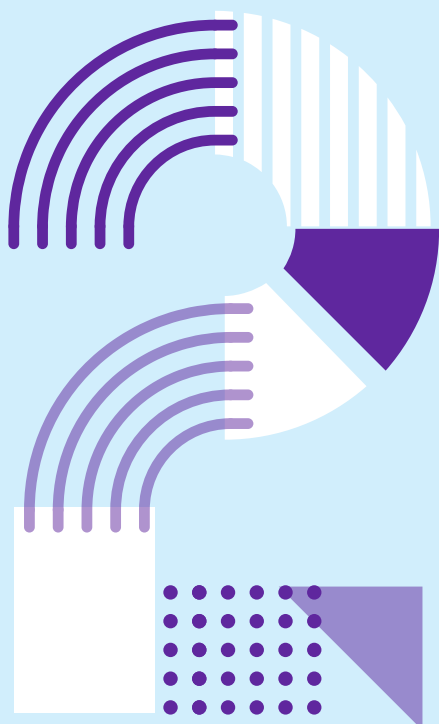
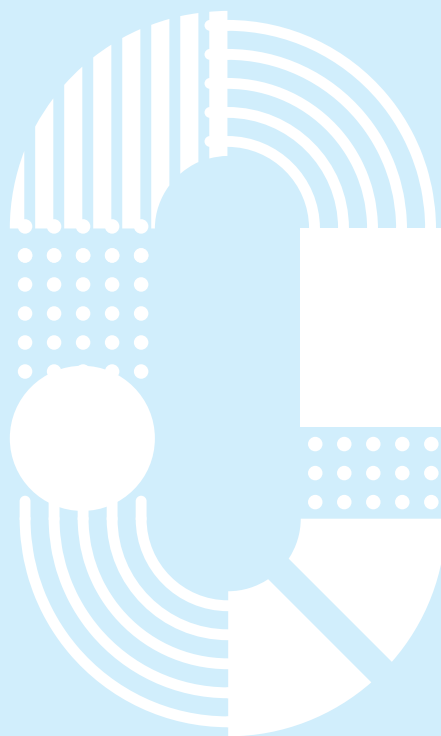
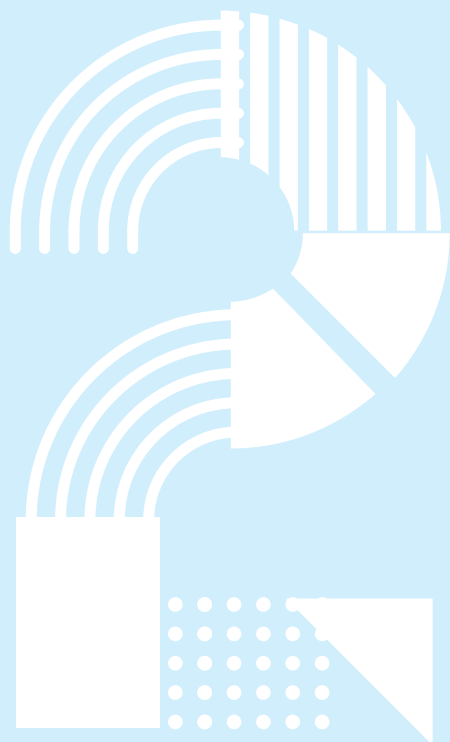


Our work in Northern Ireland

General
Medical
Council



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Foreword

Health services in Northern Ireland, as elsewhere in the UK, continue to operate in a complex and demanding environment, shaped by rising demand and workforce pressures. As a professional regulator, we maintain standards for safe patient care and work with others across the system on the issues that affect how care is delivered in practice.

2025 was the final year of our 2021–25 strategy. Over that five-year period, the composition of the medical workforce has diversified, bringing both opportunities and challenges. 2025 was also the first full year in which we regulated physician associates and anaesthesia associates. In an ever-evolving context, close collaboration and the sharing of insights across the system is more important than ever.

As part of our role, we work with others to inform planning for the future of services in Northern Ireland and across the UK. In 2025, we shared data and insight on changes in the medical workforce with partners including the Department of Health (Northern Ireland) and the Northern Ireland Medical and Dental Training Agency (NIMDTA), to help make sure that planning decisions are grounded in evidence.

As the profile of the workforce changes, it is vital that we maintain a strong focus on equality, diversity and inclusion and work with others as they embed these principles. To support this, we attended and contributed to Ulster University's interdisciplinary education event, which brought together medical students and other student healthcare professionals to build a shared commitment to inclusive practice.

We supported initiatives aimed at strengthening leadership and culture and helping healthcare teams navigate change. We have worked with the Regulation and Quality Improvement Authority and partners to develop *Being Human: a framework to strengthen safety culture across health and social care in Northern Ireland*. The framework highlights the importance of compassion, civility and respect within teams, and makes clear their link to patient safety.

We also convened healthcare and regulatory partners to discuss the importance of empathetic and supportive leadership, particularly when addressing concerns raised by patients. These discussions resulted in a shared commitment to cultural change in support of better patient outcomes.

Our contribution to this includes the continued roll-out of workshops for trainers on giving fairer feedback, supporting more constructive and equitable conversations. For the first time, we extended this work into primary care.

Looking ahead to our 2026–30 strategy, a key priority is modernising the legislation that underpins our work. Much of the current legislative framework dates back more than four decades and was not created with today's healthcare system in mind.

We are also engaged in setting the future direction for medical education and training. As the workforce changes, so too does the patient population, and our responsibility is to make sure that our standards keep pace. Education and professional development must be structured to give doctors, PAs, and AAs the skills and knowledge to meet patients' needs, while adapting to modern practice and career pathways. Our programme of work in this area will lay the foundations for sustainable careers in a health service that needs stability and retention of talent. This will be the

first full review of the education standards in a decade, a substantial undertaking that will take time. Our aim is to make sure the revised model reflects the needs of patients, professionals and the health services now and in the years ahead.

In a pressured and rapidly changing system, our role is to provide clarity, consistency and assurance for patients and the public. Working with partners across Northern Ireland will help us continue to support good, safe care for the people we serve.



Charlie Massey

Charlie Massey
Chief Executive



Carrie MacEwen

Professor Dame Carrie MacEwen
Chair

What we do

We are the independent regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs)* in the UK.†

We work with them and other stakeholders to:

- set the standards of patient care and professional behaviours doctors, PAs and AAs need to meet
- make sure doctors, PAs and AAs get the education they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they are keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what is expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk and take action if needed.



* We are aware that changes to PA and AA titles have been proposed in [the Leng review](#) and that the UK government is considering implementation. In the meantime, to make sure our regulatory processes and documentation remain clear and consistent, we are continuing to use the titles for these registered professionals that are currently set out in law.

† You can find out more about our work across the UK by reading our latest [annual report](#), available on our website.

Our presence in Northern Ireland

Our Belfast office was established in 2006 as part of our continued commitment to improve our understanding of, and support for, doctors and the health and social care system in Northern Ireland. Our Northern Ireland team engages with doctors, physician associates (PAs), anaesthesia associates (AAs), patients, employers, students, educators and stakeholders across the country.

Our work as a regulator in Northern Ireland is overseen by our [Council](#). Council plays a crucial role in setting our strategic goals and maintaining our focus on supporting the workforce in delivering good, safe patient care. It comprises twelve members: six lay members and six registrant members.

As part of our commitment to four-country regulation, in agreement with the Privy Council, one Council position is formally reserved for a person living or working predominantly in Northern Ireland, currently Deepa Mann-Kler.

Key relationships

As part of our work, we maintain close relationships with the Department of Health (Northern Ireland).

GMC Director of Registration and Revalidation Una Lane is our senior management sponsor for this relationship. She supports our Chair, our CEO and our Northern Ireland team in their engagement with senior officials around government policy.

“ NIMDTA is grateful to the GMC Northern Ireland outreach team for their ongoing delivery of excellent educational events. Their approachable and meaningful engagement has contributed to collaborative approaches to the understanding of standards, professionalism and lifelong learning which has emphasised quality, teamworking and compassion. ”

Professor Camille Harron, Postgraduate Dean, NIMDTA

Twice a year, we bring together our partners through our [UK Advisory Forum](#). Participants include:

- representatives from the Department for Health (Northern Ireland)
- health and social care leaders and representatives
- representatives from education bodies
- representatives from improvement bodies
- patient representative organisations.

The Forum allows us to focus on long-term priorities, seek views on policy development and identify areas of mutual interest that require cooperation. The insights shared via the Forum are invaluable in improving our understanding of the challenges faced by the professions and in highlighting how we can work with our partners to address those challenges.

We aim to be proactive in improving knowledge and awareness of our work, and the support we offer to doctors, PAs, AAs, patients, and our valued partners in the health and social care system in Northern Ireland.

Working with others

Our policy and external affairs team works with stakeholders in Northern Ireland to raise awareness of our role and functions, support the development of our policy and guidance, and share data and insights to improve systems and practice to improve patient safety.

Our outreach teams, and colleagues responsible for quality assuring education, work closely with organisations in the health and social care system in Northern Ireland to collectively promote and enable good, safe patient care, by advising doctors on how to practise to the standards we set, and supporting the effective management of concerns at a local level.

