Our work in Scotland

General Medical Council

Contents

Foreword

Health services in Scotland, 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.

We work with others to inform planning for the future of services in Scotland and across the UK. In 2025, we continued to contribute to the Scottish Government's *Future Medical Workforce* programme, sharing evidence and expertise to support its development.

As the profile of the workforce changes, it is vital that we maintain a strong focus on equality, diversity and inclusion.

We have focused on practical action to support doctors new to the health system. Alongside NHS Education for Scotland and the Royal College of General Practitioners – and with the support of the Medical and Dental Defence Union of Scotland – we have shared with leaders how induction, supervision and local processes can better support internationally-qualified doctors, enabling them to work confidently and effectively in a new professional environment.

We are actively involved in the Fairer Working Cultures Group, which brings together the British Medical Association Scotland, Scottish Government and the National Ethnic Minority Forum. Through this work, we have contributed to efforts to address discrimination and develop understanding of anti-racist approaches, to support speaking up and to improve the fairness and consistency of local fitness to practise processes.

Our commitment to working in partnership is also the basis of our involvement in Scotland's *Health and Care Intelligence Network*, which brings together regulators and other national bodies to share insights and analyse issues affecting the safety and quality of care. In 2025 the group considered challenging and sensitive themes where cross-system insight is essential – including sexual misconduct and modern slavery. These discussions have helped to shape our policy approach in these areas.

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 Scotland will help us continue to support doctors, PAs and AAs to deliver good, safe care for the people we serve.

Charlie Massey
Chief Executive

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 Scotland

We have a long-established Edinburgh office, enabling us to understand and support doctors and the health system in Scotland. Our Scotland 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 Scotland 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 Scotland. In January 2025, we were pleased that Douglas Millican, an existing member of Council, took up this role.

In October 2025, we welcomed Council to Scotland. This gave us an important opportunity to provide Council members with information about the healthcare system and our stakeholders in the country, with a particular focus on remote and rural healthcare.

The Head of GMC Scotland, Nicola Cotter, is responsible for setting the direction of our work and the delivery of our corporate strategy in Scotland. Nicola has nearly 30 years of management experience, including 16 years working across the health and care sector in Scotland, supporting health professionals, patients and their families, and influencing policy development around person-centred care.

Key relationships

As part of our work, we maintain close relationships with the Scottish Government.

GMC Director of Fitness to Practise Anthony Omo is our senior management sponsor for this relationship. He supports our Chair, our CEO and our Scotland team in their engagement with senior officials around government policy.

Twice a year, we bring together our partners through our UK Advisory Forum. Participants include:

- representatives from the Scottish Government
- healthcare 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 collaboration. The insights shared via the Forum are invaluable in improving our understanding of the challenges faced by the professions we regulate 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 healthcare system in Scotland.

Working with others

Our policy and external affairs team works with stakeholders in Scotland 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 healthcare system in Scotland 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 104 sessions involving 2,288 doctors in Scotland, and 23 sessions involving 2,780 students in Scotland.

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 Scottish medical schools, the PA course provider at the University of Aberdeen, and NHS Education for Scotland 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 healthcare 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 Scottish healthcare 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.

2025 in numbers

The register

Doctors on the register

Scotland

That is **6.7%** of all doctors in the UK.

2024	% change	2025
26,475	↑ +3.2%	27,326

UK

2024	% change	2025
393,357	↑ +4.4%	410,566

Northern Ireland

That is **2.3%** of all doctors in the UK.

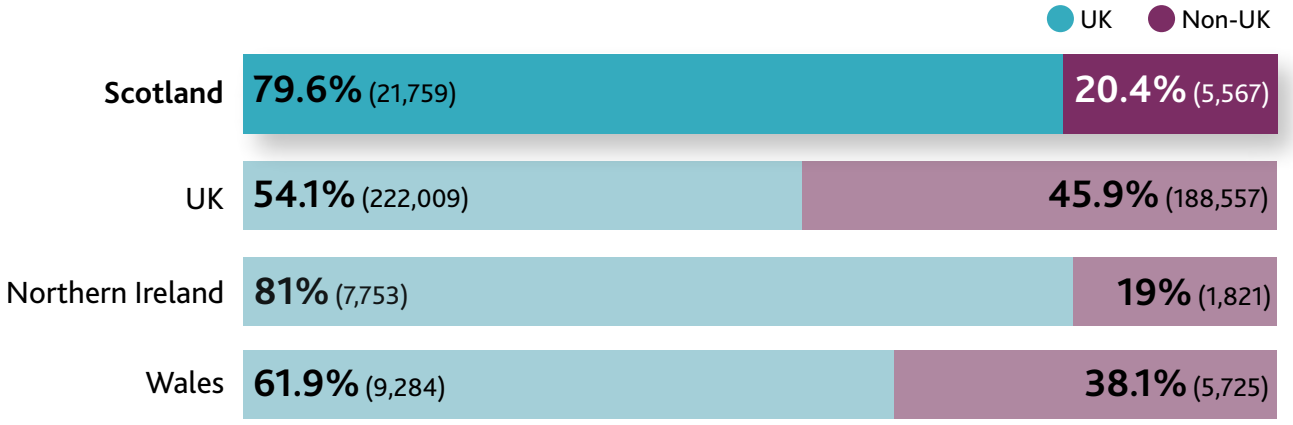
2024	% change	2025
9,008	↑ +6.3%	9,574

Wales

That is **3.7%** of all doctors in the UK.

