical approach to investments, we have revised our investment policy and will implement this in 2024. Our ethos remains the same and 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% (reduced to 5% from 2024) of their revenue from tobacco, alcohol, gambling, pornography, high-interest rate lending and the extraction of thermal coal or oil sands. We also exclude all companies with any exposure to cluster munitions and landmines from our investment approach from 2024 (previously 10%). 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 was the maximum for our own policy throughout 2023, invested funds were 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 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 £61.6 million at the end of 2023, compared with £56.6 million at the start of the year, recovering by the end of the year from a notably volatile period in 2022, which saw losses of £4.8 million. Since the point of increasing our investment in June 2019 we have generated returns at a compounded growth rate of 4.78%.

Any cash not held as working capital or invested is held in medium-term deposits and/or interest-bearing accounts. We generated interest of £2.1 million on our cash balances, equivalent to an average annual rate of return of 4.21%. 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 GMC Services International Limited (GMCSI) 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 recently been able to generate modest profits. In 2023, GMCSI generated a net profit of £76,227 and ended the year with net assets of £332,750. No profits have been gift-aided back to the GMC in 2023. 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 2023, all disclosures were made and there were no points of concern.

Audit and Risk Committee report

The Audit and Risk Committee (ARC) plays a key role in our governance. It 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.

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.

In 2023, 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 associated risks in seminar sessions and an extended seminar day. Their discussions included:

- the history of fitness to practise legislation, and the differences between the GMC's regulatory processes and the criminal justice system
- current decision points from receipt of a complaint at triage through to hearing referral
- the impact of the potential changes in fitness to practise through regulatory reform
- the risk thresholds for escalation to enhanced monitoring in Education
- practicalities of the supportive approach we can adopt in enhanced monitoring, including in conjunction with other organisations
- the four-year proactive quality assurance process for medical schools and postgraduate training organisations.

Key activities during 2023

During 2023, the Committee followed a planned programme of internal audit work. As part of this, it:

- considered the output from discussion with the Executive on the principles behind the development of a financial stress-testing model to strengthen financial scenario-planning exercises and support financial resilience
- scrutinised the draft Trustees' Annual Report and Accounts 2022 and the draft national reports for Northern Ireland, Scotland and Wales, including reviewing the trustees' risk statement
- considered the external auditor's management report in relation to the financial statements for 2022
- considered the external auditor's terms of engagement, plan and audit scope for the external audit of the 2023 financial statements and approved the fee
- accepted [the Head of Internal Audit's annual opinion for 2022](#),* 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
- reviewed the performance of both external and internal audit
- approved the internal audit programme for 2023 and scrutinised 15 audit reports and findings to satisfy itself that the actions being taken were appropriate

- received the results of an independent test of our cyber security control arrangements
- monitored the implementation of recommendations made in previous audit reports to make sure they were being managed effectively
- received [the Freedom to Speak Up \(FtSU\) Guardian Annual Report 2022](#)† and heard from FtSU champions to gain insight into some of the concerns raised, how they were handled and how learning feeds into wider organisational development.

In addition to the above, at each of its meetings the Committee also:

- discussed a wide range of strategic risks, providing 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
- reviewed findings and lessons learned from work undertaken in relation to significant adverse events.

* For the Head of Internal Audit's assessment for 2023, see [Council papers](#), July 2024.

† For the Freedom to Speak Up Guardian's Annual Report for 2023, see [Council papers](#), June 2024.

Risk management in 2023

Mature risk management arrangements are embedded in the GMC's day-to-day activities, project work and strategic business discussions. Our Risk Management Framework and risk registers provide the tools for identifying, articulating, monitoring and managing operational and project risks. They focus on both threats and opportunities, recognising that understanding both can improve how the business is managed. A business's resilience, and ability to respond and adapt, are also features demonstrating robust risk management.

Unscripted risk discussions at the start of every Committee meeting provide us a valuable opportunity to consider both current risks faced by the GMC as well as emerging potential risks in the wider external environment. The Committee also considers the Corporate Opportunities and Risk Register at every meeting; this is available as part of the [Executive Board and Council papers](#) published on our website and is updated on a regular basis.

In 2023 we continued to operate in a dynamic and turbulent wider external environment throughout the year, with the Committee promptly considering the impact of the evolving economic and healthcare landscape, reflecting on the reputational, political, financial and operational risks we faced and might face in the future if the organisation were not properly prepared to manage the challenges ahead.

In particular, the Committee's considerations on the management of risk included:

- using scenarios to test the financial model developed to support the GMC's financial resilience
- considering the requirements and implications of regulatory reform and the opportunities provided to modernise our statutory processes
- how the GMC is managing preparations for new registration pathways following Brexit
- preparing for the introduction of the Medical Licensing Assessment in 2024
- preparations for bringing physician associates and anaesthesia associates into regulation
- responding to a range of public investigations and inquiries.

In addition, the Committee has maintained a focus on the GMC's external and internal-facing ambitions in relation to equality, diversity and inclusion, and in particular the elimination of disproportionate patterns of fitness to practise referrals based on doctors' ethnicity and place of qualification, and eliminating discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training. The Committee has also been keen to understand how the recommendations made in the independent [regulatory fairness review](#) conducted in 2022 are being addressed as the GMC seeks to accelerate the pace of its work to consider fairness in its processes.