As part of our outreach team, our liaison advisers offer learning and development opportunities for doctors, PAs, AAs and students to help improve their understanding of the standards and how to apply them in their day-to-day work. In 2025, they facilitated 51 sessions involving 2,196 doctors in Northern Ireland, and 10 sessions involving 1,368 students in Northern Ireland.

One of our key roles is to set the standards for providers of education and training. Our education quality assurance colleagues and our liaison advisers work closely with Northern Ireland's two medical schools, Ulster University's physician associate course providers, and the Northern Ireland Medical and Dental Training Agency (NIMDTA) to make sure those standards are met.

The team also works to address challenges in training environments when these emerge.

We also provide support regarding revalidation and fitness to practise: our employer liaison adviser supports health and social care bodies to manage concerns locally, including advising on the thresholds for the referral of registrants to our fitness to practise processes.

As health services across the UK remain under pressure, we are committed to working with our partners to understand the challenges this presents to both professionals and the public, and the support the workforce needs in order to deliver and maintain high standards of patient care. Through our data and reporting, we have sought to shine a light on disparities in doctors' experiences and the shifting dynamics and demographics of the profession. We continue to use this data to inform and engage with our partners in the Northern Ireland health and social care system and across the UK as they look to develop more sustainable models of patient care for the future, as well as measures that support the whole workforce to thrive.



The Head of GMC Northern Ireland, Jane Kennedy, is responsible for setting the direction of our work to support the delivery of our corporate strategy in Northern Ireland. In June 2025 Jane started a one-year secondment at the Regulation Quality Improvement Authority, as Interim Director for Independent Health Care – and Claire Andrews was appointed Interim Head of GMC Northern Ireland. Thanks to her substantive role as Employer Liaison Adviser for Northern Ireland, Claire offers significant experience in the provision of advice and support to responsible officers in relation to revalidation, management of local concerns and threshold for referral – adding to previous experience gained as an allied health professional within the Northern Ireland health and social care system.



2025 in numbers

The register

Doctors on the register

Northern Ireland			UK		
2024	% change	2025	2024	% change	2025
9,008	↑ +6.3%	9,574	393,357	↑ +4.4%	410,556

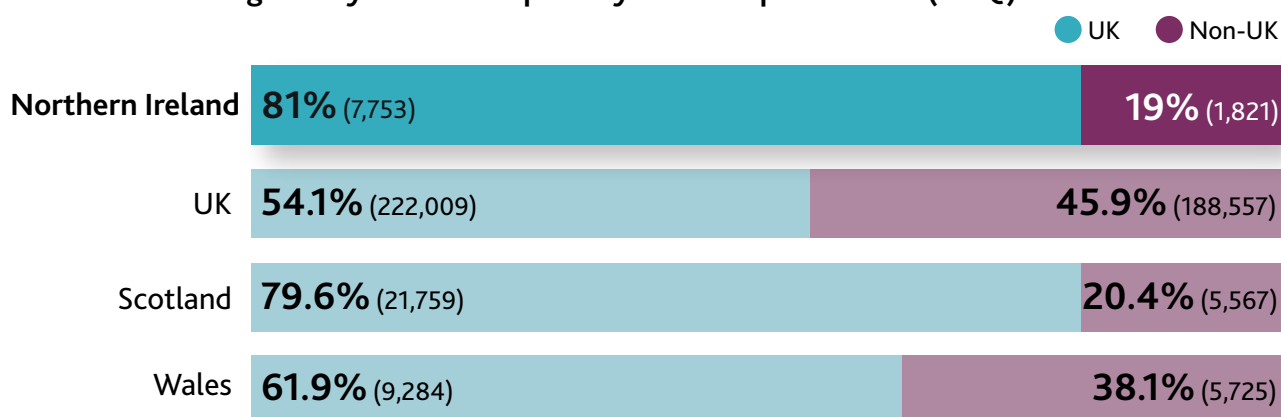
That is 2.3% of all doctors in the UK.

Scotland			Wales		
2024	% change	2025	2024	% change	2025
26,475	↑ +3.2%	27,326	14,594	↑ +2.8%	15,009

That is 6.7% of all doctors in the UK.

That is 3.7% of all doctors in the UK.

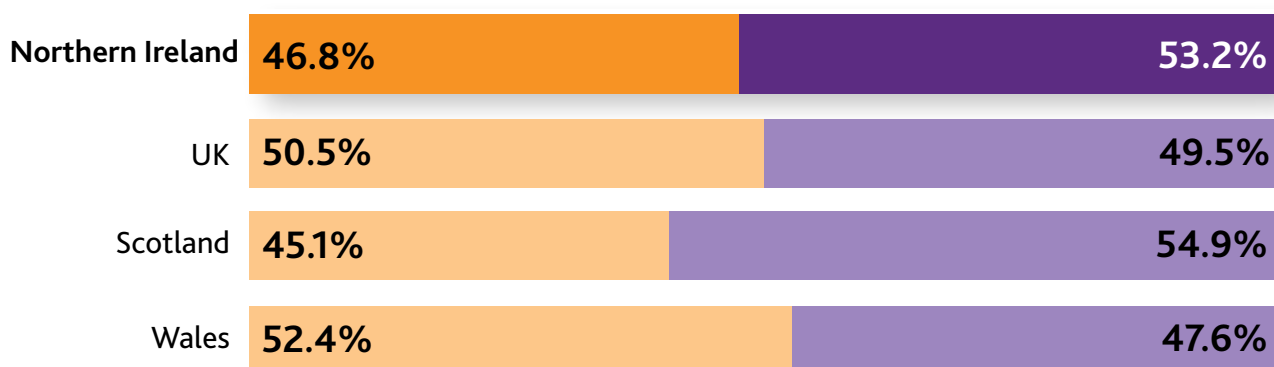
Doctors on the register by location of primary medical qualification (PMQ)



All figures as of 31 December 2025 and 2024 respectively, unless otherwise specified. All percentages are rounded to the nearest tenth of a percent: in some cases the numbers may therefore not add up to precisely 100%. Visit [GMC Data Explorer](#) to learn more about doctors' education and practice in the UK.

