General Medical Council

Summary note of UKAF 7 May 2026

Attendees

- Professor Dame Carrie MacEwen, Chair of the GMC (**Chair**)
- Claire Andrews, Interim Head of GMC Northern Ireland
- Dr Stephen Austin, Executive Medical Director, Southern HSC Trust (SHSCT)
- Professor Peter Bazira, Dean of School of Medicine, Ulster University
- Dr Thomas Bourke, Officer for Ireland, Royal College of Paediatrics and Child Health (RCPCH)
- Dr Gemma Clements, ADEPT Clinical Fellow
- Professor Kathy Cullen, Director of the Centre for Medical Education, Queen's University Belfast (QUB)
- Dr Mark Feenan, Council Member, BMA Northern Ireland
- Dr Julie Anne Forbes, Associate Dean, SAS Career Development
- Professor Lourda Geoghegan, Deputy Chief Medical Officer, Department of Health Northern Ireland (DoH (NI))
- Dr Chris Hagan, Medical Director, Belfast Health and Social Care Trust
- Dr Camille Harron, Postgraduate Dean, Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Dr Laura Hetherington, ADEPT Clinical Fellow
- Una Lane, Director of Registration and Revalidation
- Meadhbha Monaghan, Chief Executive, Patient Client Council (PCC)
- Heather Moorhead, Chief Executive, Northern Ireland Confederation for Health and Social Care (NICON)
- Charlie Massey, Chief Executive
- Declan McAllister, Director of Registration and Corporate Services, Northern Ireland Social Care Council (NISCC)
- Marion McCann, Policy and External Affairs Manager Northern Ireland (**Notes**)
- Dr Kirsty McClelland, ADEPT Clinical Fellow
- Dr Jonathan McDowell, ADEPT Clinical Fellow
- Dr Maria O'Kane, Chief Executive Officer, Medical Council of Ireland (MCI) **(Observer)**
- Seamus O'Reilly, Interim Responsible Officer, Regulation and Quality Improvement Authority (RQIA)
- Dr Jaspreet Singh, ADEPT Clinical Fellow
- Professor Mark Taylor, Regional Clinical Director for Elective Care, Department of Health Northern Ireland (DoH (NI))

Welcome and Chair's introduction

1. The Chair welcomed attendees to the meeting and a round of introductions followed.
2. Claire Andrews provided an update on actions and discussion points agreed at the Autumn 2026 Northern Ireland UK Advisory Forum:

- Members were committed to delivering meaningful cultural change in the Health and Social Care system and aligned on the importance of leaders role modelling positive behaviours.
- A recurring theme was the readiness of doctors to step into leadership and management roles and the importance of supporting doctors and medical students at transition points in medical education and training.
- The insights shared fed into our consultation on Leadership and Management and Raising Concerns guidance. We hope to publish revised guidance in early 2027.

3. Claire drew attendees' attention to the following activity delivered by our Northern Ireland team:

- We facilitated the Northern Ireland Joint Regulators Forum MLA drop in event on 3 March 2026, which was attended by the Health Minister and the Chair of the Health Committee Philip McGuigan.
- We are continuing to engage with MLAs on the Northern Ireland Assembly Health Committee to support their understanding of professional regulation and highlight our data and insights to support workforce planning.
- We gave evidence to the NI Assembly Health Committee to support their scrutiny of the Adult Protection Bill. We welcome and support the intention of the draft bill, which is to prevent harm to vulnerable patients. We expect to have further input into the accompanying statutory guidance which will accompany this bill, as part of the planned public consultation.
- We successfully rolled out regional online sessions attended by on average 70 doctors from across all Health and Social Care Trusts. Topics covered have included Leadership and Management and Personal Beliefs.

Chief Executive's Update

4. Charlie Massey thanked members for attending. He provided an update on external events since the last meeting:

    - The Department for Health and Social Care have launched their consultation on the GMC Order, which will reform the legislation that governs how we regulate doctors. We have called for reform for a long time and warmly welcomed this significant step towards a more responsive and flexible framework that better serves the needs of patients and the professionals we regulate.
    - We published our latest Equality Diversity & Inclusion annual report at the start of the year, providing an update on progress against our ED&I targets. In terms of eliminating disproportionality in referrals, employer referral gaps are closing, and

we remain on course to meet our 2026 target. Education and training show a mixed picture. Continued, system-wide action is critical if we are to secure fairer cultures at every stage of the education and training pathway.

- We are running a dedicated survey that explores SAS and locally employer (LE) doctors' unique workplace experience. The survey is open until 2 June 2026.
- We are currently reviewing our guidance that supports registrants to provide good, safe care while taking account of their own beliefs and those of their patients. The consultation on our proposed changes is now open and we welcome responses until 11 June.
- Charlie noted Una Lane's forthcoming retirement and confirmed that Jane Kennedy will be returning from secondment to RQIA to her role as Head of GMC Northern Ireland in September 2026.