Learning from events and issues

Organisational resilience develops not only from embedded risk management arrangements and operational excellence and efficiency, but also from how an organisation reacts when things emerge suddenly or something goes wrong. To develop resilience, a business must be willing to learn, and the GMC's culture of continuous improvement is an important component of its resilience. 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 had or could have had the potential for a material adverse effect on the organisation. Carrying out such reviews allows us to identify and address root causes so that learnings are used to strengthen controls for the future where appropriate. The organisation's audit and risk assurance function provides guidance, support, challenge and independent quality assurance for SERs, their findings and actions.

There were four such events in 2023. Two of them related to operational matters, namely:

- a doctor leaving the Clinical Assessment Centre with the wrong passport
- a GMC third-party supplier which suffered a security breach (though no GMC data was compromised).

The other two related to the death of a doctor which occurred while the doctor was subject to a GMC fitness to practise process, and the death of a doctor who had been subject to health monitoring before relinquishing their licence to practise.

Each of these events was scrutinised by the Committee and reviewed in line with the policy for reporting to the Charity Commission, and Trustees determined that based on detailed analysis they did not reach the threshold for serious incident reporting.

Whilst learning from SERs is critical for improving future performance, we have many mechanisms for learning and sharing better practices across the business. These include:

- consideration of external research and publicly available reports, such as those published by the Charity Commission or by other regulators
- regular liaison with other healthcare regulators
- local team quality control exercises
- audits undertaken by our internal corporate Quality Assurance team
- post-implementation reviews of new initiatives and projects
- a Community of Practice to share experiences of project management and supporting change
- broader insight from the work of internal audit.

As in previous years, in 2023 the Committee also took the opportunity to look at a number of case studies where organisations had found themselves in difficulty, to consider if there were learning opportunities for the GMC and the Committee in relation to the quality of reporting and the assurances it sought through its activities.

Our work in 2024

Maintaining risk at the heart of its considerations, the Committee will remain flexible in its activities and work programme to ensure it is able to take account of and respond to emerging threats and opportunities. Being able to adapt quickly is itself an indicator of strong risk management arrangements and organisational resilience.

The Committee anticipates 2024 being as busy and challenging as 2023. It will continue to focus on risks in relation to key areas of operations and gain assurance on new organisational change programmes. In particular, it is keen to continue to understand the risks around, and seek assurance on:

- transitioning the Medical Licensing Assessment from a programme of change to a 'business as usual' activity

- the implementation of the regulation of physician associates and anaesthesia associates
- opportunities for legislative changes through regulatory reform
- ensuring the benefits of moving to digital identification checks are fully realised.

Members of the Committee will also participate in the re-tender of our external audit contract, which has come to the end of its term.

Approved by the trustees on 2 July 2024 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 charity') and its subsidiary ('the group') for the year ended 31 December 2023, which comprise the Consolidated Statement of Financial Activities, Balance Sheet, Consolidated Cash Flow Statement 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 parent charity's affairs as at 31 December 2023 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 Charities Act 2011 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 group 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 trustees' 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 charity's or the group's ability to continue as a going concern for a period of at least 12 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient and proper accounting records have not been kept by the parent charity; or
- the financial statements are not in agreement with the accounting records and returns; 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 55, the trustees 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 group and the parent charity'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 charity 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 151 of the Charities Act 2011, and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 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 charity and group operate, 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 Medical Act 1983, Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 together with the *Charities SORP (FRS 102) 2019*. 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 charity'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 charity and the group for fraud. The laws and

regulations we considered in this context for the UK operations were the 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 estimates surrounding legal provisions, the defined benefit pension scheme balance 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 and 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 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 charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report or for the opinions we have formed.