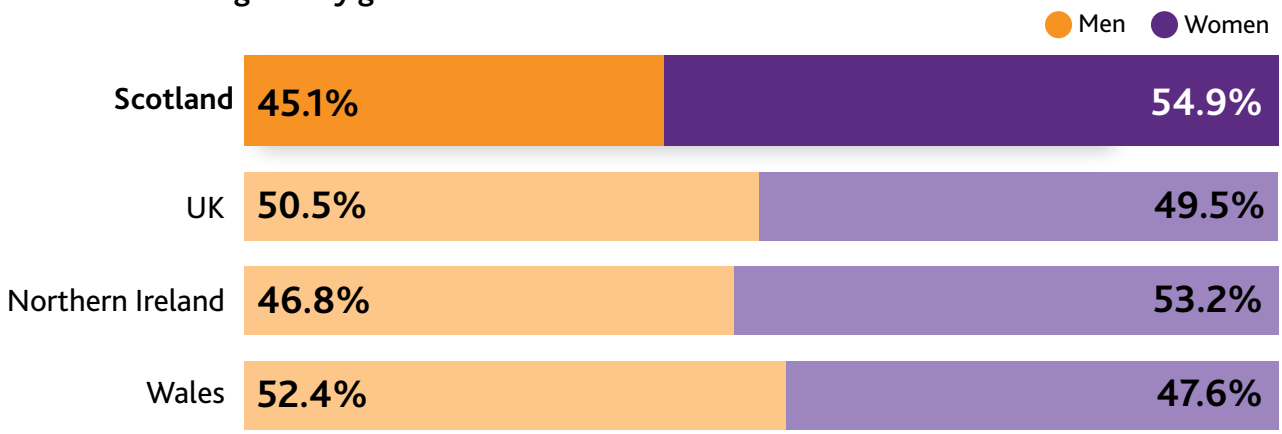
2024	% change	2025
14,594	↑ +2.8%	15,009

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

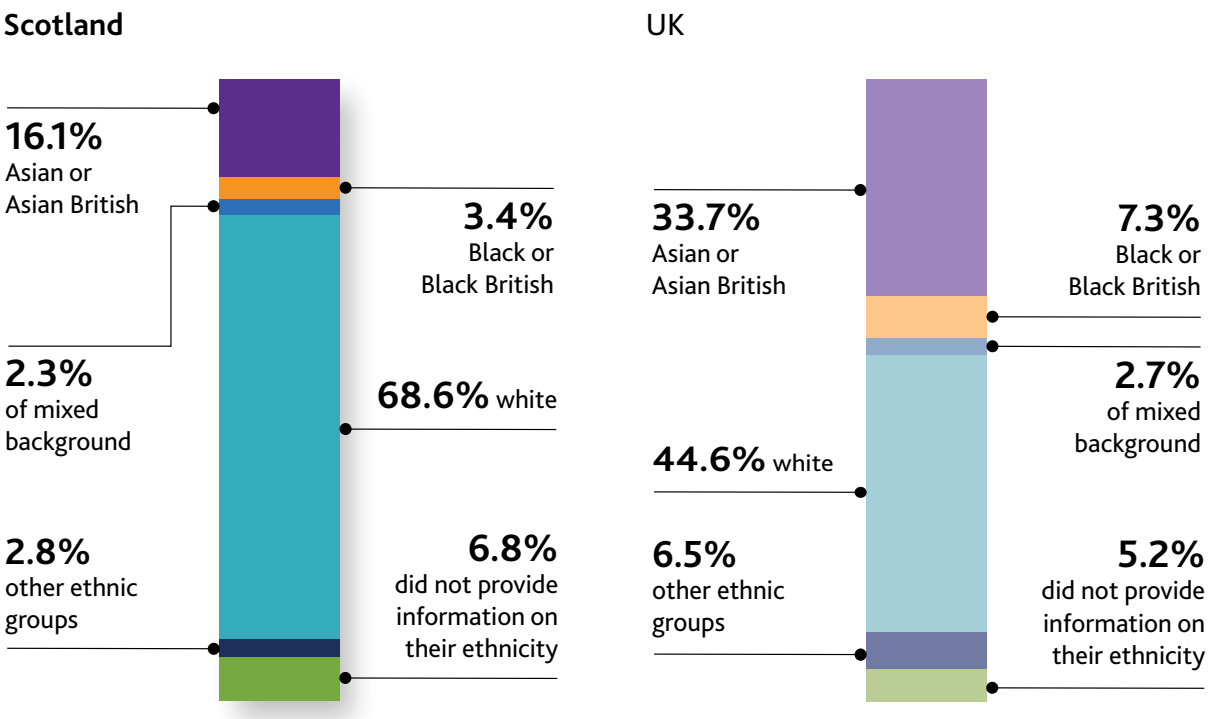


All figures as of 31 December 2025 and 2024 respectively, unless otherwise specified. All percentages are rounded to the nearest tenth of a percent: in some cases the numbers may therefore not add up to precisely 100%. Visit GMC Data Explorer to learn more about doctors' education and practice in the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

Doctors on the register by gender*



Doctors on the register by ethnicity



* 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:

24,812
applications for first entry to the register.

That is down
13.1% ↓
from 2024 (**28,564**).

9,829
(39.6%) were from doctors with a **UK PMQ**.

14,983
(60.4%) were from doctors with a **non-UK** qualification.