Presentations

5. Meadhbha Monaghan and Heather Moorhead delivered a presentation on the "People to Partners" model. Launched in 2025, this initiative aims to make patients and the public active partners in healthcare policy development and implementation. They highlighted:
    - The importance of shifting the relationship between health and social care services and the public from one of passive receipt to genuine partnership.
    - The Department of Health (Northern Ireland) and other government departments have adopted this approach; Northern Ireland is the first part of the UK to do this.
    - Alignment with wider reforms in Northern Ireland, such as the Neighbourhood Model of Health and Wellbeing and the shift to value-based healthcare approaches.

- Phil Martin provided an overview of what we are hearing from the health and social care systems, in the UK, about workforce priorities in the future and how these relate to our plans for our *Future education and career development* programme (FutureEd). He highlighted:
    - We have convened a four nation stakeholder group to develop a knowledge, skills and experience framework. Dr Chris Hagan and Dr Julie Anne Forbes are the representatives from Northern Ireland.
    - What we consistently hear from patients on their priorities for care, how these align with the Generic Professional Capabilities (GPC) framework and how relatable this is to doctors who are not on formal training programmes.
    - Our workforce data demonstrates the continued growth in LE doctors across the UK.
    - Our insights into the challenges being experienced by SAS and LE doctors, including risk of burnout, sufficient access to development opportunities, and career progression.

Member discussion

4. Carrie chaired a wide-ranging discussion covering the following themes:

- **Patients as partners:** Members emphasised that patient needs and experiences should drive education and training reform. There was consensus that better outcomes are achieved when patients are actively involved in shaping health care services and training approaches.
- **Wider context of the health and social care system**: Medical education and training in Northern Ireland is delivered in a complex system, with financial constraints that can inhibit innovation and reform.
- **Supporting the future medical workforce:** Training needs to reflect the need for more generalists in the health care service, with more services delivered in the community. It is important that medical students do not have false expectations about their future careers, they will work in different ways, and fewer doctors will work in very specialist roles.
- **Growth of SAS and LE doctors**: SAS and LE doctors contribute significantly to the medical workforce, particularly in service delivery. Members noted that their contribution is often under-recognised in workforce planning and policy. The growth of these cohorts of doctors and the implications of this to the future medical workforce is also not understood by politicians.
- **Mentorship and supervision:** There is a need for structured development opportunities, supervision and mentorship for all doctors, including SAS and LE doctors. Current arrangements create a "two-tier" system between training and non-training roles. It was highlighted that appraisal is focused on patient safety and is not intended to provide mentoring. There is a reliance on good will from colleagues to provide mentorship outside of their job role.
- **Education and training locations**: Medical students and trainees should have more opportunities to train in community settings; amongst the population they will provide healthcare services to in their future careers. This aligns with the ambition of the Department of Health (NI)'s Neighbourhood Care Model.
- **Training innovations delivered by employers**: Examples were shared of how employers had accessed the SAS development fund to provide training for doctors, specifically to address service gaps within Health and Social Care Trusts. These innovations have supported vulnerable services and improved patient outcomes. SAS doctors undertaking this training reported high levels of job satisfaction.
- **Portfolios and evidence of training:** There was support to reform the portfolio system to collate evidence of training and competency. Members noted this is a key issue being considered by the UK-wide Medical Training Review.
- **Leadership is required to implement reform:** Members noted the role of leaders in the health and social care system have in challenging the current negative narratives around access to training opportunities and changes to how training is delivered.

Summary and AOB

6. Summarising the main themes discussed by the Forum, Charlie Massey highlighted the challenges and opportunities:

- There is strong support for placing patients at the heart of education and workforce reform.
- Flexibility in medical education and training is challenging to deliver in a structured and planned way, due to the complexity of the health and social care system.
- There is a role for politicians in having honest conversations about what the future healthcare needs of the population are and how healthcare services will meet these.
- There is an opportunity to have honest conversations with medical students and doctors about what the population needs and the future makeup of the medical workforce. Medical students should not be set up with false expectations about their future careers.
- The growth in SAS and LE doctors is not an issue on the radar of political decision makers; it is important that they understand the implications of this for the future medical workforce.
- To address the “two tier” approach to training and supervision, the offer to SAS and LE doctors needs to be better.
- There are opportunities for “quick wins”; FutureEd gives us an opportunity to refocus on Generic Professional Capabilities, root patients at the centre of reform and consider how educators and trainers are valued.
- Conversations about FutureEd need to be less divisive and inclusive of wider health and social care workforce.

7. The Chair closed the meeting by thanking attendees for their participation.
8. The next Northern Ireland UK Advisory Forum meeting will take place on the morning of 30 September 2026.
9. GMC Council will meet in Northern Ireland on the morning of 1 October 2026, at Queen’s University's Riddell Hall. UK Advisory Forum members are invited to attend the public council session.