Crowe UK LLP

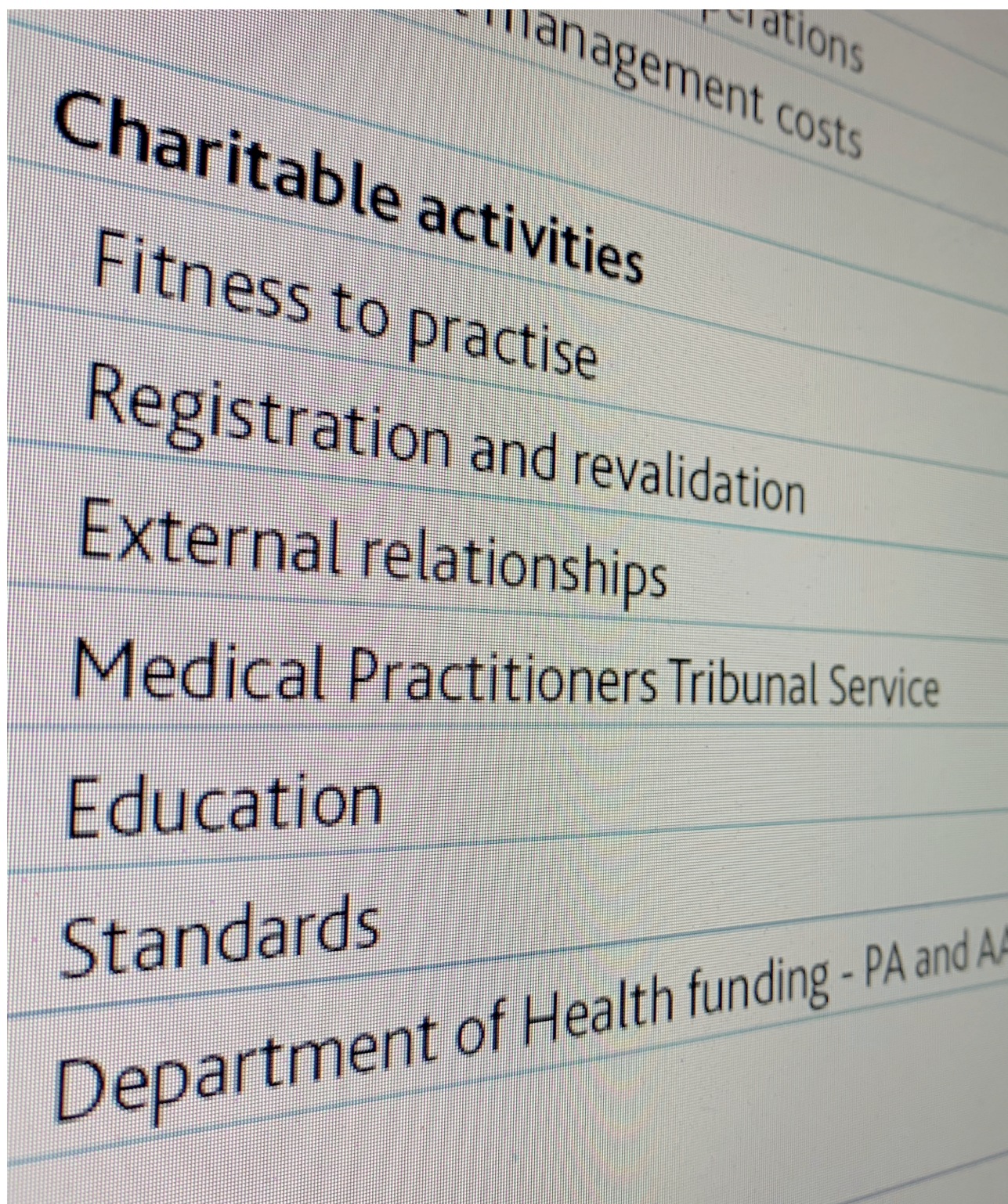
Crowe U.K. LLP
Statutory Auditor
55 Ludgate Hill
London
EC4M 7JW

3 July 2024

Crowe U.K. LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

Crowe U.K. LLP is eligible for appointment as auditor of the charity under regulation 10(2) of the Charities Accounts (Scotland) Regulations by virtue of its eligibility under section 1212 of the Companies Act 2006.

Accounts 2023



Consolidated statement of financial activities for the year ended 31 December 2023

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2023 £'000	Total 2022 £'000
Income					
From charitable activities					
Registration	2	139,595	-	139,595	125,851
Specialist and GP registration	2	5,846	-	5,846	4,714
Revalidation	2	168	-	168	182
Other trading activities	3	168	-	168	159
Commercial trading operations	3	442	-	442	351
Investments	3	2,065	-	2,065	1,236
Department of Health funding - PA and AA regulation*	3	-	1,567	1,567	2,506
Other	3	625	-	625	214
Total incoming resources		148,909	1,567	150,476	135,213
Expenditure					
Raising funds					
Commercial trading operations	4	365	-	365	325
Investment management costs	4	244	-	244	209
		609	-	609	534
Charitable activities					
Fitness to practise	4	48,998	-	48,998	47,633
Registration and revalidation	4	43,317	-	43,317	37,122
External relationships	4	18,320	-	18,320	16,760
Medical Practitioners Tribunal Service	4	14,911	-	14,911	14,875
Education	4	12,408	-	12,408	11,308
Standards	4	2,226	-	2,226	2,060
Department of Health funding - PA and AA regulation	4	-	1,256	1,256	1,551
		140,180	1,256	141,436	131,309
Other expenditure					
Legal provision	11	683	-	683	1,398
Dilapidations provision	11	1,333	-	1,333	286
		2,016	-	2,016	1,684
Total expenditure	4	142,805	1,256	144,061	133,527
Operating surplus		6,104	311	6,415	1,686
Net gains/(Net losses) on investments	8	5,224	-	5,224	(4,846)
Net income/(Net loss)		11,328	311	11,639	(3,160)
Other recognised gains and losses					
Actuarial (loss) on defined benefit pension scheme	16	(16,100)	-	(16,100)	(41,785)
Net movement in funds		(4,772)	311	(4,461)	(44,945)
Total funds brought forward		53,042	1,811	54,853	99,798
Total funds carried forward		48,270	2,122	50,392	54,853

The GMC 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 parent charity movement in funds for the year is (£4,849,000) with subsidiary undertakings accounting for a further £77,000.

- * The Department for Health and Social Care provided funding in 2023 to continue implementation work to bring physician associates (PAs) and anaesthesia associates (AAs) under regulation with the GMC. 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 £311,000. The balance of the reserves will reduce when the asset is amortised in future periods.

