

# Scotland report 2020



Working with doctors Working for patients

General  
Medical  
Council

## Report to the Scottish Parliament

### 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 Scottish Parliament. 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 Scottish Parliament (MSPs) with greater insight into the work we do. It illustrates how we have engaged with our partners, the Scottish Government, 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 Scotland 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 Scotland.

## Our team in Scotland

Our Edinburgh office was established in 2003. It's located close to the Scottish Parliament and supports our engagement with doctors, patients and stakeholders. The team, led by Nicola Cotter, Head of GMC Scotland, is dedicated to supporting doctors and medical students on the frontline. We also 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 Adviser continues 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 600 frontline doctors in Scotland. Since April 2020 sessions have taken place virtually. And over the summer we reached out to health boards and medical schools to ask how we could best meet their needs in this challenging time. During this time, we've also spoken with over 600 medical students.

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 Scotland. These sessions have been very popular, with over 1,300 doctors taking part across Scotland, Wales and Northern Ireland in the last six months of 2020.

During 2020, we also sought views from doctors and patients to help shape how we regulate in the future; and how we can bring stakeholders across Scotland together, to create safer environments 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 predominantly in Scotland. The Privy Council designated Professor Paul Knight as the Scotland member, although two other members are also resident (Dr Vanessa Davies and Professor Carrie MacEwen). 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. Paul brings insight from Scotland that is vital to our work as a four country regulator.

As part of our new relationship framework, Anthony Omo, General Counsel and Director of Fitness to Practise, has taken on the additional role as our Sponsor for the Scottish Government. Anthony will support our Chair, Dame Clare Marx, Charlie Massey and our Scotland team in their engagement with senior officials.

## Our response to the pandemic

The rapid spread of the coronavirus presented many challenges for the country, for the health service and for healthcare staff. 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 2,451 doctors with a registered address in Scotland. 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 Scottish partners on all aspects of the response. We regularly updated the Scottish Government on our approach to temporary emergency registration and we continue to provide advice to doctors as they navigate the complexities of changed ways of working. We also worked closely with NHS Education for Scotland (NES) and the Scottish medical schools to enable final year medical students to support the health service where needed.

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

- granting provisional registration to 7,290 medical students across the UK, including over 790 from Scotland
- contributing to the NHS Education for Scotland medical students' workforce steering group to support their effective deployment during the first peak

- moving 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, as well as signposting doctors to useful resources about wellbeing, from organisations in Scotland and across the UK
- writing to the Chief Executive of NHS Scotland asking for their support for universities as they re-established clinical learning opportunities for medical students.

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 have 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're also committed to improving the way we communicate with the public. We offer several options for patients and their families to communicate with us. Our Patient Liaison Advisors, when pandemic lockdown measures allow, meet face-to-face with patients in our office in Edinburgh upon request.

Twice a year, we host a large-scale roundtable event across the four countries of the UK to engage with patient organisations and patient representatives. This not only enables us to hear what matters to them, but it 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 work, to align with [our new corporate strategy](#). We want to embed patient experience across the organisation.

## Scotland in numbers

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

There are 24,066 doctors on our register with a Scotland address. This represents 8.1% of the total number of doctors (298,063) on our register in the UK.\*\*

Table 1 - 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
<b>Total</b>	<b>298,063</b>

51.7% of doctors on our register are female and 48.3% male. UK wide, 52.5% of doctors are male and 47.5% 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	<b>243,981</b>
Northern Ireland	704	513	6,589	<b>7,806</b>
Scotland	1,402	2,733	19,931	<b>24,066</b>
Wales	744	3,234	8,220	<b>12,198</b>
Non-UK	2,582	6,582	848	<b>10,012</b>
<b>Total</b>	<b>25,864</b>	<b>80,014</b>	<b>192,185</b>	<b>298,063</b>

In Scotland, 82.1% of doctors hold a UK medical qualification, 5.8% have a qualification from a country in the European Economic Area (EEA) and 11.3% are 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 5,941 are doctors in training in Scotland.\*

In 2019, we received 448 fitness to practise enquiries about doctors in Scotland. This represents 5.2% of the total FtP 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](#) provides a range of original data, research and insights that highlight how the spring peak of the COVID-19 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 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 commissioned in 2019, '[Caring for doctors Caring for patients](#)', '[Fair to refer?](#)', and the '[Independent review of gross negligence manslaughter and culpable homicide](#)'. At our event in Scotland, partners agreed that we should collaborate on a programme of work on leadership, collective workforce challenges (including induction), team-based working and regulatory alignment.

Throughout the pandemic, we remain committed to this important programme of work. Our team in Scotland routinely raise awareness of the recommendations in the reports in our interactions with doctors, medical leaders and employers. We have also jointly established a medical workforce wellbeing stakeholder group along with the British Medical Association (BMA) and Scottish colleges. And we sit on the Government's Mental Health Network Oversight Group, representing the professional regulators.

## 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 meets with stakeholders in Scotland to raise awareness of our role and functions, develop our policy and guidance and share data and insight to help prevent patient safety risks arising. In 2020, we continued to engage with a wide range of partners in a way that didn't place them under undue pressure during the pandemic.

- Over the summer, we reached out to NHS Boards to ask how we could best fit their needs in this challenging time and continue offering support to the doctors working in their organisations.