Total doctors on the GP Register

82,415
Up **2.7%** ↑
from 2024

7,400
(9%) were located in **Scotland**.
Up **1.4%** ↑
from 2024

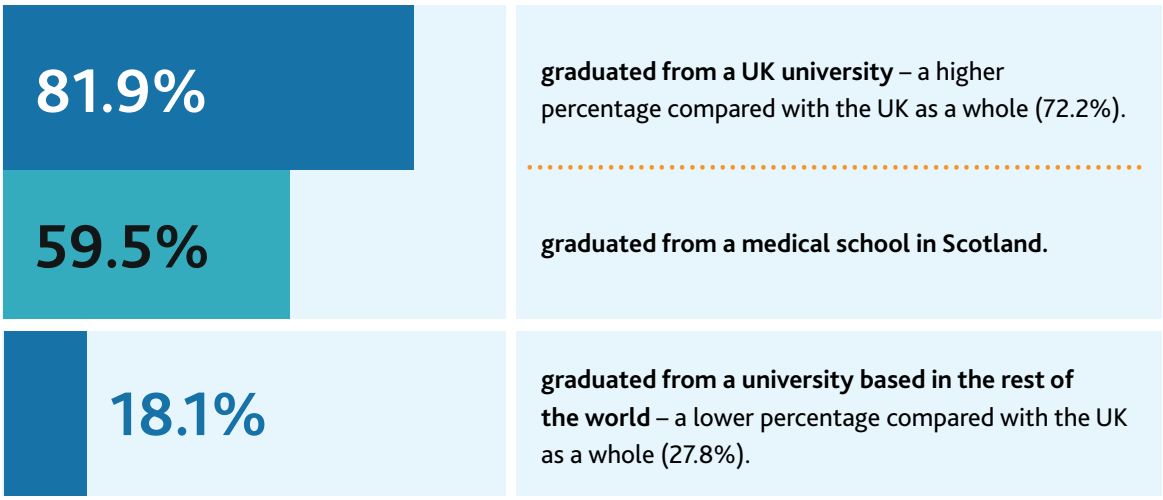
Total doctors on the Specialist Register

115,587
Up **3.2%** ↑
from 2024

8,613
(7.5%) were located in **Scotland**.
Up **2.4%** ↑
from 2024

Doctors in training in Scotland

There were **6,816** doctors in training in **Scotland** in 2025.*



* 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.