Balance sheet

		2023		2022	
	Note	Group £'000	Charity £'000	Group £'000	Charity £'000
Fixed assets					
Intangible fixed assets	6	16,607	16,607	14,524	14,524
Tangible fixed assets	7	4,831	4,831	4,423	4,423
Investments	8	61,573	61,906	56,593	56,849
		83,011	83,344	75,540	75,796
Current assets					
Debtors and prepayments	9	30,747	30,837	27,057	27,101
Cash and bank balances		54,811	54,277	51,112	50,750
		85,558	85,114	78,169	77,851
Liabilities					
Creditors: amounts falling due within one year	10	(91,900)	(91,789)	(87,181)	(87,119)
Net current liabilities		(6,342)	(6,675)	(9,012)	(9,268)
Total assets less current liabilities		76,669	76,669	66,528	66,528
Provisions for liabilities and charges	11	(10,443)	(10,443)	(8,427)	(8,427)
Net assets excluding pension scheme (liability)		66,226	66,226	58,101	58,101
Defined benefit pension scheme (liability)	16	(15,834)	(15,834)	(3,248)	(3,248)
Total net assets		50,392	50,392	54,853	54,853
Unrestricted income funds		64,104	64,104	56,290	56,290
Restricted income funds		2,122	2,122	1,811	1,811
Pension reserve		(15,834)	(15,834)	(3,248)	(3,248)
Total funds	12, 13	50,392	50,392	54,853	54,853

The financial statements were approved by the trustees and authorised for issue on 2 July 2024.

They were signed on behalf of trustees by:



Dame Carrie MacEwen

Chair of Council

Consolidated cash flow statement

	2023	2022
	£'000	£'000
Cash flows from operating activities		
Net cash provided by/(used in) operating activities (note i below)	11,968	12,290
Cash flows from investing activities		
Dividends, interest and rents from investments	2,065	522
Purchase of property, plant, equipment and intangibles	(10,334)	(8,521)
Net cash used in investing activities	(8,269)	(7,999)
Change in cash and cash equivalents (note ii below)	3,699	4,291

Note (i)

Cash flow from operating activities

Net incoming/(outgoing) resources	11,639	(3,160)
Investment income and interest	(2,012)	(1,236)
Net investment movement	(4,980)	5,056
Non-cash items - depreciation and amortisation	6,992	7,581
Non-cash items - assets written off	851	-
Pension past service cost and curtailment	-	100
Pension scheme contribution	(3,567)	(1,362)
(Increase)/decrease in debtors	(3,690)	(3,016)
Increase/(decrease) in creditors and provisions	6,735	8,327
Net cash provided by/(used in) operating activities	11,968	12,290

Note (ii)

Cash and equivalents

	Cash at bank and in hand	Total
	£'000	£'000
Balances at 1 January 2023	51,112	51,112
Net increase in cash and cash equivalents	3,699	3,699
Balances at 31 December 2023	54,811	54,811

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 Statement of Recommended Practice (FRS 102)* first published on 16 July 2014, updated 01 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 01 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 01 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 GMC.

(iii) A separate statement of financial activities has not been presented for the charity alone as this is not considered to be materially different from the consolidated statement of financial activities (SOFA). For the parent charity the net

movement in funds is shown beneath the SOFA, with commercial activities from our subsidiary being separately identified on the face of the SOFA on page 67.

(iv) The principal accounting policies adopted in the preparation of the financial statements, which have been applied consistently, are detailed below.

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 apply appropriate exemptions from taxation on income and gains available to charities, so no taxation is payable on the net incoming resources of the charity. The charity's subsidiary company is subject to corporation tax in the same way as any commercial organisation.

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 judgments 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 listed below.

- 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. We apply annual inflationary increases in line with the consumer price index, and periodically seek third-party advice to ensure our estimates remain appropriate.
- Provisions for holiday pay are based on the actual level of accrued holiday entitlement outstanding at the year end 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.

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 three years or the useful life of the asset. The first year licence costs are capitalised as they are necessary to bring the asset into use; subsequent year licence 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.

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 £'000	Total 2023 £'000	Unrestricted funds £'000	Total 2022 £'000
Registration				
Annual retention fees	112,228	112,228	104,494	104,494
Registration fees	6,622	6,622	4,722	4,722
Provisional registration fees	234	234	455	455
PLAB fees	20,392	20,392	16,103	16,103
Other fees	119	119	77	77
	139,595	139,595	125,851	125,851
Specialist and GP registration				
Certificates of Completion of Training fees	3,583	3,583	3,197	3,197
Certificate of Eligibility for Specialist Registration/ Certificate of Eligibility for General Practitioner Registration fees	2,196	2,196	1,476	1,476
Other fees	67	67	41	41
	5,846	5,846	4,714	4,714
Revalidation				
Revalidation annual return	133	133	114	114
Revalidation assessment	35	35	68	68
	168	168	182	182

3. Income from raising funds

	Unrestricted funds £'000	Restricted funds £'000	Total 2023 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000
Activities for raising funds						
Other trading activities*	168	-	168	159	-	159
Commercial trading operations†	442	-	442	351	-	351
Other‡	625	-	625	214	-	214
	1,235	-	1,235	724	-	724
Investment income						
Other finance income - pension scheme (note 16)	-	-	-	714	-	714
Bank interest	2,065	-	2,065	522	-	522
	2,065	-	2,065	1,236	-	1,236
Department of Health funding						
Funding to cover expenditure on PA and AA regulation§	-	1,567	1,567	-	2,506	2,506

* 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 until we ceased charging transaction fees attached to registration status changes in April 2023, these were also included.

§ The Department of Health and Social Care has provided funding for the GMC to start implementation work to bring physician associates (PAs) and anaesthesia associates (AAs) under regulation with the GMC. The work is ongoing and legislation is expected to be in place for regulation to start on 13 Dec 2024.

