

Report to the Northern Ireland Assembly 2020

Foreword – by Charlie Massey, Chief Executive

On behalf of the General Medical Council (GMC) I am pleased to present our first annual report to the Northern Ireland Assembly. This comes following a year of extraordinary challenges for the health and social care system and its workforce, who have done an incredible job to provide care to patients.

We hope this report provides Members of the Legislative Assembly (MLAs) with greater insight into the work we do. It illustrates how we have engaged with our partners, the Department of Health (Northern Ireland), regulatory bodies and organisations representing doctors and patients, around joint priorities to improve the wider health and social care system. It also highlights how we've worked with others to respond to the coronavirus (COVID-19) pandemic. We have been impressed by the commitment and resilience of healthcare professionals and the power of collaboration, as organisations have worked together.

We're presenting our report in advance of what we expect will become a statutory duty for regulators in 2021, a duty that we strongly support as part of a wider set of legislative reforms to make professional regulation simpler and more flexible. While we already produce an annual report and financial statements for the UK Parliament, we positively welcome the proposal that we also submit annual reports to the three devolved legislatures of the UK.

In 2021, our focus will be on supporting the health services across the UK to improve working environments and cultures, making them supportive, inclusive and fair. We are committed to making sure our processes are as efficient and effective as possible and we expect changes to UK legislation will allow us to improve how we carry out our role. We'll also take on regulation of physician associates and anaesthesia associates roles, maximising their contribution to the workforce.

We look forward to continuing to work with our partners to better support the profession, so they can provide the best care for patients in Northern Ireland and across the UK.



Charlie Massey

What we do

The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our primary purpose is to protect patients and the public. The way we do this is by supporting doctors in their efforts to deliver high-quality care, and reducing the pressures associated with the ever-changing demands of the health service in Northern Ireland.

Our team in Northern Ireland

Our Belfast office was established in 2006. In 2019, we opened new offices, located in Belfast city centre, which supports our engagement with doctors, patients and stakeholders. The team, led by Jane Kennedy, Head of GMC Northern Ireland, is dedicated to supporting doctors and medical students on the frontline. We offer learning and development opportunities to help doctors understand our ethical guidance and apply it to their day-to-day work.

The pandemic has led to significant changes in the way we work. We've identified new and flexible ways to support the Health and Social Care service, and to support the profession and patients.

Our team has, for example, pivoted to virtual engagement and our employer liaison advisers continue to support health bodies in managing concerns at a local level. They've also advised on the changing approach to appraisal and revalidation, and thresholds for the referral of doctors into our processes.

Our national liaison advisers have also continued to deliver training sessions on our guidance. In 2020 they trained over 450 doctors across the five Health and Social Care Trusts. Since April 2020, sessions have taken place virtually. And over the summer, we reached out to our stakeholders to ask how we could best fit their needs in this challenging time and continue offering support to doctors on the ground.

At the beginning of the academic year 2020/21, we delivered virtual teaching sessions for all first- and third-year medical students at Queen's University Belfast.

In July, we moved our free, 'Welcome to UK practice workshops', online. These interactive sessions, designed to help doctors new to working in the UK, are available to all international medical graduates (IMGs) starting work in Northern Ireland. These sessions have been very popular, with over 1,300 doctors taking part across Northern Ireland, Scotland and Wales in the last six months of 2020.

During 2020, we've also sought views from doctors and patients to help shape how we regulate in the future; and how we bring the health systems together to create a safer environment for those working in, and being treated by, our health service.

Council is comprised of 12 members – six lay and six medical. One Council position is reserved for a person living or working predominately in Northern Ireland. Over the last eight years, Lady Christine Eames served as the Northern Ireland Council Member, making a vital contribution to our work. In January 2021, she was replaced on Council by Professor Deepa Mann-Kler.

Council members play a crucial role in setting our strategy, goals and overseeing our work as regulator, with a firm focus on our primary role of protecting the public. Christine and Deepa bring insight from Northern Ireland that is vital to our work as a four country regulator.

As part of our new relationship framework, Una Lane, Director of Registration and Revalidation, has taken on the additional role as our Sponsor for the Department of Health (Northern Ireland). Una will support our Chair, Dame Clare Marx, Charlie Massey and our Northern Ireland team in their engagement with senior officials.

