

Report to the Senedd 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 Senedd. 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 the Members of the Senedd with greater insight into the work that we do. It illustrates how we've engaged with our partners including the Welsh Government, regulatory bodies and organisations representing doctors and patients, around joint priorities to improve the wider health and social care service in Wales. It also highlights how we've worked with others to respond to the coronavirus (COVID-19) pandemic. We've been impressed by the commitment and resilience of healthcare professionals and the power of effective 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 that they can provide the best care for patients in Wales 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 Wales.

Our team in Wales

Our Cardiff office was established in 2006. It's located close to the Senedd and supports our engagement with doctors, patients and stakeholders. The team, led by Jenny Duncan, Acting Head of GMC Wales, 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 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've trained 166 frontline doctors, in four health boards. 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 to over 300 medical students, which included 10 virtually run events.

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 Wales. 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 also sought views from doctors and patients to help shape how we regulate in the future; and how we can bring stakeholders across Wales 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 predominately in Wales. This is currently Steve Burnett.

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. Steve brings insight from Wales that is vital to our work as a four-country regulator.

As part of our new relationship framework, Neil Roberts, Director of Resources, has taken on the additional role as our Sponsor for the Welsh Government. Neil will support our Chair, Dame Clare Marx, Charlie Massey and our Wales team in their engagement with the most senior officials.

Our response to the pandemic

The rapid spread of the coronavirus presented many challenges for the UK, 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, there were 25,405 doctors with temporary registration in the UK, including 1,123 doctors in Wales. In November, we surveyed all doctors with temporary registration. We are now reviewing the responses to help us consider how we can continue to support the profession in caring for patients during this uncertain time and further into the future.

We were pleased to collaborate with Welsh partners on all aspects of the response. We regularly updated Welsh 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 Health Education and Improvement Wales (HEIW), and Cardiff and Swansea Universities to enable final year medical students to support the health service where needed.

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

- granting provisional registration to 7,290 medical students across the UK, including 375 from Wales
- 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 wellbeing resources from organisations in Wales and across the UK
- writing to the Chief Executive of NHS Wales 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'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're 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 advisors, when lockdown measures allow, meet

face-to-face with patients in our office in Cardiff and we offer Welsh language services 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.

Wales in numbers

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

There are 12,198 doctors on our register who are practising in Wales. This represents 4.1% 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 Wales, there is 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 Wales, 67.3% of doctors hold a UK medical qualification, 6.1% have a qualification from a country in the European Economic Area (EEA) and 26.5% 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 2,590 doctors in training in Wales, 48.6% of those who graduated in 2019 studied at Cardiff and Swansea Universities.*

In 2019, we received 273 fitness to practise enquiries about doctors in Wales. This represents 3.2% of the total 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 that highlight 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 European Economic Area 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 the event in Wales, partners agreed to collaborate on a programme of work on leadership; induction, support and ongoing development; regulatory alignment; wellbeing and healthy workplaces; and basic facilities and hygiene factors.

Throughout the pandemic, we remain committed to this important programme of work. Our team in Wales routinely raise awareness of the recommendations in the reports in our interactions with doctors, medical leaders and employers of doctors. We also plan work closely with HEIW specifically around compassionate leadership. And we have wider plans to share our data with Welsh Government and HEIW as they take forward the Wales Workforce Strategy.

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 Wales 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 health boards to ask how we could best meet their needs and continue offering support to the doctors working in their organisations.
- In 2020, our Chair and Chief Executive met with senior medical leaders in the Welsh Government, royal medical colleges and HEIW, to update them on our work. They also discussed the impact of pandemic on the profession and patients in Wales.
- In October, 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 Prudent Healthcare Principles in Wales. Ahead of the guidance coming into effect, the Chief Medical Officer [wrote](#), jointly with us, to Wales's Medical Directors to highlight the guidance to doctors.
- In November, we met with the Minister for Health and Social Services and the Deputy Chief Medical Officer, to outline how we've supported the pandemic response. We also discussed the impact that the pandemic has had on the BME community, and how we continue to address specific issues around equality and diversity.

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 Wales.