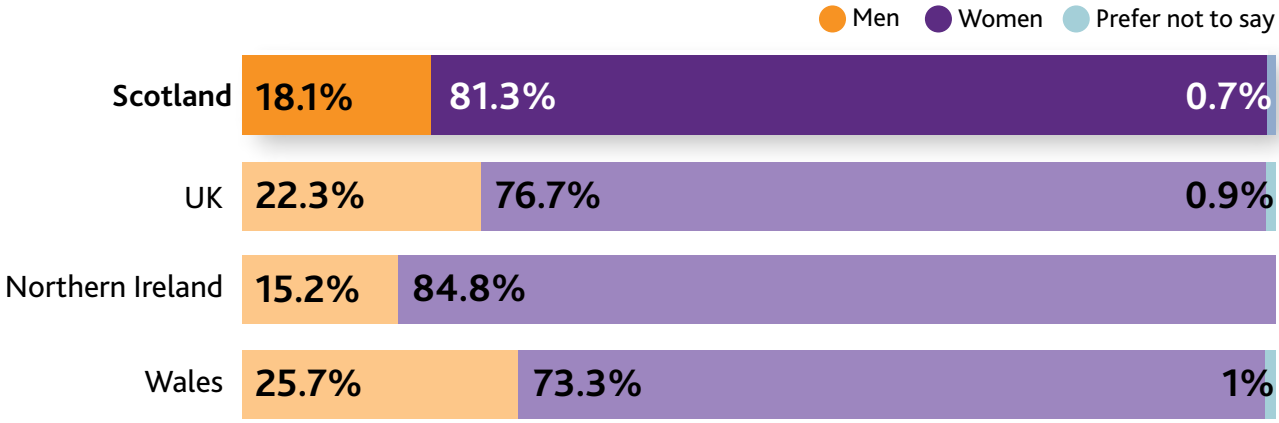
PAs on the register

3,909
PA applications **UK-wide** for first entry to the register in 2025

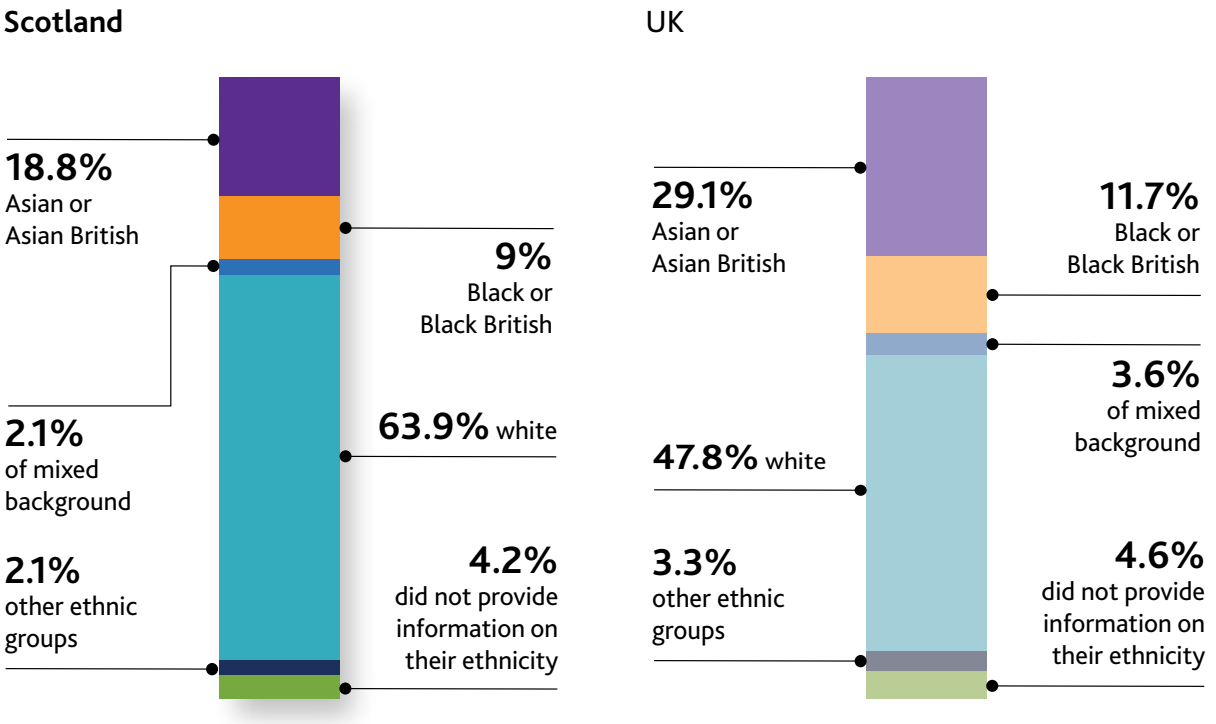
3,903
PAs on the register **UK-wide**

144
PAs based in **Scotland**

PAs on the register by gender



PAs on the register by ethnicity



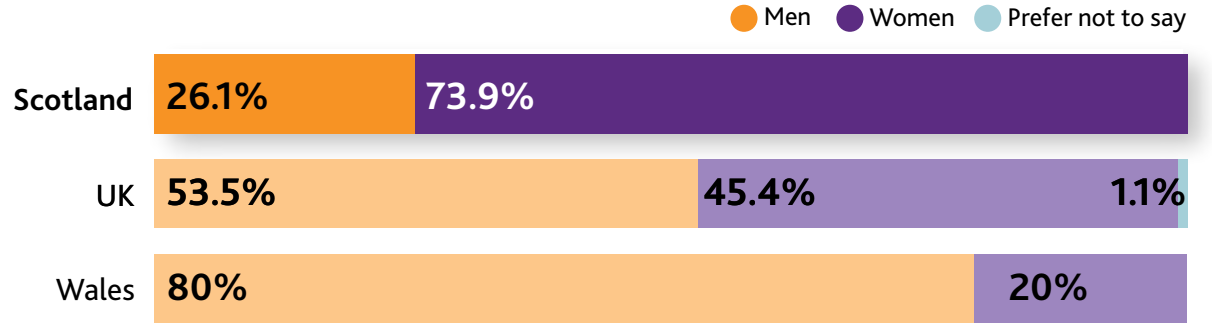
AAs on the register

180
AA applications **UK-wide** for first entry to the register in 2025

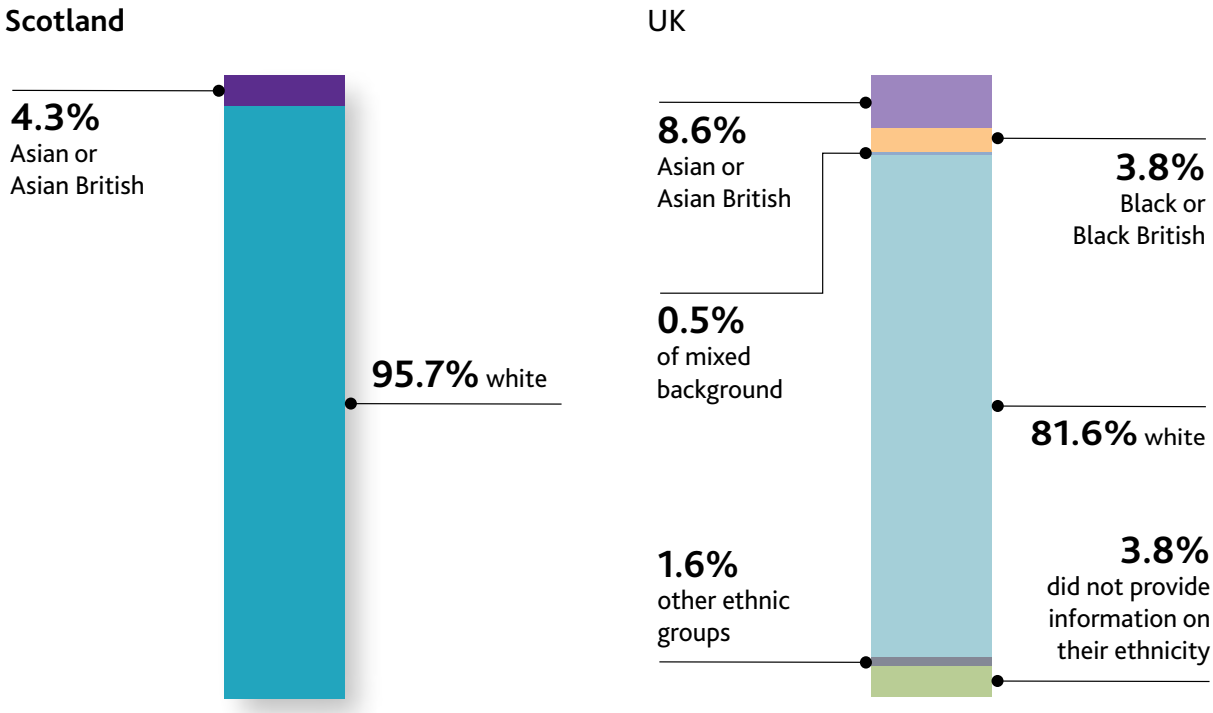
185
AAs on the register **UK-wide**

23
AAs based in **Scotland**

AAs on the register by gender*



AAs on the register by ethnicity



* There were no AAs on the register in Northern Ireland in 2025.

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.

In 2025 we received

43,824

recommendations about revalidation.*

We made decisions on

99%

of the recommendations we received **within 5 working days**, exceeding our target of **95%**.

3,531

were from designated bodies in **Scotland**.

37,177

doctors were revalidated in 2025.

2,951

of them were located in **Scotland**.

For

455

doctors located in **Scotland**, we **approved the deferral of revalidation submission dates.**

In

35

cases, we **removed their licence to practise due to failure to revalidate.**†

* 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 Scotland's healthcare 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 doctors in **934 sessions** across the UK.

104 of these sessions took place in **Scotland**,

involving **2,288** **doctors in Scotland.**

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 medical students in **141 sessions** across the UK.

23 of these sessions were held in **Scotland**,

involving **2,780** **students in Scotland**.