4. Total expenditure

Charitable activity and support cost allocation

	Direct staffing costs £'000	Direct costs £'000	Allocated costs £'000	Total 2023 £'000	Direct staffing costs £'000	Direct costs £'000	Allocated costs £'000	Total 2022 £'000
Expenditure on								
Commercial trading operations	308	57	-	365	287	38	-	325
Investment management costs	-	244	-	244	-	209	-	209
Total expenditure on raising funds	308	301	-	609	287	247	-	534
Fitness to practise	22,576	6,532	19,890	48,998	21,792	6,944	18,897	47,633
Registration and revalidation	16,030	11,164	16,123	43,317	14,065	9,308	13,749	37,122
External relationships*	10,554	834	6,932	18,320	9,733	691	6,336	16,760
Medical Practitioners Tribunal Service	5,134	4,903	4,874	14,911	5,089	5,199	4,587	14,875
Education	7,443	322	4,643	12,408	6,883	245	4,180	11,308
Standards	1,302	1	923	2,226	1,219	7	834	2,060
Department of Health funding - PA and AA regulation	859	397	-	1,256	1,049	502	-	1,551
Total charitable expenditure	63,898	24,153	53,385	141,436	59,830	22,896	48,583	131,309
Other expenditure - legal provision	-	683	-	683	-	1,398	-	1,398
Other expenditure - dilapidation provision	-	1,333	-	1,333	-	286	-	286
Total group expenditure	64,206	26,470	53,385	144,061	60,117	24,827	48,583	133,527

* 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 2023 £'000	Management £'000	IT £'000	Human resources £'000	Finance £'000	Procurement £'000	Facilities £'000	Governance £'000	Total 2022 £'000
Fitness to practise	4,364	5,925	2,434	899	177	4,650	1,441	19,890	3,416	5,852	2,495	886	163	4,651	1,434	18,897
Registration and revalidation	3,538	4,803	1,973	728	143	3,770	1,168	16,123	2,485	4,259	1,815	645	119	3,383	1,043	13,749
External relationships	1,521	2,065	848	313	62	1,621	502	6,932	1,145	1,963	836	297	55	1,559	481	6,336
Medical Practitioners Tribunal Service	1,069	1,452	597	220	43	1,140	353	4,874	829	1,421	605	215	40	1,129	348	4,587
Education	1,019	1,383	568	210	41	1,086	336	4,643	756	1,295	552	196	36	1,029	317	4,181
Standards	202	275	113	42	8	216	67	923	151	258	110	39	7	205	63	833
Total charitable expenditure	11,713	15,903	6,533	2,412	474	12,483	3,867	53,385	8,782	15,048	6,413	2,278	420	11,956	3,686	48,583

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, GMC Services International Ltd, and the PA and AA regulation project throughout the year on a direct basis, using the logic of allocation outlined above, and are therefore treated separately to the year end allocation.

Group expenditure by type

	Charitable activities 2023	Expenditure on raising funds 2023	Department of Health funding - PA and AA regulation 2023	Other expenditure 2023	Total 2023	Charitable activities 2022	Expenditure on raising funds 2022	Department of Health funding - PA and AA regulation 2022	Other expenditure 2022	Total 2022
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Staffing costs	89,983	308	859	-	91,150	82,261	288	1,049	-	83,598
Office costs	2,158	44	332	-	2,534	1,781	24	444	-	2,249
Council and committee costs	395	-	-	-	395	407	-	-	-	407
Panel and assessment costs	18,031	-	65	-	18,096	16,770	-	28	-	16,798
Legal costs	4,594	-	-	683	5,277	4,706	-	-	1,398	6,104
Accommodation costs	8,048	-	-	1,333	9,381	7,637	-	-	286	7,923
Financial, actuarial and professional costs	3,739	257	-	-	3,996	4,028	222	30	-	4,280
Purchase of assets - charged to revenue	5,389	-	-	-	5,389	4,587	-	-	-	4,587
Assets written off	851	-	-	-	851	-	-	-	-	-
Depreciation	2,231	-	-	-	2,231	2,595	-	-	-	2,595
Amortisation	4,761	-	-	-	4,761	4,986	-	-	-	4,986
	140,180	609	1,256	2,016	144,061	129,758	534	1,551	1,684	133,527

Total resources expended

	2023	2022
	£'000	£'000
Operating lease costs: leasehold property and equipment	3,453	3,669
Audit fees	55	51

5. Staff

	2023	2022
Total costs of all staff	£'000	£'000
Salaries	70,082	63,993
Social security costs	7,317	6,992
Superannuation costs defined benefit scheme	-	100
Superannuation costs defined contribution scheme	9,999	9,082
Redundancy costs	130	80
Other staffing costs	3,622	3,351
	91,150	83,598

During the year the GMC made termination payments of £86,000 (2022: £236,000) which included £6,000 relating to and accrued in 2022. At year end payments of £50,000 were outstanding (2022: £6,000).

