Managing the medical register

All data is correct as at 31 December 2020 unless otherwise specified.

The medical register\(^1\)

<table>
<thead>
<tr>
<th>Region</th>
<th>医生数</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>7,460</td>
</tr>
<tr>
<td>EEA / Switzerland</td>
<td>2,081</td>
</tr>
<tr>
<td>Rest of the world</td>
<td>7,686</td>
</tr>
</tbody>
</table>

17,227医生 joined the medical register for the first time.

4,755医生 joined the specialist register.

2,970医生 joined the GP register.

5,755医生 joined the medical register.

Granting temporary emergency registration

For the first time since September 1940, we used our emergency powers to grant temporary emergency registration to doctors. 80 years after it was needed during World War II, in March 2020, our health services were once more faced with a monumental crisis.

We restored 34,837 doctors to a licence or registration with a licence. This only included doctors with a UK address who had left the register or given up their licence to practise in the previous three years, and who didn’t have any outstanding complaints, sanctions or conditions on their registration.

In October, we surveyed 26,439 doctors who held temporary emergency registration, to understand if they were using their registration. Over 20% of the doctors who responded said they would consider returning to the profession permanently. As at 30 December 2020, 25,344 of these doctors were still on the medical register.

We’ll work with the profession and partners to embed learnings from this initiative, so we can continue to support the profession to deliver good patient care.

1 These figures include doctors with temporary emergency registration.
Managing the medical register

Here's some more information about the diverse group of doctors who we granted temporary registration to.

The medical register

Number of doctors on register: 335,694
Number of doctors with a licence: 297,618 (89% of the register)
Number of doctors on GP register: 77,679
Number of doctors on specialist register: 104,412

Geographical distribution

- Scotland: 10%
- Wales: 4%
- Northern Ireland: 3%
- England: 83%

Primary medical qualification gained

- 70% UK
- 21.7% Rest of the world
- 8.3% EEA / Switzerland

Role

- Around a third are GPs
- Around 35% are specialists

2 Some doctors may be on both the GP and the specialist registers.
Adapting and expanding our Clinical Assessment Centre

6,331 doctors took PLAB 1 in 2020.

3,640 doctors took PLAB 2 in 2020.

The PLAB day feels very different to how it used to. Most examiners are now remote marking and we are using telephone stations so many of the role-players aren’t required to be physically in the room with candidates. Arrival times are spread out with only small groups arriving at a time.

– Alex Harding, Administrator and Technical Operator

I think the exam was very well organised and it went off much smoother than I thought it would. I didn’t feel like we were disadvantaged in any way, compared to the candidates who took their exam before COVID-19. Thank you!

– Feedback from a PLAB 2 candidate

With the onset of the pandemic, we had to close our Clinical Assessment Centre, where internationally qualified doctors take the PLAB 2 exam as part of their registration application process.

The centre remained closed from March to August 2020, during which time we were able to develop measures to allow socially distanced PLAB 2 exams.

We were delighted to be able to reopen the centre and restart exams in August, initially with a capacity of 16 doctors per day. This increased to 32 doctors in October.

This still only represents less than half of the 72 places per day we were able to offer prior to the pandemic. So we decided to build an additional, temporary PLAB 2 circuit on the second floor of our Manchester office, where we have sufficient space to comply with social distancing and all other safeguards. With the additional capacity, we’re now able to test around 11,000 candidates per year.
Addressing the impact of the pandemic on medical education and training

We worked closely with undergraduate and postgraduate deans, trusts, boards, colleges, trainee representatives and statutory education bodies across the UK to ensure robust quality assurance of medical education and training throughout the pandemic.

Easing pressure on doctors in training

We introduced several changes to support trainee progression and minimise disruption, including:

- approving around 550 additional training locations – including all the Nightingale hospitals – to allow trainees who were redeployed to different sites and/or specialties to count the experience gained towards their training progression

- adapting our approvals process to allow medical royal colleges and faculties to change curricula more quickly, so that assessments could be adapted to new working conditions, while making sure the same competencies are required to attain a certificate of completion of training

- working with medical royal colleges, faculties and trainees to develop new guidance for postgraduate exams during the pandemic, which has enabled over 100 exams to run safely, while upholding standards.

Together with partners across the system, we’re now exploring how best to retain some of the changes we’ve introduced, including increased flexibility.

Quality assuring medical schools and identifying risks in education and training environments

In March 2020, we had to pause face-to-face quality assurance visits and enhanced monitoring in response to pandemic restrictions.