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 *Welcome to UK practice* workshops across the UK

involving **8,800** **doctors**.

Overseeing education and training

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.

In 2025 we carried out **221** education QA visits across the UK.

That is up **5.7%** on 2024 (**209**).*

18 of these visits took place in **Scotland** (compared to 17 in 2024).

16 of those were **QA visits** to medical schools or clinical environments where education and training take place.

2 were **enhanced monitoring visits**, promoting the local resolution of concerns about postgraduate training.

From our QA visits in Scotland, we found:

7 areas where our standards were met, but where we identified improvements that could be made.†

As a result of our reactive QA activities:

1 case was escalated to our enhanced monitoring process.‡

1 case escalated previously was resolved.§

2 cases were still open as of 31 December 2025.††

In 2025, we carried out **2** PA/AA QA visits in Scotland. We found **5** areas where our standards were met, but where we identified improvements that could be made.

* 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.

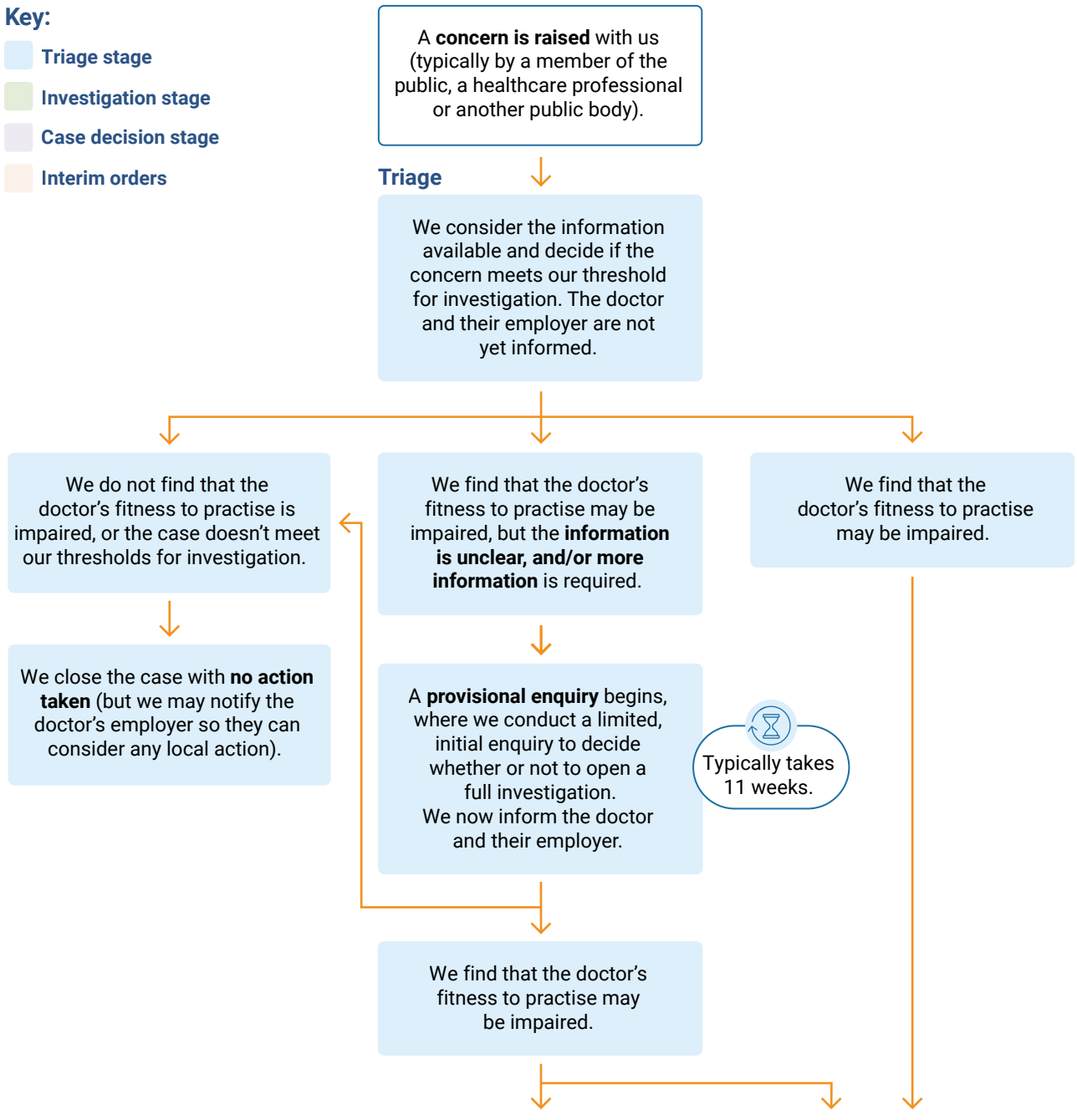
‡ Enhanced monitoring cases usually concern a specific unit or department in a local education provider (LEP). Monitoring may relate to more than one concern in the same LEP, and a concern under monitoring may affect more than one unit, or an entire trust or health board.

§ 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.