Our response to the pandemic

The rapid spread of COVID-19 presented many challenges for the UK, for the health service and for healthcare staff. As in 2020 our focus continues to be on supporting the response.

We acted quickly using our emergency powers to give temporary registration to doctors who had recently left the register, so they would be able to come back to support the service. As of November 2020, there were 25,405 doctors with temporary registration in the UK, including 769 doctors in Northern Ireland. In November, we surveyed all doctors with temporary registration. We are now reviewing the responses to help us consider how we can support the profession in caring for patients during this uncertain time and further into the future.

We were pleased to collaborate with Northern Ireland partners on other aspects of the response. We regularly updated the Department of Health (Northern Ireland) on the changes and continue to provide advice to doctors as they navigate the complexities of

changed ways of working. We also supported Queen's University Belfast and the Northern Ireland Medical & Dental Training Agency (NIMDTA) to enable the earlier deployment of final year medical students into the Health and Social Care service.

The key actions we took to support the pandemic response included:

- granting provisional registration to 7,290 medical students across the UK, including 224 in Northern Ireland who were then deployed to hospitals in Health and Social Care Trusts
- moving the revalidation dates for some doctors and amending our processes to make them more flexible
- reviewing our processes to make sure that doctors in training could continue to progress through their medical training programme, while continuing to maintain our standards
- working with medical royal colleges and education bodies to implement changes to enable trainees to continue to progress through their specialty training without completing certain requirements, where it was safe to do so
- developing online resources for doctors to answer commonly asked questions about practising during the pandemic and signposting to useful wellbeing resources from organisations in Northern Ireland and across the UK
- writing to the chief executives of the Health and Social Care Trusts in Northern Ireland, asking them to support Queen's University Belfast as they re-established clinical learning opportunities for medical students. Clinical placements have resumed across the sector.

We continue to consider how we meet some of our statutory functions in a new virtual world. Having moved to virtual hearings in March, the Medical Practitioners Tribunal Service reopened in August for socially distanced hearings. We've also resumed the Professional and Linguistic Assessments Board (PLAB) 1 and 2 tests, which doctors arriving from overseas need to sit before they can practise. And we've restarted face-to-face ID checks for medical students wishing to join the register.

Supporting patients

Despite the challenges, we have continued to involve patients and the public in our work, so we can continuously improve our interactions and processes.

Last year, we launched our new [patient charter](#) to demonstrate how we aim to provide a high standard of service to those who have raised concerns about their doctor. It illustrates our commitment to treat every person who contacts us fairly and with dignity, and to make sure that all complaints are handled in the most appropriate way.

We are also committed to improving the way we communicate with the public. We offer several ways for patients and their families to communicate with us in the environment that's best for them. Our patient liaison advisers, when lockdown measures allow, will meet face-to-face with patients in our office in Belfast upon request.

Twice a year, we host a large-scale roundtable event across the four countries of the UK to engage with organisations representing patients and with patient representatives. This not only enables us to hear directly from patient groups on what matters to them, but also provides an opportunity for our partners to share their views with each other and hear about areas of good practice.

We're also in the process of developing a long-term approach to our patient and public involvement to align with [our new corporate strategy](#). We want to embed patient experience and best practice across the organisation and throughout the UK. A new approach will enable us to support our commitment and enthusiasm for even greater involvement from patients and the public.

Northern Ireland in numbers

We hold a wealth of data on doctors practising across the UK, which enables us to report on detailed trends in the medical workforce.

As of 03/11/2020 there were 7,806 doctors on our register with a Northern Ireland address. This represents 2.6% of the total number of doctors (298,063) on our register in the UK.