We used our monitoring systems and held meetings with medical schools and postgraduate training organisations to identify any risks in different education and training environments. We then monitored how these risks were being managed locally. From June 2020, we were able to restart quality assurance visits virtually. Where necessary, we also conducted on-site visits to maintain patient safety.

We used enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training.

We carried out 86 quality assurance visits and found:

- 7 areas of good practice
- 17 areas where our standards were met, but where we identified improvements that could be made
- 5 areas that required improvement

4 issues were escalated to our enhanced monitoring process
6 enhanced monitoring issues were resolved in 2020

---

We use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training.
In 2020, we progressed open cases where we could, but we knew that some employers and doctors wouldn’t be able to assist with our investigations at such a critical time. This meant that some cases progressed more slowly, or not at all for a time.

From the start of July, after careful consideration and in agreement with responsible officers, we started to progress existing fitness to practise cases again, where it was possible.

A flexible and proportionate approach

Our priority, as always, remains patient safety. But we’ve recognised the importance of taking a flexible and proportionate approach to fitness to practise cases in challenging circumstances.

To help our decision makers apply this principle consistently and fairly, we issued new guidance on the specific issues that may have a bearing on doctors’ practice during the pandemic, such as access to suitable personal protective equipment (PPE) and the disproportionate burden of disease and mortality carried by doctors from black and minority ethnic backgrounds. Doctors have a duty to provide the best and safest care to patients that’s possible under the circumstances at the time, so we continue to assess each concern on a case-by-case basis.

Using provisional enquiries to swiftly assess safety concerns

We’ve reviewed most of the concerns we’ve received about patient care during the pandemic using our provisional enquiries process. This has helped us consider at the earliest stage whether a doctor poses a risk to patients, opening full investigations only where necessary. To support this, we also published new overarching provisional enquiries guidance.

8,468 concerns were raised with us in 2020

- 6,318 were made by a member of the public.
- 707 were related to the pandemic.
- 1,117 met our statutory threshold for investigation. Of these:
  - 276 were referred to a tribunal
  - 52 agreed undertakings
  - 59 were issued with a warning
  - 641 concluded with no action.
- 415 were considered under provisional enquiry. Of these:
  - 318 were closed
  - 1 was referred
  - 74 were progressed to investigation
  - 22 are still in progress.
Investigating and acting on concerns

- 465 calls were made to our confidential helpline.

Our Patient Liaison Service supported 340 patients, relatives, and members of the public who raised concerns about a doctor.

- 96% felt that staff showed empathy for their situation.
- 92% found the meeting helped them understand what action we could take.

Supporting patients and doctors involved in fitness to practise investigations

During the pandemic, our Patient and Doctor Liaison team continued to offer meetings to both complainants and doctors involved in the fitness to practise process. As soon as the severity of the pandemic became apparent, the team moved all their meetings to either telephone or video calls, so they could maintain support for people who needed it.

“Following the decision to pause a number of investigations in order to relieve pressure on doctors and health care providers, Patient Liaison Officers also began offering meetings to inform patients of the reasons we had paused some investigations and also what they could expect from the investigation when we were in a position to proceed.

– Laura Berryman, Patient and Doctor Liaison Manager”
Introducing flexibility around revalidation dates

In March 2020, we wrote to all responsible officers (ROs) to explain that we were changing revalidation dates for doctors who were due to revalidate between 17 March and the end of September 2020. Deferring revalidation dates enabled doctors to focus on providing the best possible patient care during the pandemic.

Our employer liaison advisers (ELAs) continued to support ROs who were grappling with new and difficult challenges, by shifting to online meetings. This key line of communication crucially helped us understand how the profession was coping during the pandemic. In response to the feedback we received, we decided to also move revalidation submission dates back one year for doctors whose dates fell between 1 October 2020 to 216 March 2021.

So, all in all, any doctors whose revalidation submission date fell between 17 March 2020 to 16 March 2021 had their revalidation submission date moved back by one year.

However, ROs also told us that they would like more flexibility to make recommendations to revalidate doctors where they were ready to do so. Therefore, we put all doctors whose dates were moved under notice from 8 June 2020. This meant that ROs could make a recommendation to revalidate any doctor whose date had changed, from that date up until their new revalidation date.

ELAs have also supported ROs with emerging concerns, appraisals, and concerns about changing national guidance. The ELAs also continued to work with trusts and boards to address local concerns.

---

4 Revalidation is the process by which doctors demonstrate they remain up to date and fit to practise. By law, every doctor working in the UK is required to revalidate once every five years.

5 Recommendations for revalidation are usually submitted to the GMC by a doctor’s responsible officer, most often a senior doctor – such as a medical director – in an organisation employing doctors.

---

We received 32,661 revalidation recommendations.