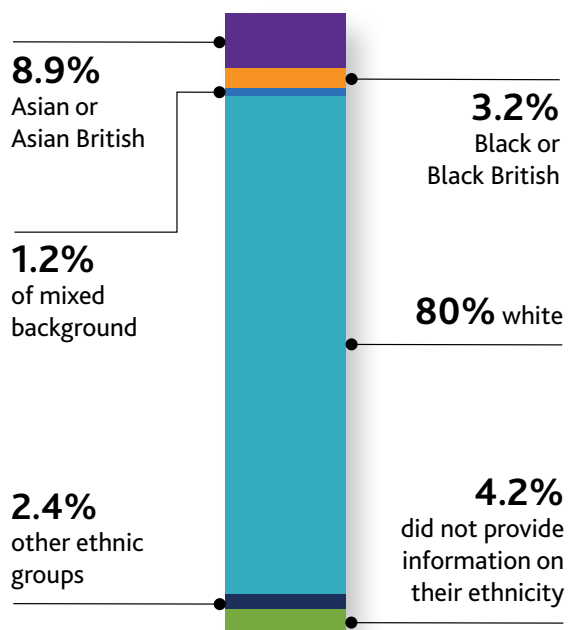
Doctors on the register by gender*

Men Women

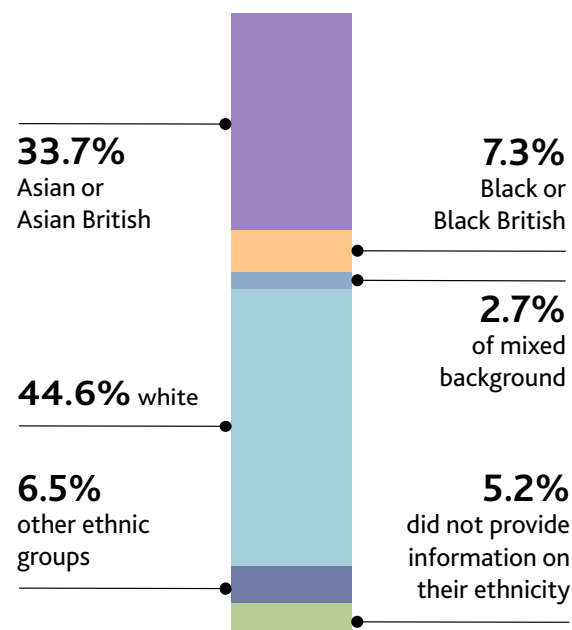


Doctors on the register by ethnicity

Northern Ireland

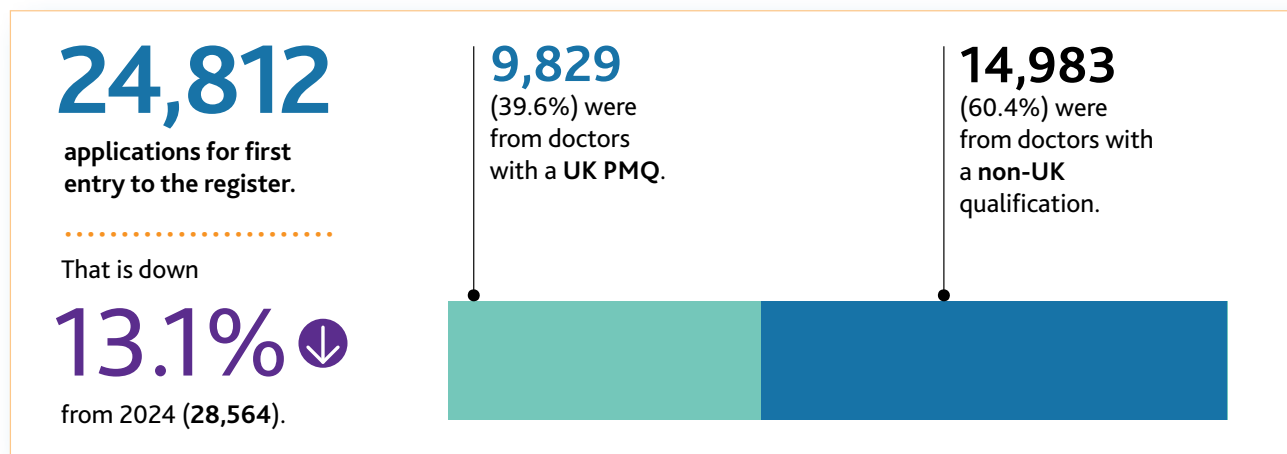


UK

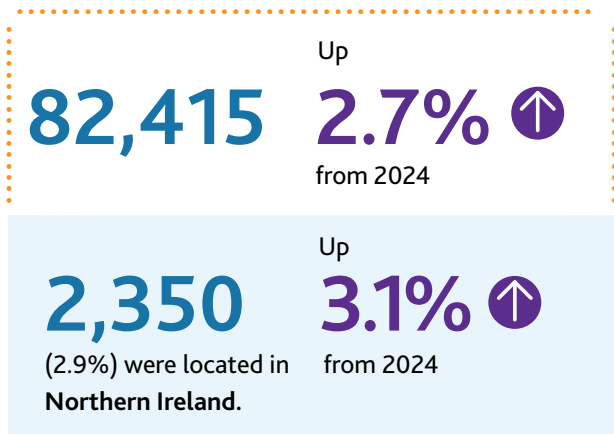


* This data includes all doctors on the register, with or without a licence to practise. In 2025, we achieved gender parity on the register for doctors with a licence to practise. Find out more on our [news archive](#).

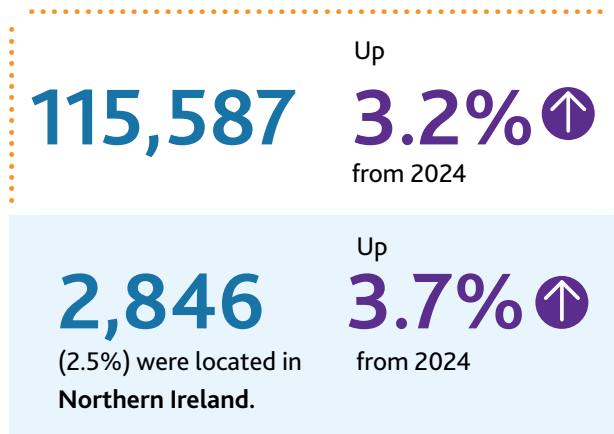
In the UK in 2025, we granted:



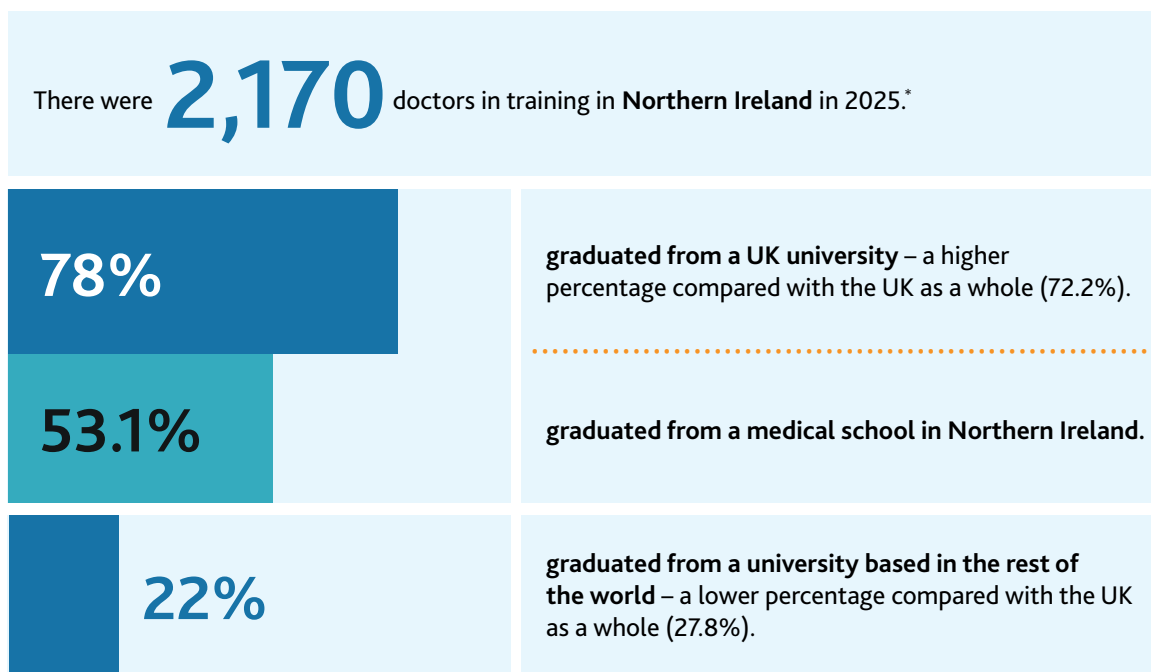
Total doctors on the GP Register



Total doctors on the Specialist Register

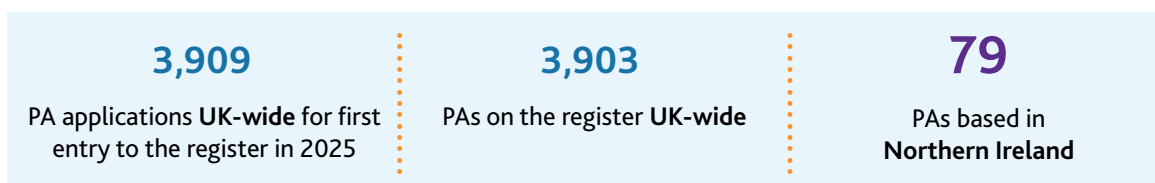


Doctors in training in Northern Ireland

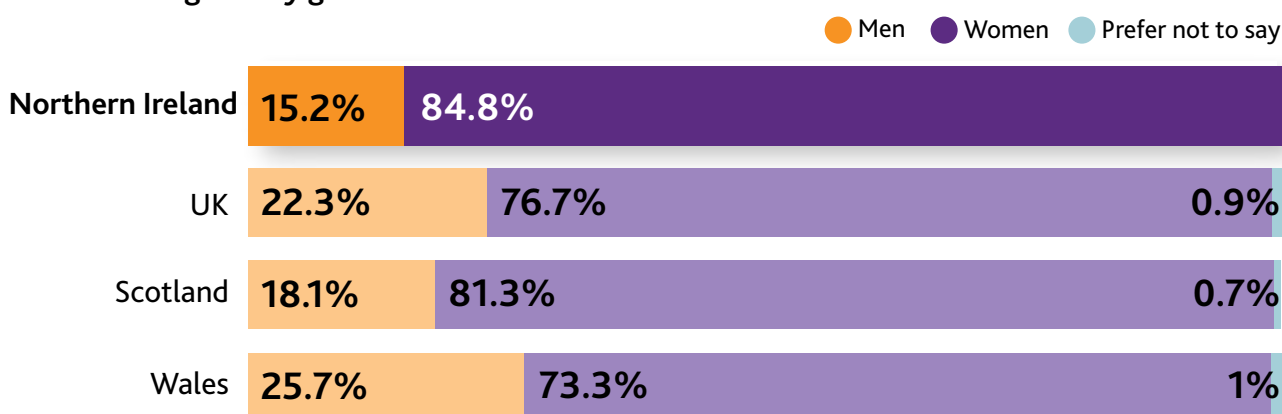


* Based on the National training survey. For more information and to read the survey findings in detail, see the [National training survey](#) pages on our website.