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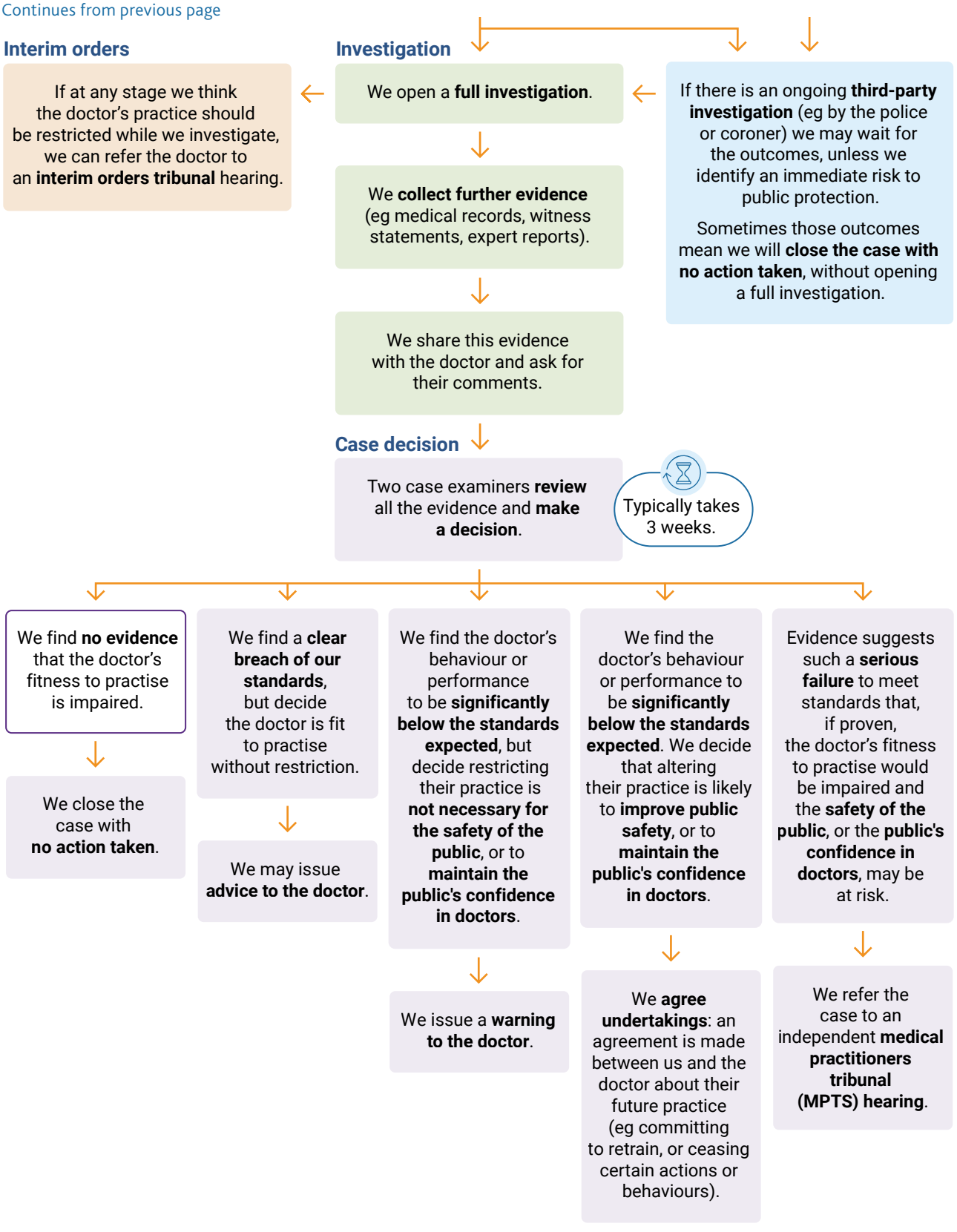


Concerns raised about doctors*

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

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

694 concerns related to incidents that happened in **Scotland**.

That is **30% more** than in 2024 (**534 concerns**).

543 (**78.2**%) of the concerns relating to incidents in Scotland were raised by **members of the public**.

This is higher than in 2024 (**72.7**%), 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.

64 (12%) of the **concerns we received** in 2025 regarding incidents in Scotland **met our statutory threshold for investigation**.

This is lower than in 2024 (**10.1%**), but higher than the percentage of all concerns that met the threshold for investigation across the UK in 2025 (**7%**).

Outcomes†

25 of the **investigations** about incidents that happened in Scotland were concluded with no action.

In **9** cases we referred the case to the Medical Practitioners Tribunal Service.

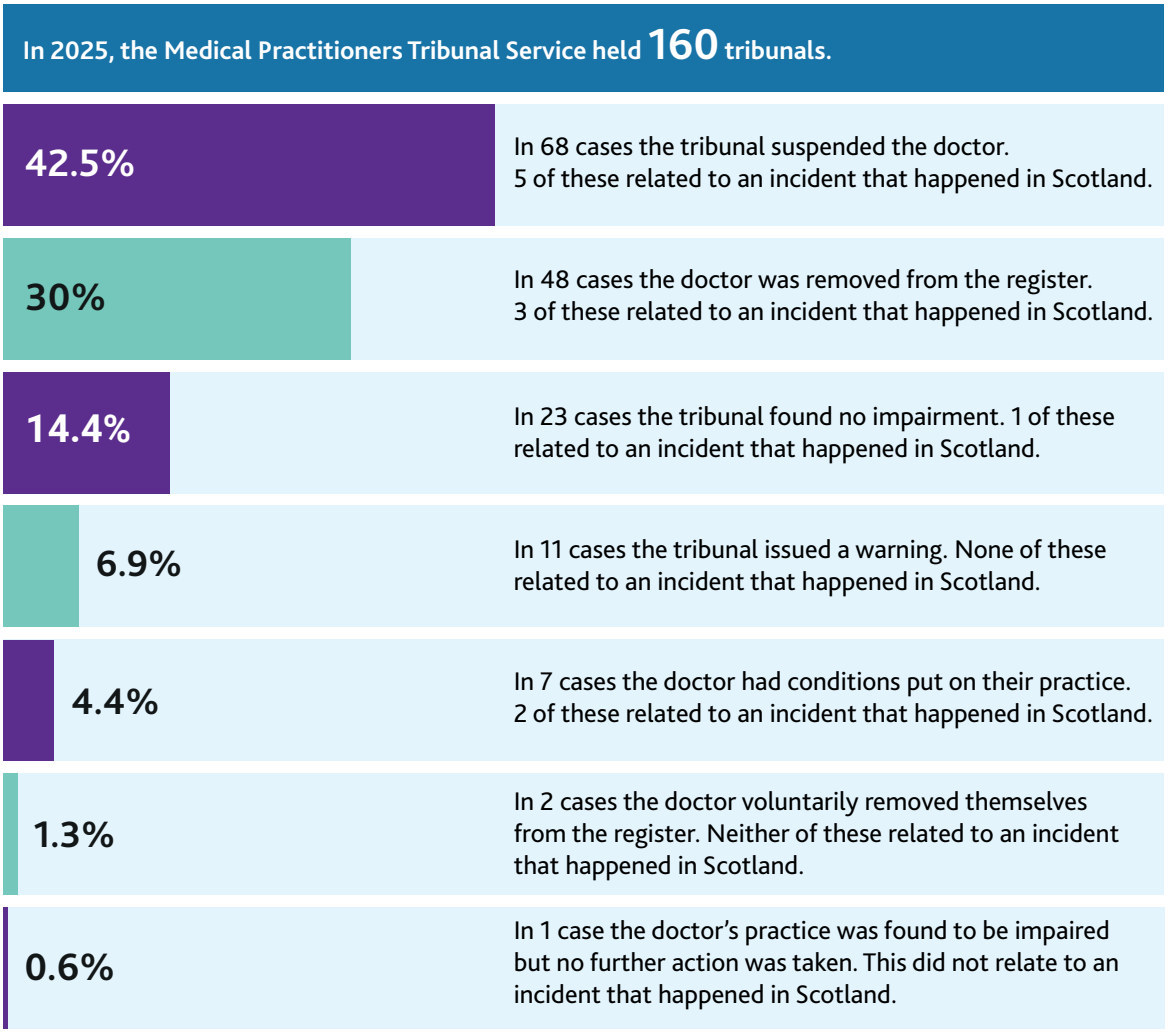
In **6** cases we issued a warning.