Average staff numbers in the year by category	2023	2022
Fitness to practise	460	465
Registration and revalidation	373	338
External relationships	160	156
Medical Practitioners Tribunal Service	113	113
Education	107	103
Standards	21	20
Governance and management	178	165
Resources	249	226
	1,661	1,586
GMC Services International Ltd	1	1
	1,662	1,587

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

	2023	2022
GMC		
£60,000-£70,000	74	59
£70,001-£80,000	50	50
£80,001-£90,000	38	46
£90,001-£100,000	29	12
£100,001-£110,000	10	11
£110,001-£120,000	9	10
£120,001-£130,000	9	7
£130,001-£140,000	7	3
£140,001-£150,000	3	4
£150,001-£160,000	3	2
£160,001-£170,000	2	-
£210,001-£220,000	3	6
£220,001-£230,000	3	-
£260,001-£270,000	-	1
£270,001-£280,000	1	
	241	211
MPTS		
£60,000-£70,000	1	2
£70,001-£80,000	2	-
£80,001-£90,000	1	2
£90,001-£100,000	2	2
£110,001-£120,000	-	1
£120,001-£130,000	1	-
	7	7
Total	248	218

	2023	2022
Number of staff included above for whom retirement benefits are accruing		
GMC defined contribution pension scheme	248	217
Not in scheme	-	1
	248	218

The senior management team includes the Chief Executive and six permanent directors in 2023. The total employee benefits (including employer pension contributions) of the senior management team was £1,812,679 in 2023 (2022: £1,759,804).

Senior management team remuneration	Basic salary 2023 £'000	Basic salary 2022 £'000
Charlie Massey - Chief Executive	264	255
Paul Reynolds - Director of Strategic Communications and Engagement	216	208
Anthony Omo - General Counsel and Director of Fitness to Practise	216	208
Shaun Gallagher - Director of Strategy and Policy	216	208
Una Lane - Director of Registration and Revalidation	216	208
Neil Roberts - Director of Resources	216	208
Colin Melville - Medical Director and Director of Education and Standards	216	208

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 both 2023 and 2022, payments were below 3% of basic salary for all members of the senior management team.

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 7.6 (2022: 7.6) times the median salary and 12.3 (2022: 12.8) 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 2023	34,833
Additions	7,693
Disposals	(4,242)
Impairment	(908)
Balance at 31 December 2023	37,376

Amortisation

Balance at 1 January 2023	20,309
Amortisation charge for year	4,761
Disposals	(4,242)
Impairment	(59)
Balance at 31 December 2023	20,769

Net book value at 1 January 2023	14,524
Net book value at 31 December 2023	16,607

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. We have recognised an impairment of £849,000 in 2023 relating to the cost of implementing a new HR system to interface with existing technologies. In July 2023 a decision was made to suspend this implementation and costs previously recognised have been impaired and all subsequent costs expensed.

7. Tangible fixed assets

Group and charity

	Buildings £'000	Fixtures, furniture and equipment £'000	IT equipment £'000	Total £'000
Cost				
Balance at 1 January 2023	2,188	14,622	7,383	24,193
Additions	-	1,915	726	2,641
Disposals	-	(343)	(958)	(1,301)
Balance at 31 December 2023	2,188	16,194	7,151	25,533
Depreciation				
Balance at 1 January 2023	2,074	11,537	6,159	19,770
Depreciation charge for year	74	1,418	739	2,231
Disposals	-	(341)	(958)	(1,299)
Balance at 31 December 2023	2,148	12,614	5,940	20,702
Net book value at 1 January 2023	114	3,085	1,224	4,423
Net book value at 31 December 2023	40	3,580	1,211	4,831

8. Investments

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 1 January 2023	56,593	56,593	56,593	256	56,849
Additions	27,560	27,560	27,560	-	27,560
Disposals	(27,804)	(27,804)	(27,804)	-	(27,804)
Gain on investments	5,224	5,224	5,224	-	5,224
Reversal of impairment*	-	-	-	77	77
Balance at 31 December 2023	61,573	61,573	61,573	333	61,906

* The GMC incorporated a wholly owned trading subsidiary on 16 December 2016. Having previously been impaired by £343,000 due to trading losses incurred, we have revalued the investment by £77,000 in 2023 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 £243,805 were incurred (2022: £209,170).

9. Debtors

	2023		2022	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Registration debtors	23,682	23,682	20,935	20,935
Prepayments and accrued income	6,299	6,410	5,785	5,849
Other debtors	766	745	337	317
	30,747	30,837	27,057	27,101

10. Creditors

	2023		2022	
	Group	Charity	Group	Charity
	£'000	£'000	£'000	£'000
Amounts falling due within one year				
Trade creditors	981	976	1,427	1,420
Tax and social security	2,102	2,101	1,945	1,933
Holiday pay	1,139	1,139	1,107	1,107
Accruals	6,635	6,584	8,404	8,361
Deferred income	81,043	80,989	74,298	74,298
	91,900	91,789	87,181	87,119

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. Commercial income is recognised at the point the service is delivered.

	Annual retention fees £'000	PLAB fees £'000	Specialist and GP registration fees £'000	Revalidation assessment fees £'000	Commercial activities £'000	Total £'000
Deferred income at 1 January 2023	61,800	12,433	24	42	-	74,299
Resources deferred during the year	66,700	14,234	-	55	54	81,043
Amounts released from previous years	(61,800)	(12,433)	(24)	(42)	-	(74,299)
Deferred income at 31 December 2023	66,700	14,234	-	55	54	81,043

11. Provisions

Group and charity

	2023	2022
	£'000	£'000
Dilapidations	4,474	3,141
Legal claims	5,969	5,286
	10,443	8,427

Dilapidations - each year we review our property leases and make a provision for dilapidations, where the cost can be reasonably estimated. Given the recent prolonged period of high inflation, we sought external advice around likely costs to meet our lease obligations around dilapidations and used this to rebase the estimate included in the accounts, which led to an increase in the provision of £1.3million.