PAAs on the register

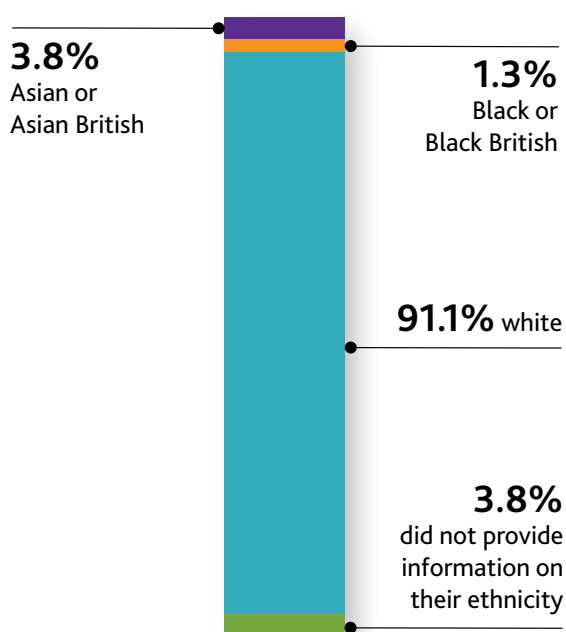


PAAs on the register by gender

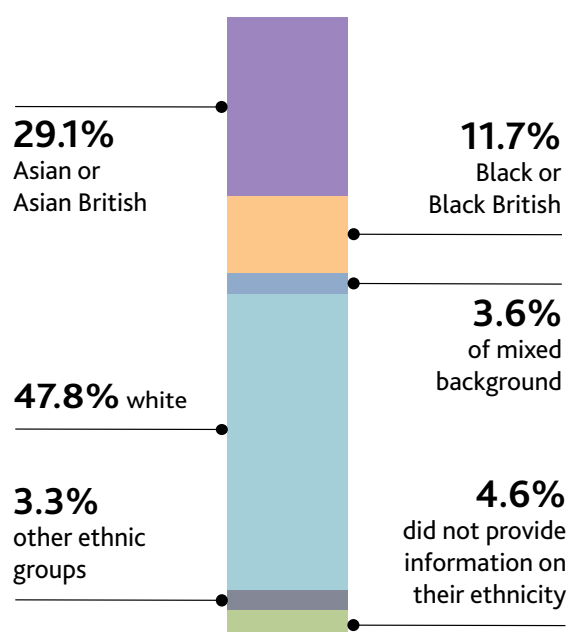


PAAs on the register by ethnicity

Northern Ireland



UK



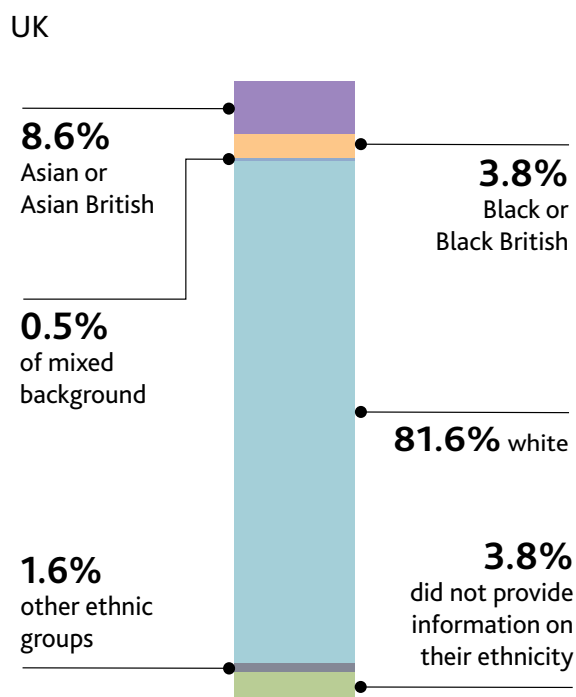
AAs on the register



AAs on the register by gender



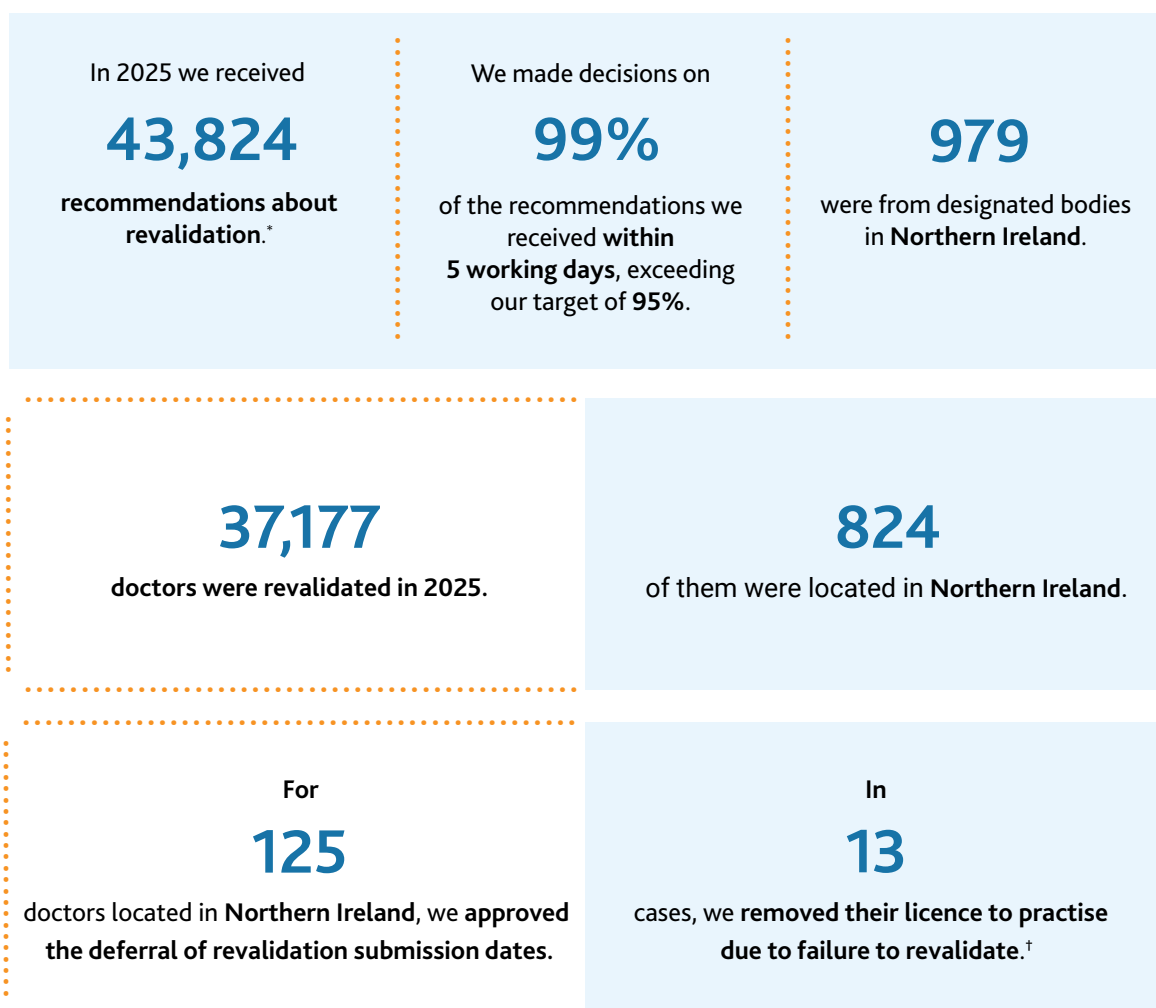
AAs on the register by ethnicity



Setting and maintaining standards

Revalidation

Every licensed doctor who practises medicine in the UK must prove they are meeting our standards every five years through a process called revalidation. Revalidation supports doctors to develop their practice, drives improvements in clinical governance, and gives patients confidence that doctors are fit to practise.



* Doctors can receive more than one recommendation.

† If a doctor does not fulfil the requirements of revalidation, provides fraudulent information, or fails to provide reasonably requested evidence, we can legally withdraw their licence. This process is different to that of being removed from the register, for example, following a Medical Practitioners Tribunal Service hearing.

Outreach

Our outreach teams work with organisations in the Northern Ireland health and social care system to enable doctors to work to our standards and to manage concerns at a local level.

In 2025, our outreach teams delivered training on our standards to

29,886 **51** involving
doctors in **934 sessions** of these sessions **2,196**
across the UK. took place in Northern Ireland, doctors in
Northern Ireland.

80% of doctors across the UK who took part in an outreach session said they would **change their practice** as a result.

The teams also delivered training to

16,619 **10** involving
medical students in **141 sessions** across of these sessions **1,368**
the UK. were held in Northern Ireland, students in
Northern Ireland.

Our employer liaison advisers held

1,174
meetings with responsible officers across the UK.

They also provided fitness to practise advice in relation to

3,137
doctors.