In **4** cases the doctor agreed undertakings.

* 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 Scotland in 2025

Wellbeing and culture

Our work on wellbeing and culture, both within Scotland and across the UK, is informed by our register data, the 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.

Though doctors in Scotland reported experiences that were generally very similar to the UK average, 46% had witnessed patient safety being compromised, compared to a 40% UK average. They were also more likely to have found it difficult to manage patient expectations once a week (51% v 46%). On the other hand, Scottish doctors were more likely to feel part of a supportive team (78% v 73%), and less likely to consider moving abroad (22% v 27%), or leave the medical profession (30% v 34%).

Our liaison advisers in Scotland deliver 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 board. In 2025, we delivered 17 sessions of our 'Caring for a workforce under pressure' workshop, eight sessions on 'Raising and acting on concerns', and 11 sessions of 'Thriving in UK practice', our workshop designed to support internationally-qualified doctors who have been working in the UK for some time.

> "I have more confidence when it comes to raising any concerns or issues, and how to do that through different contacts."
>
> **Raising Concerns session participant**

> "This has changed my whole concept of 'leadership' and responsibility. I had never really considered myself as a leader before."
>
> **Workshop participant (SAS doctor)**

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 boards 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.

Our employer liaison adviser (ELA) in Scotland has also advised several health boards on setting up RO advisory groups, which can provide wider input to decisions ROs make regarding fitness to practise and revalidation issues.

As a matter of course, our ELA discusses with ROs the welfare of doctors about whom they have concerns, and will flag sources of support, such as the Workforce Specialist Service. In 2025, our ELA has continued to use discussions with ROs and their colleagues to help target the sessions offered by our liaison advisers to teams, departments and health boards which require support.

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 safe, 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 Health and Social Care Alliance (the ALLIANCE), Healthcare Improvement Scotland (HIS) Community Engagement, and the Patient Advice and Support Service (PASS).

A key priority for us in Scotland in 2025 was to make sure the patient voice was heard in the ongoing discussions around NHS reform via the NHS Renewal programme (the Scottish Government's plan to reform and strengthen health and social care services). We welcomed the contributions of both the ALLIANCE and HIS Community Engagement at our spring and autumn UK Advisory Forums. We have also been consulting with these patient groups regarding our own policy developments, such as our *Future of education and career development* (Future Ed) programme. You can read more about Future Ed in the 'Looking to the future' chapter of this report.

We have also continued to develop our relationship with PASS. We hosted an online outreach session for the service in October 2025 to explain our fitness to practise processes, having previously hosted a session explaining our guidance and role in March. And we are looking forward to engaging further with Scotland's first ever Patient Safety Commissioner, with whom we had an introductory meeting in October.

Working with partners

Our twice-yearly UK Advisory Forum meetings – held with senior representatives of our external partners in Scotland – allowed us to have rich system-level discussions about protecting patients and supporting the workforce during a time of change in the NHS, including as part the delivery of the Scottish Government's NHS Renewal programme. This helped shape our work throughout the year, including our joint work with partners on workplace culture and leadership.

In Scotland, the Sharing Health and Care Intelligence Network (SHCIN) brings together organisations with a scrutiny and improvement role at service and system level, professional regulators, and improvement and training bodies to share intelligence, analysis and have collective discussion regarding issues related to safety and quality of care. Discussions at SHCIN's quarterly meetings in 2025 generated further policy thinking at the GMC and enabled us to work more collaboratively to address issues such as sexual misconduct and modern slavery. The discussions also helped us address issues where patient safety is being compromised, supporting our ability to have informed conversations with medical directors and other stakeholders.

Throughout the year, we also contributed to eight consultations, including on the proposed creation of the NHS Delivery body; responding to the Palliative Care Strategy consultation; and feeding into the Draft Strategic Plan 2026-29 for the Mental Welfare Commission for Scotland.
We remain committed to sharing data and insight with the Scottish Government, NHS Education for Scotland and other stakeholders to contribute to wider conversations about the workforce.