Legal claims - each year we make a provision for potential costs related to ongoing legal cases. In 2021 we increased the provision to reflect potential additional costs that may arise following the outcome of an employment tribunal. The outcome is still outstanding in 2024, but may have implications for a wider group of individuals. Further details in relation to the ongoing case cannot be provided in order to avoid prejudicing proceedings.

	Dilapidations	Legal claims	Total
	£'000	£'000	£'000
Provisions at 1 January 2023	3,141	5,286	8,427
Provisions created during the year	1,333	1,422	2,755
Utilisation of provision	-	(20)	(20)
Amounts released from previous years	-	(719)	(719)
Provisions at 31 December 2023	4,474	5,969	10,443

12. Group fund movements in the year

Group and charity

	Unrestricted funds £'000	Restricted funds £'000	Pension fund £'000	2023 Total £'000
At 1 January 2023	56,290	1,811	(3,248)	54,853
Net incoming/(outgoing) resources	7,814	311	(12,586)	(4,461)
At 31 December 2023	64,104	2,122	(15,834)	50,392

	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

13. Net assets by fund

Group and charity

Fund balances at 31 December 2023 are represented by

	Unrestricted funds	Restricted fixed asset funds	Pension reserve	2023 Total funds
	£'000	£'000	£'000	£'000
Intangible fixed assets	14,485	2,122	-	16,607
Tangible fixed assets	4,831	-	-	4,831
Investments	61,573	-	-	61,573
Current assets	85,558	-	-	85,558
Current liabilities	(91,900)	-	-	(91,900)
Provisions for liabilities and charges	(10,443)	-	-	(10,443)
Pension scheme liability	-	-	(15,834)	(15,834)
Total net assets	64,104	2,122	(15,834)	50,392

Fund balances at 31 December 2022

	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 liability	-	-	(3,248)	(3,248)
Total net assets	56,290	1,811	(3,248)	54,853

14. Capital commitments

Capital expenditure authorised and contracted but unspent at 31 December 2023 amounted to £340,679. The equivalent figure for 2022 was £799,978.

15. Operating lease commitments

	Land and buildings		Equipment	
	2023	2022	2023	2022
Expiry date	£'000	£'000	£'000	£'000
Within one year	3,780	4,580	21	48
In years two to five	14,767	5,158	-	-
After more than five years	3,051	1,443	-	-
	21,598	11,181	21	48

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 two 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 2023 there were 1,689 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 FRS 102, contributions are accounted for as 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, other than those linked to salary changes, 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.

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 £3.5million in 2023. A further £3.5million and £2.5million will be paid in 2024 and 2025 respectively before reverting to £1.5million until 2031 under the terms of the recovery plan agreed as part of the 2021 triennial valuation.

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 FRS 102 are set out below.

Main financial assumptions

	31 December 2023	31 December 2022
	%pa	%pa
Retail prices index inflation	2.9	3.1
Consumer price index inflation	2.6	2.7
Rate of general long-term increase in salaries	3.6	3.7
Pension increases (excess over guaranteed minimum pension)	2.6	2.7
Discount rate for scheme liabilities	4.4	4.6

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 21.9 years (2022: 22.2 years) if they are male and for a further 23.9 years if they are female (2022: 24.1 years).

For a member who retires in 2043 at age 65 the assumptions are that they will live on average for a further 23.0 years after retirement if they are male and for a further 25.0 years after retirement if they are female.

Scheme asset allocation

	31 December 2023		31 December 2022	
	£'000	%	£'000	%
Delegated consulting services	149,947	100%	155,728	99%
Other	52	-	1,256	1%
Total	149,999	100%	156,984	100%

The Delegated Consulting Service 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 2023	31 December 2022
	£'000	£'000
Fair value of assets	149,999	156,984
Present value of funded defined benefit obligations	(164,982)	(159,407)
Funded status	(14,983)	(2,423)
Present value of unfunded defined benefit obligation	(851)	(825)
Asset/(liability) recognised on the balance sheet	(15,834)	(3,248)

Amounts recognised in income statement

	31 December 2023	31 December 2022
	£'000	£'000
Operating cost		
Current service cost	-	-
Past service cost	-	100
Financing cost		
Interest on net defined benefit liability	53	(714)
Pension income recognised in profit and loss	53	(614)

Amounts recognised in Other Comprehensive Income

	31 December 2023	31 December 2022
	£'000	£'000
Asset (losses)/gains arising during the year	(10,536)	(175,762)
Liability gains/(losses) arising during the year	(5,564)	133,977
Actuarial (loss)/gain on defined benefit pension scheme	(16,100)	(41,785)

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

	31 December 2023	31 December 2022
	£'000	£'000
Opening defined benefit obligation (DBO)	160,232	292,995
Interest expense on DBO	7,208	5,525
Actuarial (gains)/losses on liabilities	5,564	(133,977)
Net benefits paid out	(7,171)	(4,411)
Past service cost	-	100
Closing defined benefit obligation	165,833	160,232

Changes to the fair value of scheme assets during the year

	31 December 2023	31 December 2022
	£'000	£'000
Opening fair value of scheme assets	156,984	329,556
Interest income on scheme assets	7,155	6,239
(Loss) on scheme assets	(10,536)	(175,762)
Contributions made by the company	3,567	1,362
Net benefits paid out	(7,171)	(4,411)
Closing fair value of scheme assets	149,999	156,984

Actual return on scheme assets

	31 December 2023	31 December 2022
	£'000	£'000
Interest income on scheme assets	7,155	6,239
Gain/(loss) on scheme assets	(10,536)	(175,762)
Actual return on scheme assets	(3,381)	(169,523)

17. Honoraria

	2023	2022
	£	£
Trustees		
Professor Dame Carrie MacEwen (Chair)*	110,000	97,083
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
Professor Deepa Mann-Kler	18,000	18,000
Dr Rajesh Patel	18,000	18,000
Professor Suzanne Shale	18,000	18,000
Miss Alison Wright	18,000	18,000
Dr Jeeves Wijesuriya†	12,000	-
Mr Douglas Millican†	12,000	-

* Appointed Chair from May 2022.