We made 99% of revalidation recommendations within 5 working days.

We approved 1,730 recommendations of non-engagement.

We approved 19 licences were withdrawn.

Employer Liaison Advisers supported over 600 responsible officers.
Providing guidance and advice to doctors through a new online resource hub

The pandemic posed unique challenges to doctors working in the UK’s healthcare systems. It was essential to provide clear, targeted guidance to support medical professionals in challenging situations.

So we developed a Coronavirus online guidance hub, a bespoke online resource providing guidance specifically with regard to working in the context of the pandemic. The hub includes information on remote consultations, consent, working safely, and health and wellbeing.

The Department of Health identified our hub as an example of good practice in a letter to all trust chief executives.

In developing the resource, we used insights from our ethical enquiry service, and from discussions between our Outreach teams and the profession. This helped us to identify the key themes that doctors needed guidance and support for. We also consulted with our Strategic equality, diversity and inclusion advisory forum and the Black and Minority Ethnic (BME) Doctors Forum.

We’ve since continued to update the content on the hub to reflect dynamic developments throughout the pandemic.

Early in the pandemic, the most common themes were concerns regarding personal protective equipment (PPE) allocation, the health risk to doctors, and working outside of competence. In the following months, we received a significant number of enquiries relating to remote consultations, specifically the practicalities as well as concerns around how to obtain sufficient consent from patients.

– Chloe Harrison, Standards Enquiries Officer

---

6 A large proportion of ethical enquiries came from doctors, but we also received some from the public, professional organisations and other sources.
7 See page 24 for more about our recent work on our guidance, Good practice in prescribing and managing medicines and devices.
Supporting doctors to apply our ethical guidance

Kelly Tully, Senior Regional Liaison Adviser, joined our Outreach team in the midst of the pandemic.

'It became apparent early on that our team would need to adjust our approach to the role to meet the changes lockdown and the pandemic would bring.

Prior to the pandemic, we would be on the road visiting a variety of organisations, including hospital trusts and boards. As part of our role, we would deliver interactive sessions that promote our standards and raise awareness about how doctors can apply them in practice.

Our biggest challenge in 2020 was that we didn’t have the existing infrastructure in place to easily switch from face-to-face to virtual offerings. So we set up a virtual delivery project to increase our capabilities in virtual engagement.

Our advisers adapted extremely well to the difficult circumstances they faced and I am pleased to say that evaluations of sessions continue to be glowing, showing that despite the challenges we faced, we continued to provide a professional service of high-quality guidance sessions for trainees.’

Using provisional enquiries to swiftly assess safety concerns

In response to pandemic restrictions, we also began running online versions of our free Welcome to UK practice workshops for doctors new to working in the UK.

The workshops help doctors adjust to the working culture of the UK healthcare systems and provide practical guidance on ethical scenarios they might encounter. They also give participants a chance to meet other internationally-qualified doctors who have also recently started practising in the UK.

Our virtual delivery will continue as we adapt to the changing external landscape. Our long-term goal is to reach an established hybrid model of engagement, whereby virtual engagement complements our traditional face-to-face approach. See page 27 for more on how we’ve expanded these workshops.

Our Outreach teams engaged with over 13,500 doctors and over 7,500 medical students across the UK in 2020.

99.7% of doctors said that the session improved their knowledge of our role and standards.

Over 3,700 doctors attended our virtual Welcome to UK practice workshops.

96% said they would change their practice as a result.
Using insight to support the profession and sharing data to inform important workforce discussions

Between January and March, around 13,000 doctors responded to our Completing the picture survey. The survey focused on the causes behind doctors stopping practising medicine in the UK and the barriers preventing them from returning to practice. The findings provided us and our partners with fresh insights into key issues affecting the maintenance and development of the medical workforce.

Ordinarily, we would follow a set process of analysing the results and writing a story-lined report before formally publishing the results. However, the onset of the pandemic made the sharing of insights and information more urgent.

So we adapted our processes and shared early emerging findings with partners in March, to help inform important discussions about the workforce in the context of COVID-19. We then shared different relevant parts of the data with various stakeholders throughout 2020. We were careful to caveat that these were emerging findings that still required further analysis.

Stakeholders welcomed this early essential insight, which shed some light on the risks and issues affecting doctors’ practice in a timely way.

As well, we shared data, research and case studies that explored doctors’ experiences throughout the first peak of the pandemic in The state of medical education and practice in the UK. See page 31 for more on this.

We adapted our processes and shared early emerging findings with partners in March, to help inform important discussions about the workforce in the context of COVID-19.

8 For more information about our data and insight work, see page 32.