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, according to our latest data the number of these doctors has continued to increase, albeit at a lower rate. Although internationally-qualified doctors make up a smaller proportion of the Scottish workforce compared to the UK as a whole (which was 45.9% in 2025), their overall proportion in Scotland is still growing: in 2025, doctors who graduated outside the UK made up 20.4% of the workforce in Scotland, compared with 17.9% in 2021.

Therefore, in 2025 our outreach team continued to work closely with a variety of stakeholders to support internationally-qualified doctors working in Scotland. As part of this, our liaison advisers presented at NHS Education for Scotland's WINS (Welcoming International Medical Graduates (IMGS) New to Scotland) programme.* The team also worked with Directors of Medical Education to present at local inductions and deliver 'Thriving in UK practice' sessions. In addition, we delivered nine sessions on holding fairer feedback conversations and supporting a multi-cultural workforce specifically to supervisors of internationally-qualified doctors. And we also attended meetings of the Scottish IMG Doctors Support Network and the Advancing Equity in Medical Education group to share updates, resources and ideas with key stakeholders.

* 'International medical graduates (IMGs)' and 'internationally-qualified doctors' refer to the same group of doctors.

> “It’s eye opening what is and isn’t in line with training abroad that I received. I hope to integrate some of the tips from these discussions into my daily practice. The open discussion made it easier to see the reasoning behind the points made.”

Thriving in UK practice session participant

We were delighted to support ‘Supporting International Medical Graduates in Scotland: From Insight to Action’, an excellent event held by the Medical and Dental Defence Union of Scotland (MDDUS) in November 2025, which brought together leaders from various organisations for a strategic discussion on how we can further support internationally-qualified doctors in Scotland. We are hopeful these discussions with MDDUS and others will act as a catalyst for further collaborative action to promote supportive and inclusive working cultures across Scottish healthcare, and to maximise the resources and support available to internationally-qualified doctors who choose to work in Scotland.

Credit: Scott Barron Photography

We also contributed a range of resources to NHS Education Scotland Centre for Workforce Supply’s new IMG Support Hub. This is a ‘one-stop shop’ bringing together support resources from many different organisations, which we were pleased to see successfully launched in 2025.

We have strong relationships with medical schools and PA course providers in Scotland. As part of this, our liaison advisers deliver information sessions to medical students in years one, three and five, as a minimum. They have also continued to pilot and develop an interactive workshop that gives students insights into how we deal with concerns and complaints.

> “Sometimes I see the GMC as very scary, and this session helped alleviate that.”

A year 3 medical student

Equality, diversity and inclusion

Our outreach team continued to promote and deliver new sessions related to equality, diversity and inclusion, including working with directors of education to deliver our session 'Supporting a multicultural workforce' where needed, and a webinar on what support is available for internationally-qualified doctors in Scotland, aimed at the doctors themselves as well as those supporting them.

We have continued to work with British Medical Association Scotland, the Scottish Government and the NHS Ethnic Minority Forum via the Fairer Working Cultures Group, towards objectives which include improving induction and supervision for internationally-qualified doctors; empowering staff to speak up about discrimination; promoting a wider understanding of privilege and anti-racism; and improving the fairness of processes dealing with local concerns.

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 five medical schools in Scotland, the PA course delivered by the University of Aberdeen, and NHS Education Scotland to regularly check that those standards are met through our proactive quality assurance process.

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 Scotland.

Throughout the year we have engaged with key education stakeholders in Scotland, including government officials, NHS Education for Scotland, medical schools and royal colleges to discuss our *Future of education and career development* programme. This included an education roundtable in Edinburgh, where 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. Over the summer of 2025, we held focus groups with employers to explore themes such as generalism, the shift towards community care, and multidisciplinary working. We are grateful for the valuable inputs received, which are helping to shape the foundations for our ongoing engagement and future consultation.

We have supported the Scottish Government's Future Medical Workforce programme, which aims to develop a workforce strategy fit for the next 15-20 years, and the route to deliver a medical staff with the skills and expertise necessary to address the population's needs. As a member of the programme's Research Advisory Group, we have shared our data and insights, and participated in stakeholder roundtables – and we remain committed to supporting this important project in 2026.

> We really value the engagement of GMC colleagues in this first phase of the Future Medical Workforce programme. We welcome your comments and look forward to working with colleagues across the system to explore opportunities for change in phase two.
>
> **Scottish Government Official**

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.

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 have since worked with the Scottish Government and NHS Education for Scotland's MAPs Programme Board to understand how these recommendations should be taken forward in Scotland and what implementation might look like. Meanwhile, our liaison adviser visited the PA postgraduate programme at the University of Aberdeen to meet the new intake of students and to talk about our role and the guidance we offer. We have also delivered UK-wide webinars to provide an introduction to regulation, and liaised with the Scottish Physician Associate Network to make sure Scottish PAs are kept up to date with our work.

Preliminary hearings of the Eljamel Inquiry began on 10 September 2025. The inquiry is investigating the professional conduct and oversight of Professor Eljamel during his time working for NHS Tayside between 1995 and 2014. Whilst the GMC was not included in the inquiry's terms of reference due to healthcare professional regulation being a power reserved to Westminster, we proactively engaged with the inquiry team to offer our ongoing support. This included the submission of witness statements to the inquiry.

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.

Credit: Scott Barron Photography

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 Scotland is always keen to meet with members of the Scottish Parliament and other partners to share, as well as gain, further insights on the challenges and opportunities characterising the provision of health services in the Scottish context and discuss ways in which we can support the country's health system and deliver our goals.

As part of this, we look forward to engaging with new and returning members of the Scottish Parliament following the election in May 2026.

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 gmcscotland@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 service in Scotland over the coming year.

Credit: Scott Barron Photography

Email: **gmc@gmc-uk.org**
Website: **gmc-uk.org**
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

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

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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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