- In October 2020, we met with the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, to discuss our response to the pandemic and to the Independent Medicines & Medical Devices Safety Review. We also met with MSPs to discuss their concerns on the impact of failed vaginal mesh removals.
- We meet with Scottish Government officials regularly, including the Chief Medical Officer. In 2020, we provided a training session to senior members of the health workforce directorate on the role our data can play in assisting them with their policy priorities.
- We launched our updated guidance to the profession on [Decision making and consent](#). It provides a framework to help doctors practise shared decision making and aligns with the Realistic Medicine in Scotland. Ahead of the guidance coming into effect, the Chief Medical Officer [wrote](#) jointly with us to Scotland's Medical Directors to highlight the guidance to doctors.

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 Scotland.

### **Regulatory alignment**

At the outset the pandemic, we set up a weekly call with other professional regulators in Scotland – the Nursing & Midwifery Council (NMC), the General Dental Council (GDC) and the General Pharmaceutical Council (GPhC). These calls enable us to share COVID-19 experiences and to identify collective concerns requiring escalation. We continue to meet to discuss shared priorities, and in doing so provide assurance to Scottish Government on regulatory alignment.

We have also been working with partners, including the Scottish Government, NES, Healthcare Improvement Scotland (HIS) and other professional and system regulators to secure the implementation of an emerging concerns protocol (ECP) for Scotland. This will provide a mechanism for greater joint working when regulators become aware of concerns.

### **Our UK Advisory Forums**

Twice a year, we formally consult our partners in Scotland through our UK Advisory Forum. Members include the Scottish Government, medical leaders, medical education bodies, HIS, and patient representatives.

The last forum was held in October 2020 and topics of discussion included the impact of the pandemic on education and training. Attendees reflected on the impact of the pandemic on trainees' wellbeing and their need to have a practical understanding of how their training is likely to be impacted moving forwards.

There was also discussion about the exhaustion faced by healthcare staff and managers due to the pandemic. The forum considered the wellbeing support the service can offer in response, agreeing a continued focus is required.

## 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 NES to make sure that those standards are met.

To support our work to quality assure medical education and training, every year, we survey all doctors in training and trainers across all four countries of the UK. Because of the pandemic, we made this year's national training survey (NTS) shorter and placed an emphasis on how doctors were affected by the pandemic. Among the Scottish results we found:

- 83% of trainees and 89% 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 (89%), which is consistent with results from the past three national training surveys
- 86% of trainees and 75% of trainers felt that their workplace encouraged a culture of teamwork between all healthcare professionals
- 45% of trainees and 41% 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 work with NES to tackle issues identified by the survey, to share examples of positive practice and to support trainees and trainers.

## 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 Department of Health and Social Care (DHSC) we continue to work with the UK government, the Scottish Government, NES, 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. We're doing this by ensuring a proportionate approach wherever possible to maximise the time doctors are able to spend with patients. There is a very real and very tangible role for regulation to play in supporting doctors to deliver good 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 physicians' assistants (anaesthesia). 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. We're also engaging directly with NES and the Scottish government on relevant aspects of regulatory development.

The latest figures suggest there are 82 of these professionals working in the NHS in Scotland. The University of Aberdeen is the only institution in Scotland currently offering this course and graduates approximately 30 students each year. Across the UK, there are around 2,000 students studying to join the professions. We look forward to working further with stakeholders to consider the growth and development of this workforce.

### **Medical Licensing Assessment**

We're introducing the Medical Licensing Assessment (MLA), 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 MLA 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 MLA 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 MLA will also be taken by IMGs who currently take the PLAB assessments. This will be an assessment set and run by the GMC.

Ahead of the MLA 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 2020, 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 Scotland**

We recognise the importance of building strong relationships with our partners and decision makers across Scotland to deliver our goals and continue to support the wider health 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.

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 decisions taken in Scotland that affect doctors, patients and the GMC are positive and informed.

We will engage MSPs, following the elections in May, 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 Scotland. Through the work of our team in Scotland, we will build on our close working relationships with the Scottish Government, NES, HIS and other organisations. We will seek to collaborate on areas including recovery from the coronavirus, workforce development, and improving culture, leadership and support within the health service.

We look forward to playing our part supporting the health service in Scotland over the coming year.

## More information



Nicola Cotter, Head of GMC Scotland, and our team in Scotland are happy to meet with MSPs 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 [gmcscotland@gmc-uk.org](mailto:gmcscotland@gmc-uk.org).

Nicola is responsible for setting the strategic direction of the GMC's work in Scotland and delivering the corporate strategy. She has over 25 years of management experience including 15 years working across the health and care sector in Scotland, supporting health professionals, patients and their families, and influencing policy development around person-centred care.

Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

Telephone: **0161 923 6602**

General Medical Council, Regent's Place 350 Euston Road, London NW1 3JN.

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

## Join the conversation



[@gmcuk](https://twitter.com/gmcuk)



[facebook.com/gmcuk](https://facebook.com/gmcuk)



[linkd.in/gmcuk](https://linkd.in/gmcuk)



[youtube.com/gmcuktv](https://youtube.com/gmcuktv)

To ask for this publication in Welsh, or in another format or language, please call us on **0161 923 6602** or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org).

Published March 2021

© 2021 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).

Code: GMC/SR2020/0321

**General  
Medical  
Council**