† Appointed as Council Member May 2023.

Honoraria payments are permitted by the governing document GMC, the *Medical Act 1983*, paragraph 17, schedule 1.

	2023	2022
Medical Practitioners Tribunal Service Committee members		
Dame Caroline Swift*	-	97,657
Ms Gill Edelman (Gillian Gordon)	3,720	3,720
Mrs Joy Hamilton	3,720	3,720
Professor Jacky Hayden	7,440	7,440
Dr Simon Mackenzie†	3,720	1,113
Dr Tushar Vince *	-	1,166
Her Honour Judge Deborah Taylor‡	98,456	-

* Demitted as MPTS Committee member 2022.

† Appointed as MPTS Committee member 2022.

‡ Appointed as Chair of MPTS Committee March 2023.

	2023	2022
Audit and Risk Committee co-opted members		
Ms Aneen Blackmore*	-	-
Mr Jon Hayes	3,752	3,255
Mr Kenneth Gill†	930	4,030

* Appointed as ARC Committee member October 2023.

† Demitted as ARC Committee member March 2023.

	2023	2022
Investment Committee co-opted members		
Mr Keith Mackay	2,688	2,945
Mr Michael Jennings	2,086	2,480

	2023	2022
GMC Services International Ltd		
Dr Andrew McCulloch	318	310

18. Travel and subsistence expenses claimed in 2023

	2023	2022
	£	£
Trustees		
Professor Dame Carrie MacEwen (Chair)*	4,661	1,812
Mr Steve Burnett	3,259	2,840
Dr Vanessa Davies	3,733	1,395
Professor Anthony Harnden	1,323	555
Lord Philip Hunt	952	383
Professor Paul Knight	3,419	3,127
Professor Deepa Mann-Kler	3,773	5,133
Dr Rajesh Patel	2,837	1,631
Professor Suzanne Shale	510	431
Miss Alison Wright	628	-
Dr Jeeves Wijesuriya†	1,706	-
Mr Douglas Millican†	1,421	-

* Appointed Chair from May 2022.

† Appointed as Council Member May 2023.

	2023	2022
Medical Practitioners Tribunal Service Committee members		
Dame Caroline Swift*	-	25
Mrs Gill Edelman (Gillian Gordon)	724	-
Mrs Joy Hamilton	1,107	-
Professor Jacky Hayden	774	508
Dr Simon Mackenzie†	683	328
Dr Tushar Vince*	-	-
Her Honour Judge Deborah Taylor‡	81	-

* Demitted as MPTS Committee member 2022.

† Appointed as MPTS Committee member 2022.

‡ Appointed as Chair of MPTS Committee March 2023.

	2023	2022
Audit and Risk Committee co-opted members		
Ms Aneen Blackmore*	-	-
Mr Jon Hayes	519	278
Mr Kenneth Gill†	29	522

* Appointed as ARC Committee member October 2023.

† Demitted as ARC Committee member March 2023.

	2023	2022
Investment Committee co-opted members		
Mr Keith Mackay	-	56
Mr Michael Jennings	21	127

	2023	2022
GMC Services International Ltd		
Dr Andrew McCulloch	-	-

	2023	2022
Senior management team		
Mr Charlie Massey - Chief Executive	6,521	4,903
Mr Shaun Gallagher - Director of Strategy and Policy	4,074	3,982
Mrs Una Lane - Director of Registration and Revalidation	5,101	2,603
Dr Colin Melville - Medical Director and Director of Education and Standards	5,648	3,906
Mr Anthony Omo - General Counsel and Director of Fitness to Practise	3,691	3,769
Mr Paul Reynolds - Director of Strategic Communications and Engagement	416	3,697
Mr Neil Roberts - Director of Resources	9,969	7,491

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 the UK Government and of those we regulate, and are 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 Medical Practitioners Tribunal Service 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 earlier in this report.

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 2023, we received 450 requests for personal information under the UK General Data Protection Regulation (GDPR). This was an increase of 10.6% from 2022. We also received 845 information requests under the Freedom of Information Act in 2023, up 3% from 2022.

We achieved 78% against our target to respond to 80% of personal information requests within the statutory timeframe. For Freedom of Information requests, we achieved 85.2% against our target of responding to 90% within 20 working days.

Our registration reference with the Information Commissioner's Office is Z7423389.

Paying for goods and services

We paid 96% 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
Investment adviser	Mercer Limited 1 Tower Place West Tower Place London EC3R 5BU
Solicitors	The majority of our legal work is carried out by our in-house legal team.
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Actuary and pension scheme adviser	Aon Parkside House, Ashley Road Epsom Surrey KT18 5BS

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