Sharing data and insight

We have a productive relationship with HEIW and are supportive of initiatives that align closely with our priorities, such as Compassionate Leadership, improved inductions and support for doctors' wellbeing. This year, we met with the Head of Workforce Data and Analytics at HEIW to brief them on how our data can support their implementation plans for the Wales Workforce Strategy. We're also working closely with the medical royal colleges, Healthcare Inspectorate Wales (HIW), and HEIW on triangulating the data we all hold to form a picture of the current and future workforce.

Regulatory alignment

We're working closely with our regulatory partners to align our shared objectives and frameworks, and we're considering whether it's possible to share our approaches to local clinical governance. Since the start of the pandemic, we've worked closely with HIW and other healthcare regulatory partners on the impact of the pandemic on services and health professionals. We're also working closely with them on the Wales-wide review into

maternity services, and specifically regarding Cwm Taf, whose services remain in special measures.

In October, we liaised with HIW to update and strengthen our information sharing arrangements and to consider opportunities for collaboration to enhance patient safety. We also took part in the Healthcare Summit in May and in October, working with other regulatory and inspection bodies to discuss patient safety concerns in the health boards.

Since the outbreak of the pandemic, we have had regular calls with other healthcare regulators, including the Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), General Dental Council (GDC), to share experiences and identify any common concerns to report back to Welsh Government.

Our UK Advisory Forums

Twice a year, we formally consult our partners through our UK Advisory Forum. Members include the Welsh Government, medical leaders, medical education bodies, system and professional regulators, and 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 in October 2020, held in virtual form, we heard about the challenges of recovering services, while the pandemic continues. Despite this, members highlighted remarkable achievements, including ongoing innovation across healthcare, support for staff from BME communities, increased collaboration and regulatory alignment.

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 HEIW to make sure that those standards are being met.

In 2019, Cardiff and Swansea medical schools and HEIW took part in a pilot of our new quality assurance process, which we designed to be more proportionate, flexible and responsive. Their input has been invaluable and helped us shape and refine this process, which we've now rolled out to other parts of the UK.

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 Wales results we found:

- 82% of trainees and 88% 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%), which is consistent with results from the past three national training surveys
- 83% of trainees and 66% of trainers felt that their workplace encouraged a culture of teamwork between all healthcare professionals
- 50% of trainees and 47% 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 HEIW to tackle issues identified by the survey, to share examples of positive practice and to support trainees and trainers.

Welsh language

We're strongly committed to meeting the needs of Welsh speakers who interact with us and use our services. We already operate a Welsh Language Scheme and we're committed to strengthening our existing services to respond to the changing needs of the public and the profession. We welcome the Welsh Government's consultation on the Welsh Language Standards for healthcare regulators. Over the summer, we worked closely with colleagues across the organisation, and with other healthcare regulators, to ensure that we're able and prepared to improve the services we currently offer. We will continue to meet regularly with the Welsh Language Commissioner to be guided on compliance when the Standards are introduced.

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 engage with the UK Government, the Welsh Government, HEIW, 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 spend with patients. There is a 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 anaesthesia associates. We're pleased to support the development of these valuable professions, which can complement, and support, doctors in their roles. Health departments from all four nations are represented on our external advisory group and we're also engaging directly with HEIW and the Welsh Government on relevant aspects of regulatory development.

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, 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. We designed this strategy to be flexible and responsive to any issues that we can't

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 Wales

We recognise the importance of building strong relationships with our partners and decision makers across Wales 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 Wales that affect doctors, patients and the GMC are positive and informed.

We will engage Members of the Senedd, 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. Through the work of our team in Wales, we will build on our close working relationships with HEIW, HIW, and other organisations to ensure the workforce is better supported to deliver safe and effective care.

We will do this through: collaboration with our partners supporting the new Workforce Strategy implementation plans; ongoing dialogue and data sharing at HIW's biannual Healthcare Summits; and by raising awareness of our research into the experiences of doctors, particularly those who are from BME backgrounds.

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

More Information

Our team in Wales, led by Jenny Duncan, is happy to meet with MSs 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 gmcwales@gmc-uk.org.



Jenny is the Acting Head of GMC Wales, having worked for the GMC since 2018, where she led on policy and external affairs in Scotland. She has significant experience of the regulatory, policy and legislative landscape in devolved countries, having worked within the Scottish Government, the Scottish Parliament and the third sector. Jenny has experience liaising with Whitehall, working for a leading multi-academy trust in England, which built and ran schools in areas of educational and economic disadvantage.

Email: gmc@gmc-uk.org

Website: 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
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