Table 1 – Number of doctors on the GMC register by UK country *

Doctor Location by UK Country	
England	243,981
Northern Ireland	7,806
Scotland	24,066
Wales	12,198
Non-UK	10,012
Total	298,063

In Northern Ireland, there is also an almost 50/50 gender balance for doctors on our register. UK wide, 52.5% of doctors on our register are male and 47.5% are female.*

Table 2 – Number of doctors on the GMC register by Primary Medical Qualification (PMQ) location *

Doctor Location by UK Country	Number of doctors			Total
	European Economic Area (EEA)	International Medical Graduate (IMG)	UK	
England	20,432	66,952	156,597	243,981
Northern Ireland	704	513	6,589	7,806
Scotland	1,402	2,733	19,931	24,066
Wales	744	3,234	8,220	12,198
Non-UK	2,582	6,582	848	10,012
Total	25,864	80,014	192,185	298,063

In Northern Ireland, 84% of doctors hold a UK medical qualification, 9% have a qualification from a country in the European Economic Area (EEA) and 7% are International Medical Graduates (IMGs).* [Our data about doctors with a European primary medical qualification in 2020](#) provides further information about doctors from the EEA working in the UK.

There are 1,958 doctors in training in Northern Ireland. 70% of those who graduated in 2019 studied at Queen's University Belfast.*

In 2019, we received 93 fitness to practise enquiries about doctors in Northern Ireland. This represents 1.1% of the total fitness to practise enquiries we received in 2019.** In the last two years, we have made changes to our fitness to practise processes, so we can deal with concerns quicker, reduce the impact on doctors and ultimately protect patients in a more timely manner.

[The state of medical education and practice in the UK report](#) provides a range of original data, research and insights. The 2020 report highlights how the spring peak of the pandemic affected health services, patient care and the profession in all four countries of the UK.

- Four out of five (81%) doctors experienced significant changes to their work and over two fifths (42%) were redeployed.
- A third (32%) of doctors also indicated that the initial phase of the pandemic had a negative impact on their mental health and wellbeing.
- The medical workforce continues to grow, with a record rise in the number of licensed doctors between 2019 and 2020 (5%). From 2012 to 2020, the number of licensed doctors grew by more than 14%.
- A third (36%) of doctors said they were considering reducing their clinical hours, a decrease from nearly half (46%) in 2019.

- The UK medical workforce is increasingly ethnically diverse. More than half (54%) of the doctors joining the register in 2020 identified as black and minority ethnic (BME).
- The number of IMGs joining the UK medical workforce continues to increase. Between July 2019 and June 2020, over 10,000 IMGs joined – more than UK and EEA graduates combined.

* Correct as at 03/11/2020

** UK country breakdown is calculated based on incident location

Supporting the medical profession

We're taking action to address the issues that have been raised with us about the environments in which doctors work, and the impact of systems pressures on medical practice.

In February 2020, we held a series of events across the four countries of the UK where we explored how to build on the good work already taking place to support the medical profession. The meetings followed on from the publication of the three independent reviews that we published in 2019, ['Caring for doctors Caring for patients'](#), ['Fair to refer?'](#), and the ['Independent review of gross negligence manslaughter and culpable homicide'](#).

Throughout the pandemic, we remain committed to this important programme of work. Our team in Northern Ireland routinely raise awareness of the recommendations in the reports in our interactions with doctors, medical leaders and employers. In collaboration with the Department of Health (Northern Ireland)'s Improving Junior Doctors and Dentist Working Lives Group, we are focusing on recommendations relating to the wellbeing of doctors in training. We have also welcomed engagement with the Northern Ireland Medical Leaders Forum and the Health and Social Care Leadership Centre on this important issue.

Working together with our partners

To be an effective, relevant four country regulator, we listen to the views of our partners across the UK. This has never been more important as the health service continues to deal with the pressures of the pandemic and is still likely to for some time.

Our team meet with stakeholders in Northern Ireland to raise awareness of our role and functions, develop our policy and guidance and share data and insight to prevent patient safety risks arising. In 2020, we continued to engage with a wide range of stakeholders while ensuring we did not place undue pressure on them during the pandemic.

- We reached out to Health and Social Care Trusts to ask how we could best meet their needs and continue offering support to the doctors working in their organisations.
- We held a series of meetings with Northern Ireland representatives from medical royal colleges. These meetings informed the GMC Council's understanding of the impact of the pandemic on the profession in Northern Ireland.
- In July, we held an introductory meeting with the Minister of Health, Robin Swann MLA, to discuss our pandemic response.
- Following a successful introductory meeting with the Interim Chair and Interim Chief Executive of the Regulation and Quality Improvement Authority (RQIA), we agreed to review our information sharing arrangements and to consider opportunities for collaboration to enhance patient safety in Northern Ireland.