Our outreach teams also deliver workshops aimed at helping doctors who are new to UK practice adjust to working in the UK's healthcare systems. In 2025, they delivered

257 involving **8,800**
Welcome to UK practice workshops. doctors.
across the UK

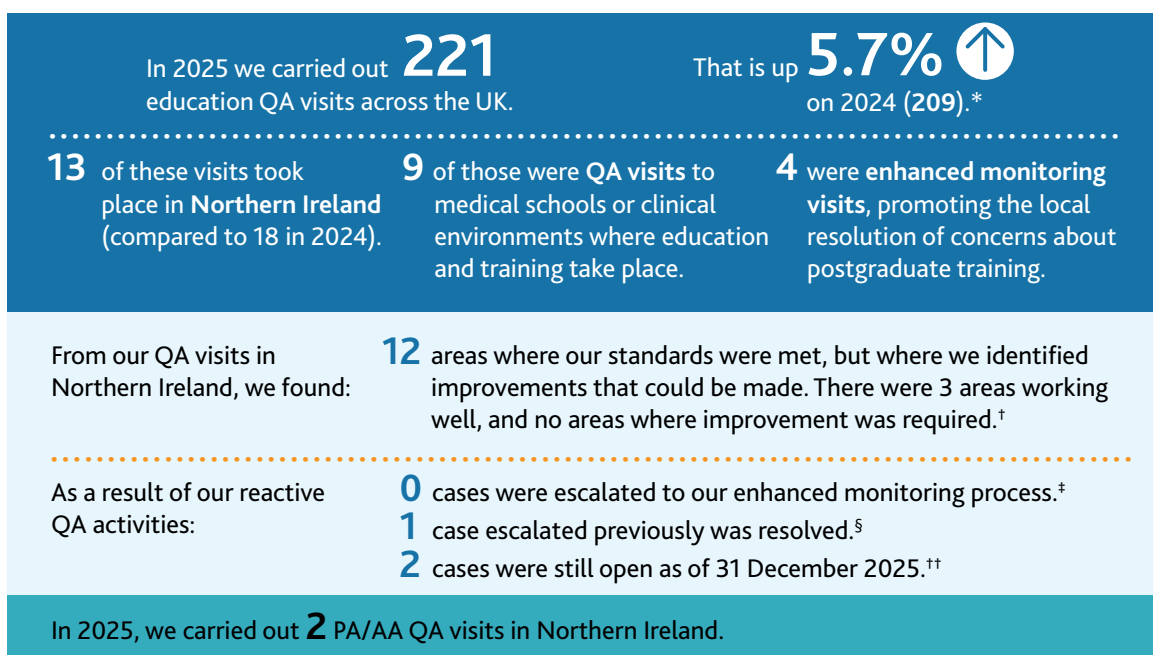
Overseeing education and training

Quality assurance

We regulate all stages of a doctor's undergraduate and postgraduate education and training, setting standards and carrying out quality assurance (QA) work to make sure these are maintained. From 2025, as part of our statutory duty, we also set standards for providers of physician associate (PA) and anaesthesia associate (AA) courses, and we regularly check these are being met through our proactive and reactive QA processes.

Through our proactive QA process, we check that medical schools, postgraduate training organisations, and PA and AA course providers are continuing to meet our standards. We decide which organisations can award a UK primary medical qualification or a UK PA or AA qualification.

Our reactive QA processes promote and encourage local management of concerns about the quality and safety of education and training, through which emerging issues can be raised and monitored. If the issues are not resolved or worsen, cases relating to postgraduate medical training can be escalated into our enhanced monitoring process, which we use to address serious concerns where additional support is required.



* We always carry out a minimum of one education QA activity per organisation per year. We may also carry out follow-up activities based on organisations' recommendations or our findings, which are counted in our totals. This inevitably leads to statistical variation in the number of QA activities we carry out from one year to another.

† Not all QA visits lead to specific findings like those listed here. In some cases, nothing of significance is found, as nothing has changed since the previous visit, or nothing has been found worthy of particular note (ie education and training are working as expected). Here, we only report on the number of areas found to be particular examples of good practice, ie working well, or areas requiring improvement or where improvement is recommended. The figures on findings reported here therefore won't necessarily match the total number of visits we carried out.

‡ Enhanced monitoring cases usually concern a specific unit or department in a local education provider (LEP). Monitoring may relate to more than one concern in the same LEP, and a concern under monitoring may affect more than one unit, or an entire trust or health board.

§ Like with QA visits, not all enhanced monitoring visits result in escalation or de-escalation; in some cases, the visits focus on monitoring progress towards the resolution of issues that had previously been escalated. The total number of visits therefore won't necessarily match the number of new or open cases, or of cases whose status has changed during the year.

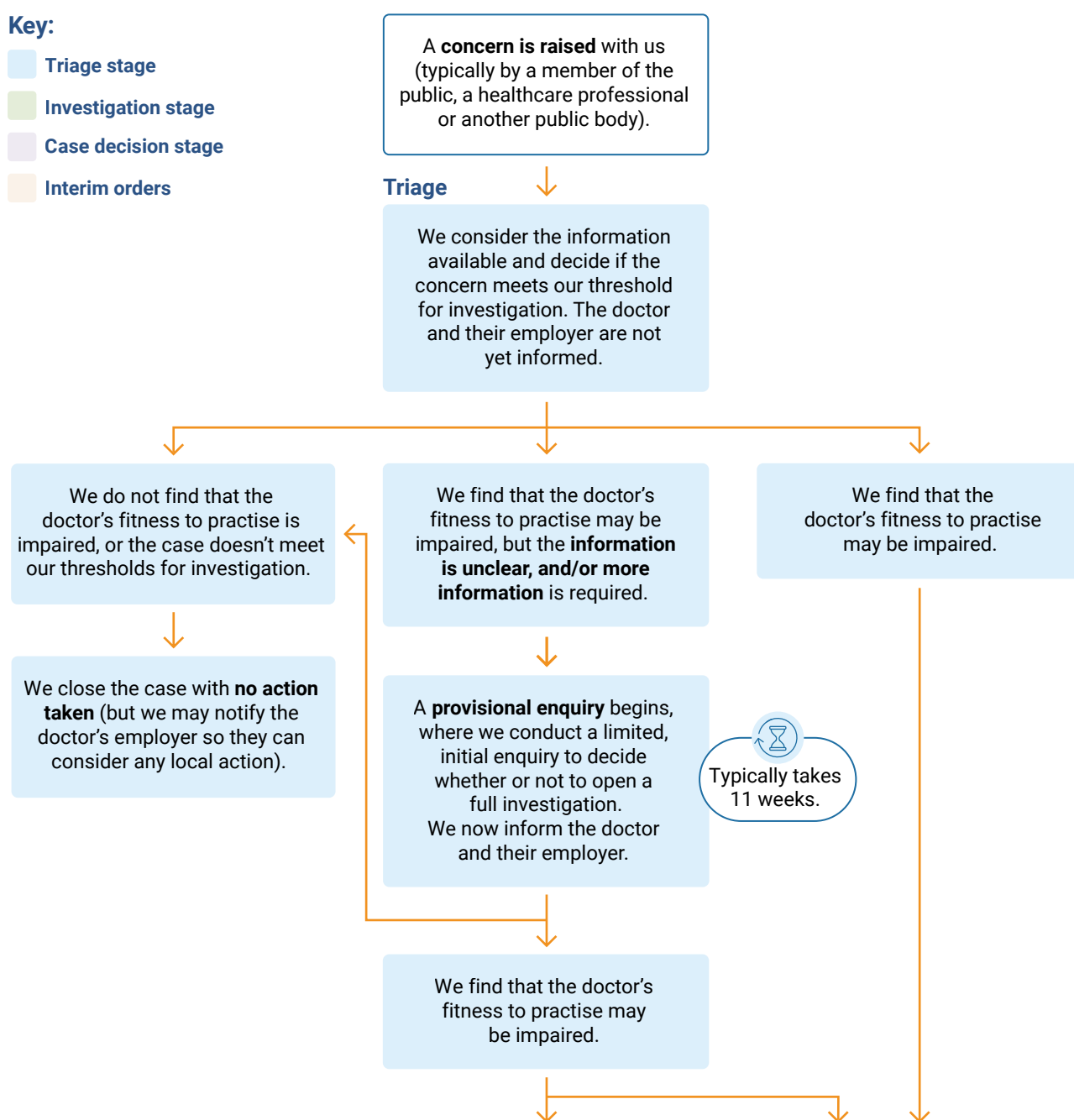
†† Up-to-date details regarding opened and closed enhanced monitoring cases can be found in the GMC Data Explorer (see [Enhanced monitoring of training environments](#) on our website for more information).

Investigating and acting on concerns

One of our key roles as a regulator is to investigate and act on concerns raised with us about our registrants. For doctors, we break this process down into three stages, which we call 'Triage,' 'Investigation,' and 'Decision.' We usually reach 'Decision' within six months, but the length of each stage depends on a range of factors and consequently, in some cases, the process can take a number of years. You can find out more about this process via our [How we investigate concerns about doctors](#) webpages, and about our process for PAs and AAs via our [How we investigate concerns about PAs and AAs](#) webpages.

Key:

- Triage stage
- Investigation stage
- Case decision stage
- Interim orders



Continues from previous page

Interim orders

If at any stage we think the doctor's practice should be restricted while we investigate, we can refer the doctor to an **interim orders tribunal** hearing.

Investigation

We open a **full investigation**.

We **collect further evidence** (eg medical records, witness statements, expert reports).

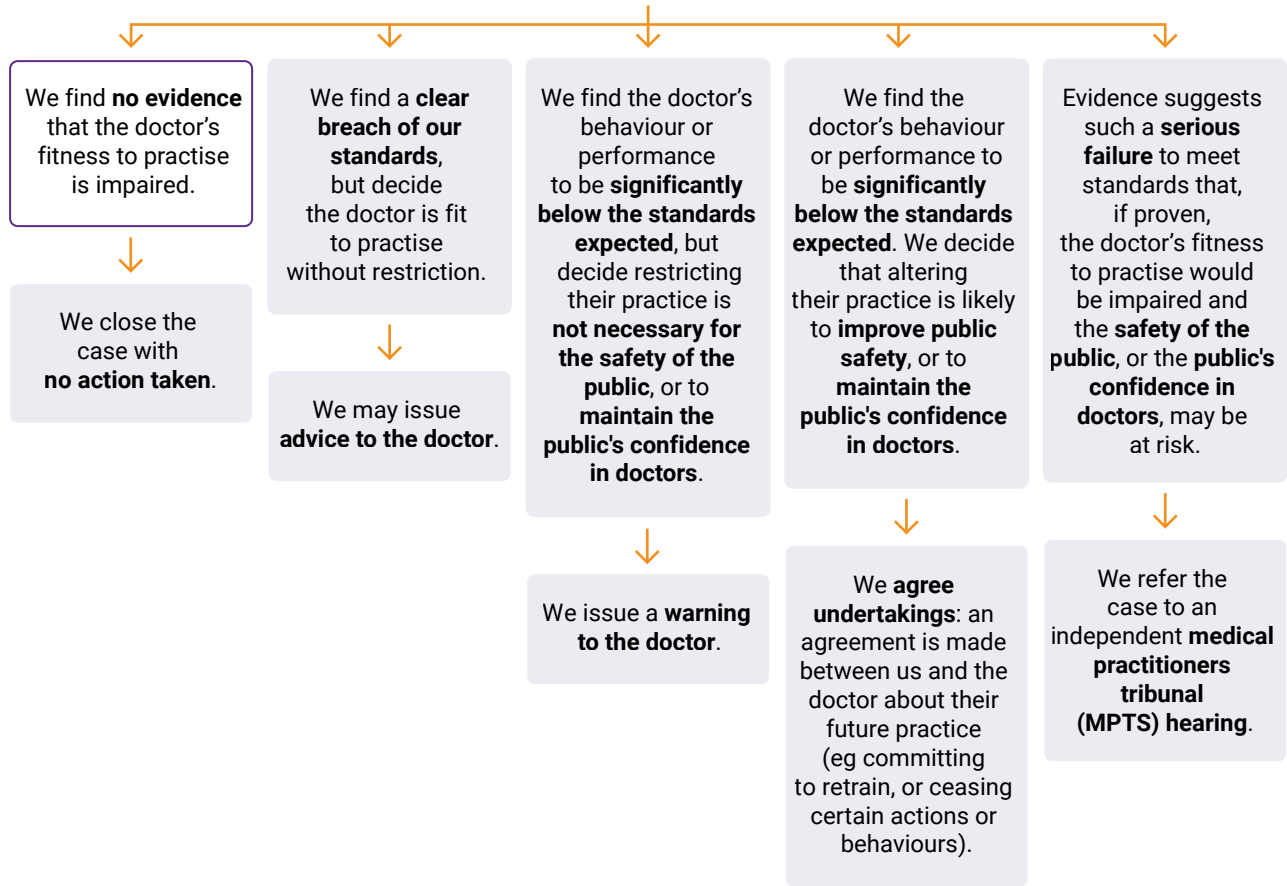
We share this evidence with the doctor and ask for their comments.

If there is an ongoing **third-party investigation** (eg by the police or coroner) we may wait for the outcomes, unless we identify an immediate risk to public protection. Sometimes those outcomes mean we will **close the case with no action taken**, without opening a full investigation.

Case decision

Two case examiners **review** all the evidence and **make a decision**.

Typically takes 3 weeks.



Concerns raised about doctors*

13,465 concerns were raised with us in 2025 across the UK.

↑ This is **25% more** than in 2024 (10,769 concerns).

239 concerns related to incidents that happened in Northern Ireland.

↑ That is **22% more** than in 2024 (196 concerns).

157 (65.7%) of the concerns relating to incidents in Northern Ireland were raised by **members of the public**.

This is similar to 2024 (65.6%), but is lower than the percentage of concerns raised by the public across the UK in 2025 (80%).

Investigations

Not all the concerns raised with us meet our threshold for an investigation. Sometimes a concern is best dealt with at a local level or by having a conversation with the doctor, or should be brought before another organisation. We only take action where we find there may be a risk to patient safety or to public confidence in doctors.

20 (8.4%) of the concerns we received in 2025 regarding incidents in Northern Ireland met our statutory threshold for investigation.

This is lower than in 2024 (10.2%), but higher than the percentage of all concerns that met the threshold for investigation across the UK in 2025 (7%).

Outcomes†

13 of the investigations about incidents that happened in Northern Ireland were concluded with no action.

In **4** cases we issued a warning.

In **3** cases we referred the case to the Medical Practitioners Tribunal Service.

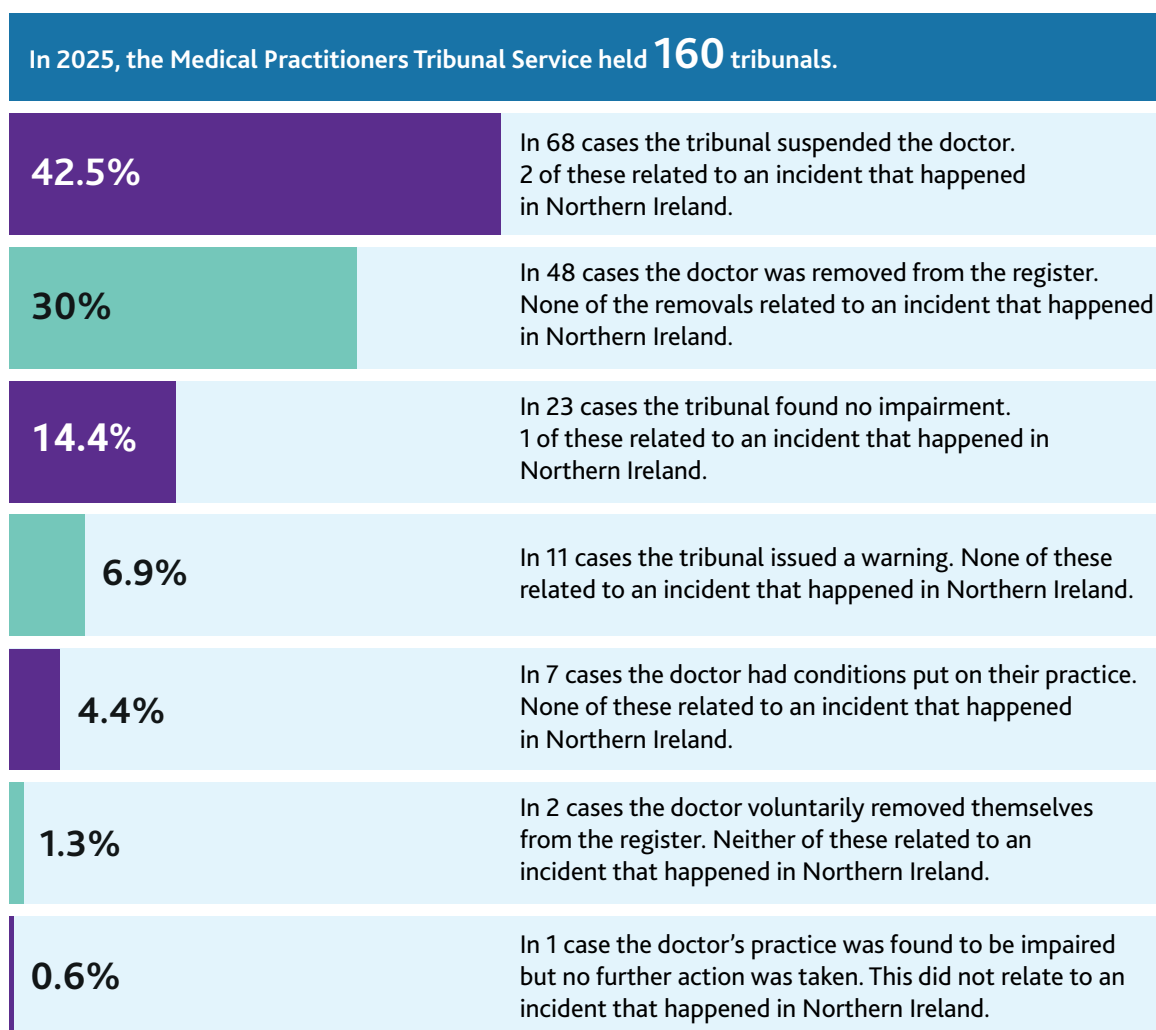
In **3** cases the doctor agreed undertakings.

In **1** case we issued advice.

* In 2025, the number of concerns raised about PAs/AAs was not high enough to maintain anonymity when reported. Future publication of PA/AA concerns and outcomes will be reviewed once more data is available.