We remain strongly committed to working with our partners across the UK to understand new challenges the pandemic has created and what opportunities exist for greater flexibility and innovation within healthcare systems. We will proactively respond to and support any positive changes by working in partnership with our stakeholders in Northern Ireland.

Our UK Advisory Forums

Twice a year, we formally consult our partners through our UK Advisory Forum. Members include the Department of Health (Northern Ireland), medical leaders, medical education bodies, system and professional regulators, plus patient representative organisations. The Forum allows us to focus on long term priorities and seek views on policy development.

At our last UK Advisory Forum meeting for Northern Ireland in October 2020, we heard about the challenges of recovering services while the pandemic continues. The importance of the retention of the existing workforce and of supportive working environments was also discussed. Members also highlighted the implications of the pandemic for medical education. Despite this, members highlighted remarkable achievements; including ongoing innovation across healthcare, increased collaboration and regulatory alignment.

Responding to inquiries and reviews in Northern Ireland

We are working collaboratively with the Independent Neurology Inquiry, providing written and oral evidence. We have been investigating concerns about the doctor at the centre of the inquiry since April 2018. This year, we contacted the patients who have been in touch with us, or with the inquiry, to update them on our investigation.

Our team regularly engages with the Inquiry into Hyponatremia-related Deaths work programme and we are committed to supporting work underway to improve the culture of openness in the Health and Social Care system. We continue to investigate a number of

doctors linked to the inquiry and have been in contact with the families connected to these investigations.

Preparing for the end of the UK-EU transition period on 31 December 2020

We are committed to working with officials in the UK government, Northern Ireland Executive and the Medical Council of Ireland to establish a recognition system for medical qualifications between the Republic of Ireland, Northern Ireland and the rest of the UK after the end of the two-year transition period.

In October, we [responded](#) to the UK Government Department for Business, Energy & Industrial Strategy's (BEIS) consultation on the future of the recognition of qualifications system. We are working to make sure that EEA and IMG doctors have a route to registration in the UK that ensures equitable treatment between different cohorts of doctors and that does not result in undue burden being placed on applicants. We also submitted additional evidence to the Department for the Economy (Northern Ireland) on Northern Ireland specific issues.

Quality assuring medical education

One of our key roles is to set the standards for providers of medical education and training. We work closely with Queen's University Belfast and NIMDTA to regularly check that those standards are met.

On 31 July 2020, Ulster University Graduate Entry Medical School (UUGEMS) successfully passed stage six of our multi-stage approval process for new medical schools. All institutions looking to establish a new medical school are subject to an extensive period of quality assurance. UUGEMS remains on target to admit its first cohort of 70 postgraduate medical students in September 2021.

To support work in quality assurance, each year we conduct a national training survey (NTS) with trainees and trainers. This year, we made some changes to the NTS, given the possible burden on doctors. We made it shorter, more accessible and placed an emphasis on how doctors were affected by the pandemic. Among the Northern Ireland results we found:

- 82.8% of trainees and 86.2% of trainers felt the pandemic had limited chances for trainees to gain required competencies
- trainees continued to rate their clinical supervision as good or very good (86.3%), which is consistent with results from the past three NTS reports
- 84.4% of trainees and 70.7% of trainers felt that their workplace encouraged a culture of teamwork between all healthcare professionals

- 41.4% of trainees and 47.9% of trainers told us they either often or always felt worn out at the end of the working day.

These figures are broadly consistent with results from the other UK countries. As ever, the results will support our collaborative work with NIMDTA.

Looking to the future

Legislative reform

We have been calling for changes to the Medical Act 1983 for many years. We believe that the reforms will give us increased flexibility, so we are better able to respond to the changing needs of our stakeholders, enabling us to better support doctors and enhance patient safety. Ahead of any consultation from the UK Department of Health and Social Care (DHSC), we continue to work with the UK Government, the Department of Health (Northern Ireland), our fellow professional healthcare regulators and other key stakeholders.

As a regulator, we don't have direct influence over the way the health system is structured, or the resources that are in place to support it. But we can help the profession to deal with the challenges it faces, on the wards or in the community, by ensuring a proportionate approach wherever possible to maximise the time doctors spend with patients. There is a real and very tangible role for regulation to play in supporting doctors' delivery of excellent care, and in ensuring they have the skills necessary to do so.

Bringing medical associate professionals (MAPs) into regulation

Since 2019, we have been working with the four UK governments and stakeholders to prepare to regulate physician associates and anaesthesia associates. We're pleased to support the development of a valuable new workforce, which can complement and support doctors in their roles. Health departments from all four nations are represented on our MAPs external advisory group. Northern Ireland has one physician associate training course, provided by Ulster University at their Coleraine campus. The two-year course has an intake of 20 students per year.

Medical Licensing Assessment

We're introducing the Medical Licensing Assessment, which will test the essential professional skills, knowledge and behaviours needed for safe practice in the UK.

All students graduating from UK medical schools from the academic year 2024–25 will be required to pass the Medical Licensing Assessment as part of the degrees awarded by their university. This will enable students to gain provisional registration with a licence to practise medicine in the UK. Medical schools and universities have agreed to embed the

Medical Licensing Assessment as part of finals and we are working closely with them on the design and delivery, which will be subject to regulatory oversight by us.

From early 2024, the Medical Licensing Assessment will also be taken by international medical graduates, who currently take the PLAB assessments. This will be an assessment set and run by the GMC.

Ahead of the Medical Licensing Assessment going live, we'll continue to give key partners and stakeholders from across the four countries of the UK the opportunity to contribute to the development of the programme.

Corporate strategy

In November, we published our [Corporate strategy 2021–25](#). Our vision is to be an effective, relevant and compassionate multi-professional regulator for patients, the public and medical professionals, and as an employer. To do so, every aspect of our work will be shaped by four strategic themes:

- enabling professionals to provide safe care
- developing a sustainable medical workforce
- making every interaction matter
- investing in our people to deliver our ambitions.

While we're clear on what we want to achieve, we know that delivering change takes time. That's why we designed this strategy to be flexible and responsive to any issues that we can't yet foresee. It also enables us to adapt to reflect the different priorities affecting the four countries of the UK.

Equality, diversity and inclusion (ED&I) are fundamental to our work as a regulator and employer, which is why we've integrated robust ED&I commitments into our new strategy and future plans. These commitments are driven by our ambition to make progress in tackling persistent issues related to inequality, and to achieve positive changes and outcomes for the diverse groups we work with and for. Having a diverse and inclusive workforce, both within the GMC and in healthcare systems across the UK, is vital. We'll be open in our progress to identify and address issues around fairness and inequality, by tracking and reporting our progress in our annual reports to the UK Parliament and the devolved legislatures.

Continuing our work together in Northern Ireland

We recognise the importance of building strong relationships with our partners and decision makers across Northern Ireland to deliver our goals and continue to support the wider Health and Social Care system.

We will continue to meet twice a year through our UK Advisory Forum, and our senior team, including our Chair and Chief Executive, will regularly meet with senior healthcare leaders. Our engagement with patients and families connected to ongoing fitness to practise investigations and inquiries will continue.

Through our collaborative approach, we will seek to remain an effective, relevant and compassionate regulator for patients, the public and professionals.

We want to make sure that decisions taken in Northern Ireland that affect doctors, patients and the GMC are positive and informed.

We will engage Assembly members, to raise awareness about our role as a four country regulator and our statutory duties to protect patients.

We will also continue to share our data, research and insights to support decision makers in Northern Ireland. Through the work of our team in Northern Ireland, we will build on our close working relationships with our partners including: the Department of Health (Northern Ireland), RQIA, NIMDTA and the Patient and Client Council. We will seek to work collaboratively to increase regulatory alignment in Northern Ireland and promote effective leadership and supportive working environments.

We look forward to playing our part supporting the Health and Social Care service in Northern Ireland over the coming year.

More information



Our team in Northern Ireland, led by Jane Kennedy, is happy to meet with MLAs to provide more information about our work and discuss what information would be useful in future reports. To arrange a meeting, please email us at GMCNI@gmc-uk.org

A qualified nurse, Jane has extensive policy, clinical and operational management experience in Health and Social Care in Northern Ireland. While on secondment to the Department of Health (Northern Ireland), Jane was the Programme Lead for the implementation of revalidation in Northern Ireland and worked alongside primary and secondary care colleagues to support the development of local systems to support revalidation.

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