† Outcomes of investigations that were concluded in 2025.

Outcomes of MPTS tribunals*



* These figures refer to tribunals for doctors only. There were no tribunals for PAs or AAs in 2025.

Our strategy

Our work in 2025 was shaped by our 2021–25 corporate strategy, which set out four themes to help us achieve our 2030 vision to be an effective, relevant and compassionate regulator, consistently delivering benefits for patients and those who care for them.

It stated our aims to embed positive change and support an ever more diverse medical workforce in delivering good care across the UK’s different healthcare systems. It was developed with, and for,

patients, doctors and our partners in healthcare across the UK and reflected our commitment to foster a culture of equality, diversity and inclusion in everything we do, as a regulator and as an employer.

We have since launched a new corporate strategy, covering 2026 to 2030. Our [2026–2030 strategy](#) is in many ways the continuation of our 2021–2025 strategy, because our vision remains the same.

2021–25 strategic themes



Our work in Northern Ireland in 2025

Wellbeing and culture

Our work on wellbeing and culture, both within Northern Ireland and across the UK, is informed by our register data, surveys we commission, and our research – a summary of which is published in our [The state of medical education and practice in the UK](#) reports.

In 2025, these reports showed gradual improvements in doctors' workplace experiences for a second consecutive year. Doctors' satisfaction has improved, their risk of burnout has reduced, and workloads have started to ease. However, the data remains more concerning than in 2019, before the coronavirus pandemic. Health services across the UK are still under severe strain, and this impacts the public and the profession alike. Some specialties, in particular, are feeling the strain, with 44% of GPs reporting they are struggling with workloads compared to 29% of all doctors.

Disparities also exist in relation to personal and protected characteristics. Ethnic minority doctors who graduated in the UK generally had worse experiences than both white doctors who graduated in the UK and all doctors who graduated outside the UK, with 24% at high risk of burnout (compared with 18% of all doctors). Disabled doctors continued to report more negative experiences than non-disabled doctors.

In Northern Ireland, our latest data shows the number of doctors who were dissatisfied with their day-to-day work has decreased. In 2023, 48% of doctors in Northern Ireland were dissatisfied – higher than the UK average of 39% – but in 2024, the proportion decreased to 36%, broadly in line with the UK average of 33%. The number of doctors in Northern Ireland having witnessed compromises in patient safety or care also fell in this period: 52% had witnessed patient safety

being compromised in 2023 (higher than the UK average of 41%), but this decreased to 38% in 2024, broadly in line with the UK average of 40%.

“I'm starting as a consultant next year and wanted to prepare for dealing with some of these issues. Helpful tools and practice scenarios.”

Workshop participant

Throughout 2025 we continued to offer a range of interactive sessions and workshops designed to support workforce wellbeing and positive culture. The workshops are based on the professional standards set out in *Good medical practice*, but can be tailored to meet the specific needs of each health and social care trust. The workshops included virtual regional lunchtime sessions on leadership and management, the professional duty of candour, and personal and professional boundaries. We also continued to run our in-person half-day workshops, including Professional Behaviours and Patient Safety, which aims to help improve patient safety through early interventions promoting professionalism; Fairer feedback conversations, aimed at improving the quality and fairness of feedback conversations in medical education; and Sexual discrimination and *Good medical practice*, which aims to identify poor behaviours, allow participants to reflect on their impact and understand how to deal with these behaviours in line with *Good medical practice*.

“The session was useful in creating awareness of how different situations and different behaviours can impact the cohesion of the team.”

Workshop participant

Our work with responsible officers

Throughout the year, our outreach team provided revalidation and fitness to practise advice to responsible officers (ROs), their teams in health and social care trusts and independent providers. An RO is a senior doctor who is responsible for clinical governance, which focuses on the behaviour and performance of other doctors. Among other things, they evaluate a doctor’s fitness to practise, and make a revalidation recommendation to us. If a concern is raised about a doctor’s fitness to practise, ROs are encouraged to consider fairness in their local processes as part of our ongoing work to reduce the disproportionate referral rates linked to ethnicity and location of primary medical qualification (PMQ). This includes discussion of the recommendations from [Fair to refer?](#), such as input from a trained, independent person and the use of various decision-making frameworks that have been developed in the UK.

As part of the support we provide to ROs, in January we also facilitated a workshop at the Northern Ireland Responsible Officer Forum on fairness and impartiality when managing local concerns about doctors. And we supported

the Strategic Planning and Performance Group’s Controlled Drugs Accountable Officers investigation training, which is run by Health and Social Care Northern Ireland.

Supporting patients

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, PAs, AAs, employers and others to make sure patients are listened to and that their needs are addressed.

Our patient group roundtable provides an opportunity to meet with patient representative groups from across the four nations twice a year, including representatives from the Patient Client Council (PCC).

In September 2025, we hosted a meeting of the Northern Ireland Joint Regulators Forum and the PCC. This was an opportunity for UK-wide and Northern Ireland based regulators to learn about the PCC’s priorities, and to share reflections on how our organisations engage with patients and the public.

Working with partners

Our twice-yearly UK Advisory Forum meetings – held with senior representatives of our external partners in Northern Ireland – allowed us to have rich system-level discussions about change and how we and others can work together to make sure the workforce is engaged and enabled to support the delivery of change, aligned to the Department of Health’s Health and Social Care Reset Plan.

At our UK Advisory Forum meeting in November 2025, the Northern Ireland Public Service Ombudsman shared reflections on how senior clinical leaders can use their new Statutory Complaints Standards for Health and Social Care in Northern Ireland to deliver better patient outcomes and support positive changes to workplace culture within the Northern Ireland health and social care system.

“I would like to acknowledge the valuable work the GMC performs on protecting the public and improving medical education and practice. The Department has good working relationships with the GMC, ably facilitated by your team in the Northern Ireland office.”

Department of Health, Northern Ireland

In September 2025, the Regulation and Quality Improvement Authority (RQIA) launched ‘Being Human: A Framework for Safety Culture within Health and Social Care in Northern Ireland’. Our outreach team supported the co-production of the framework, which sets out what a good safety

culture looks like within the health and social care system in Northern Ireland. We were pleased to join colleagues from across the health and social care system at the launch of the framework on World Patient Safety Day on 15 September 2025, where we participated in a panel discussion focusing on the wellbeing of the health and social care workforce.

“There is a lot of enthusiasm and energy within the health and social care system for driving cultural change – we’re very grateful to GMC colleagues for their valuable contribution and support.”

RQIA

Jointly with colleagues from the Nursing and Midwifery Council, we hosted an information stand at the Northern Ireland Confederation of Health and Social Care conference in October 2025, where colleagues from both organisations also led a breakout session titled ‘Resetting our workplace culture: embedding best practice.’



Supporting new joiners

In recent years, internationally-qualified doctors have come to form an ever-increasing proportion of the UK medical profession. While there are indications that this is now levelling off, the number of internationally-qualified doctors continued to increase (albeit at a lower rate) according to our latest data. Although internationally-qualified doctors make up a smaller proportion of the workforce in Northern Ireland compared to the UK as a whole (which was 45.9% in 2025), their overall proportion in Northern Ireland is still growing: in 2025, doctors who graduated outside the UK made up 19% of the workforce in Northern Ireland, compared with 16.3% in 2021.

We have shared our data, analysis and research about the changing UK workforce to help improve education and career development, patient care and workforce planning. As part of this, during summer 2025, we hosted an interactive data and insights session for officials from the Department of Health (Northern Ireland) and NIMDTA's Board, and we continue to support requests using our data and insights.

Enhanced induction programmes for doctors new to the UK, tailored support for doctors ahead of important assessments, mentoring programmes and support for educators are all being rolled out more widely and are having positive impacts, particularly for internationally-qualified doctors.

Equality, diversity and inclusion

In February 2025, our outreach team supported Ulster University's equality, diversity and inclusion (ED&I) themed interdisciplinary education day. This was attended by 62 medical students, 19 PA students and 19 nursing students.

At the Pulse Live conference in Belfast in October 2025, we spoke to an audience of GPs about the implications of the cohort of GP resident doctors in the country having become increasingly diverse. As recently as ten years ago, only 3% of first-year GP resident doctors in Northern Ireland came from outside the UK, while in 2024 that proportion had increased to 45%. We highlighted that providing adequate support for these doctors as they contend with practising in a new country at a time of acute pressure, for example through good inductions, is crucially important.

We also continued to roll out our workshops on fairer feedback across the country, involving GPs for the first time. The workshops, aimed at doctors who are also trainers, aim to increase knowledge and understanding of the attainment gaps affecting specific groups of learners and the reasons for these gaps, as well as the practicalities and positive impacts of facilitating fairer feedback conversations.

In 2024–2025 our Northern Ireland team also hosted a Clinical Fellow from NIMDTA's Achieve, Develop, Explore Programme for Trainees (ADEPT), who worked alongside our outreach advisers to develop an ED&I workshop specifically for GP resident doctors in their final year of training.

We also attended the International Association of Medical Regulatory Authorities conference hosted by the Medical Council of Ireland in September 2025. At this event we showcased how our Northern Ireland outreach team work with partners to deliver initiatives which support international students and internationally-qualified doctors.

Quality assuring education

One of our key roles is to set the standards for providers of education and training, helping them to prepare the future workforce to provide the best possible patient care. We work closely with the two medical schools in Northern Ireland, the PA course providers at Ulster University, and NIMDTA to regularly check that those standards are met through our proactive quality assurance process.

During 2024 and 2025, our education colleagues also undertook a review of the Medical Licensing Assessment (MLA) content map. The MLA is an assessment framework designed to test the core knowledge, skills and behaviours of doctors new to medical practice in the UK. Students graduating from UK medical schools at the end of the 2024/25 academic year – and in future academic years – must have passed the MLA as part of their medical degree programme for the GMC to recognise their degree as a primary medical qualification.

The review of the content map was designed to make sure it remains fit for purpose as a practical tool for constructing MLA exam questions and assessment scenarios. In doing this work, we sought feedback from stakeholders to make sure the map continues to reflect the core knowledge, skills and behaviours required for entry to medical practice in the UK.

Enhanced monitoring is a process we use to make sure concerns about the quality and safety of postgraduate medical education and training are addressed in a satisfactory and sustainable way. We publish information about issues which are under analysis through this process, which promotes transparency, drives improvement and helps organisations to learn from one another. As of 31 December 2025 there were two open enhanced monitoring cases in Northern Ireland.

As part of our wider engagement, in February we hosted an education roundtable in Northern Ireland. This brought together stakeholders including government officials, statutory education bodies and royal colleges to discuss the future of career development and education. Attendees shared their views on cultivating positive learning environments for all doctors and supporting the learning of doctors in locally employed and other non-training roles.

In May 2025, our Chair and Chief Executive visited the School of Medicine, Dentistry and Medical Sciences at Queen's University Belfast. They met with students and staff and toured the medical school's InterSim centre, a facility that delivers simulation-based healthcare education.

Also in May, we attended the PA Schools Council Educators Conference 2025 at Ulster University to provide an overview of our education quality assurance processes.

Inquiries and reviews

Professor Gillian Leng's independent review into the safety and effectiveness of PAs and AAs in England was published in July 2025 and made a number of recommendations for action. We are looking to understand how these

recommendations should be taken forward in Northern Ireland and what implementation might look like. We also await the publication of the Department of Health (Northern Ireland) review of the PA role in Northern Ireland, which includes an evaluation of Ulster University's PA studies course.

During 2025 we have also continued to monitor the progress of the Urology Services Inquiry and the Muckamore Abbey Hospital Inquiry.

Duty of Candour and Being Open policy

We remain committed to continuing to work with the Department of Health and others to implement the recommendations of the Inquiry into Hyponatraemia-related Deaths Report. In March 2025 we commented on the Department's Duty of Candour and Being Open policy. We also welcomed the recognition in the consultation document that simply introducing legislation is not enough, and profound cultural change is needed to create an environment in which staff feel safe, supported and empowered to speak up when things are not as they should be, without fear of adverse consequences, and in the certainty that their concerns will be listened to and acted upon.

“Our sincere thanks to you for your leadership and support in the development and launch of the ‘Being Open Framework’. Your insights and connection of the culture across the service and those who work in and use the service is invaluable.”

Christine Collins, Chair, and Briege Donaghy, CEO at RQIA

Adult Protection Bill 2025

In October 2025 we welcomed the invitation to provide written evidence to the Northern Ireland Assembly Health Committee to support their scrutiny of the Adult Protection Bill 2025. This new adult safeguarding legislation was drafted in response to systemic failures identified at Dunmurry Manor Care Home and Muckamore Abbey Hospital. We also made preparations to give oral evidence to the committee in early 2026.

Looking to the future

Reviewing guidance on professional standards

Our professional standards, set out in *Good medical practice*, are supported by a range of more detailed guidance which expands on key principles. During the course of 2026 we will be undertaking reviews of several pieces of this detailed guidance.

'Leadership and management' and 'Raising and acting on concerns about patient safety'

We are carrying out an in-depth review to make sure our guidance on these topics reflects developments across the UK's healthcare systems and wider societal changes.

Leaders and managers play a vital role in shaping workplace cultures where staff feel safe and confident to speak up without fear of negative consequences and with the assurance that doing so will lead to meaningful improvements. So, we are reviewing both of these pieces of guidance together, exploring several connected issues at the same time.

After consulting in 2025, during the course of 2026 we will consider what we have learned and draft updated guidance, working closely with a dedicated advisory forum. We aim to publish the updated guidance later in 2026.

'Personal beliefs and medical practice'

This guidance sets out how doctors, PAs, and AAs can provide good, safe patient care in a way that's consistent with their personal beliefs and values.

Personal beliefs and cultural practices are central to the lives of many doctors, PAs, AAs and patients – so it is important that *Personal beliefs and medical practice* reflects the needs and experiences of everyone it affects.

We will be holding a public consultation on an updated draft of the guidance for a duration of 12 weeks.

'Protecting children and young people', and '0–18 years'

These pieces of guidance set out how doctors, PAs, and AAs should provide care for young patients, consider the capacity of young people to consent to treatment, assess best interests, and identify and protect children who are at risk (among other topics).

We will be holding a public consultation on an updated draft of the guidance for a duration of 12 weeks.

Since effectively engaging with children and young people is a critical part of this review, we are also commissioning externally-facilitated research to directly gather views from young people, parents and those with parental responsibility.

Regulatory reform, and the regulation of PAs and AAs

On 12 May 2025, the UK Government confirmed its commitment to prioritising the reform of healthcare professional regulation. We have long advocated for reform, and welcomed this announcement as a significant step towards creating a framework that better serves patients and the professionals we regulate.

The current legislation, parts of which are now over 40 years old, is overly complex and rigid. Modernising it will give us a responsive framework that promotes public confidence, better supports doctors, PAs, and AAs, and helps us respond more quickly and flexibly to changes in the UK healthcare system.

A big focus for us over 2025 was working closely with the UK Government's Department for Health and Social Care (DHSC) as they developed the new legislation, The General Medical Council Order (which will replace the Medical Act (1983)).

The DHSC's consultation on our proposed future regulatory framework launched on 24 March 2026. Once that consultation is complete and the UK and devolved governments have laid this before relevant legislatures, we will run our own consultation on the rules, standards and guidance needed to implement the new framework.

In September 2025, the DHSC also confirmed that it will consult on new professional titles for physician associates and anaesthesia associates – aiming to change these to 'physician assistants' and 'physician assistants in anaesthesia', as recommended by Professor Gillian Leng's review of the safety and effectiveness of these roles. We expect this to form part of the consultation on our proposed future regulatory framework, and that subject to the availability of parliamentary time, any resulting changes will be put before the UK and Scottish Parliaments before the end of 2026.

The future of education and career development (Future Ed)

Health services across the UK are changing, shaped by innovation, evolving patient needs and a more diverse workforce. To make sure medical education keeps pace, we are undertaking a major review of our standards, outcomes and guidance in relation to this area, aiming to introduce an updated education framework by 2030.

Our work on this programme is organised around three main policy areas: assessment, career development, and the review of our education framework. Each workstream aims to ensure the system remains safe, flexible and responsive to changing demographics and individual patient needs, as well as those of the professionals in training and development.

In 2025, we broadened our engagement across the four nations to understand what needs to change. This included discussions with a wide range of stakeholders, including educators, trainers, employers, medical school staff, healthcare partners, representatives of patients and the public, and doctors themselves. Their insights are helping us build a clearer picture of the challenges and opportunities ahead.

Equality, diversity and inclusion, together with the experiences of patients and the public, have a key role in shaping our thinking. The perspectives we gain from engagement around these topics are helping us to make sure our proposals reflect the needs of the whole population, and we're committed to creating more opportunities for meaningful input as the work develops.

In 2026, we will continue to test emerging ideas with stakeholders and prepare for further engagement. This will include a comprehensive survey of the UK's locally-employed and specialty and associate specialist (SAS) doctors — the first since 2019 — to better understand their experiences and their opportunities to access training.

Ongoing collaboration and engagement will be essential as we develop a framework that supports a sustainable workforce and delivers high-quality care for patients across the UK.



Work with us

Regulating effectively across the four countries of the UK demands that we recognise the differences in the health sectors across them, and the importance of building strong relationships with partners and decision makers within them. Our team in Northern Ireland is always keen to meet with members of the Legislative Assembly and other partners to share, as well as gain, further insights on the challenges and opportunities characterising the provision of health services in the Northern Ireland context, and discuss ways in which we can support the country's health and social care system and deliver our goals.

If you, or a colleague, would like to arrange a meeting to learn more about the support and the insights we can offer, or to get any information about trends in the health sector or about our work in general, please email us at gmcni@gmc-uk.org.

For anything else, including raising concerns about any professionals registered with us, or about training environments, please get in touch with us using the channels listed on the last page of this report.

We look forward to playing our part in supporting the health and social care service in Northern Ireland over the coming year.



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You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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