Summary note of UKAF – 12 May 2026

Attendees

- Professor Dame Carrie MacEwen, Chair of the GMC **(Chair)**
- Charlie Massey, Chief Executive, GMC
- Dr James Calvert, DCMO, Welsh Government
- Dr Thomas Grother, Co-chair, Welsh Resident Doctors Committee
- Dr Iona Collins, Chair, BMA Welsh Council
- Dr Dom Hurford, Executive Medical Director, Cwm Taf Morgannwg UHB & Chair of the All-Wales Medical Directors Group
- Dr Jaz Abraham, Medical Director, Velindre University NHS Trust, and FMLM Wales lead
- Professor Keshav Singhal, Chair, BAPIO Wales
- Professor Tom Lawson, Medical Director, Health Education and Improvement Wales
- Dr Martin Edwards, Medical Director, NHS Wales Shared Services Partnership
- Dr Simon Ford, Vice Chair, Academy of Medical Royal Colleges in Wales
- Alyson Thomas, Chief Executive, Llais
- Sue Green, Director, NHS Wales Employers
- Professor Rhian Goodfellow, Personal Chair and C21 Director, School of Medicine, Cardiff University
- Professor Keith Lloyd, Wales Council Member, GMC
- Neil Roberts, Director of Resources and Wales Sponsor, GMC
- Robert Khan, Assistant Director of Public Affairs and National Offices, GMC
- Professor Pushpinder Mangat, Director of Education and Standards and Medical Director, GMC
- Gethin Matthews-Jones, Head of GMC Wales, GMC
- GMCk Dexter, Head of Strategic Policy Development, GMC
- Professor Alan Denison, Deputy Medical Director, GMC
- Martha Rose, Interim Policy and External Affairs Manager, GMC **(notes)**
- Niamh Mannion, Policy and External Affairs Officer, GMC **(observer)**

Apologies

- Jacqueline Totterdell, Chief Executive, NHS Wales
- Professor Ffion Williams, Head of Swansea University Medical School
- Alex Howells, Chief Executive, HEIW
- Darren Hughes, Director, NHS Wales Confederation
- Nia Jones, Dean of Medicine, North Wales Medical School

Welcome and Chair's introduction

1. The Chair welcomed attendees to the meeting, acknowledging those attending for the first time. She welcomed Alyson Thomas from Llais, recognising the importance of ensuring patient voices were represented throughout the discussion.
2. The Chair introduced the themes for the meeting, noting the importance of ensuring that discussions around workforce, education and flexibility remained grounded in patient needs and patient experience.

Update on actions from previous meeting

3. Gethin Matthews-Jones provided an update on actions from the last meeting, held in Autumn 2025:
    - There was positive discussion at the previous UKAF meeting regarding leadership, including the importance of compassionate and inclusive leadership, supporting leadership development at all levels, and strengthening opportunities for doctors to gain practical leadership experience across Wales. He noted that GMC Wales and the three medical schools had agreed to meet regularly to discuss this and other matters.
    - He also provided an update on our ongoing engagement with the Chief Medical Officer in relation to her work on strengthening medical leadership in Wales, alongside our response to HEIW's education strategy and the opportunities this presents for supporting the future medical workforce and improving patient care.
    - He advised that the GMC Wales Data Roundtable is scheduled to take place in the coming months and will provide an opportunity for partners to continue discussions on workforce insight, leadership, workforce experiences and opportunities for greater data collaboration across Wales.

Chief Executive's update and reflections

4. Charlie Massey formally welcomed Professor Alan Denison to the GMC following his appointment as Deputy Medical Director and thanked Professor Sue Carr for her contribution to the organisation. He reflected on the importance of continuing collaborative working across Wales and the wider UK system.
5. Charlie also updated members on several areas of current GMC activity:

- The Department for Health and Social Care consultation on the GMC Order and wider regulatory reform.
- The consultation on the GMC's Personal Beliefs guidance.
- The launch of the GMC survey of SAS and locally employed (LE) doctors across the UK.
- The publication of the GMC maternity concerns resource developed collaboratively with organisations including Llais.

6. Charlie reflected on the importance of modernising medical regulation, noting that much of the legislative framework underpinning the GMC's work remains rooted in the Medical Act 1983. He welcomed the opportunities reform could bring to support more proportionate, compassionate and flexible approaches to regulation and fitness to practise.

Presentations

Llais: The People's Principles

7. Alyson Thomas reflected positively on the framing of the discussion around "what matters most to people". She introduced the work of Llais and outlined how the organisation uses people's experiences to influence improvements across health and social care services in Wales.
8. Drawing on engagement work including surveys, online engagement and focus groups, Alyson described how people consistently emphasised the importance of being treated as individuals rather than conditions or numbers. She introduced the "People's Principles Alliance", intended to support organisations in embedding these principles into decision making and service delivery.
9. Key themes identified through the engagement work included:
    - Being listened to and understood.
    - Shared decision making and care delivered "with" people rather than "to" them.
    - Dignity, kindness and respect.
    - Clear and honest communication.
    - Joined-up and seamless care.
    - Timely access to support.
    - Recognition of the whole person, including family and social context.
    - Inclusive and accessible services, including Welsh language provision.

10. She stressed that patients expect healthcare professionals to have the time, support and systems needed to provide compassionate care, and that many frustrations expressed by patients reflected wider system pressures rather than failings of individual clinicians. She also reflected that members of the public recognised their own responsibilities within healthcare interactions, including treating healthcare professionals with dignity and respect.

GMC presentation: Future of education and career development

11. Professor Pushpinder Mangat provided an overview of the GMC's Future Education and Career Development programme, focusing particularly on the experiences of SAS and locally employed doctors and the need for more flexible learning and career pathways.
12. He outlined themes emerging from extensive listening exercises undertaken across the UK, including:

    - Growing demand for greater flexibility within training and career pathways.
    - The importance of supporting educators and supervisors.
    - Greater employer involvement in education and training.
    - The need for improved governance and Board-level visibility of education issues.

13. Push also acknowledged several significant system pressures, including:

    - Financial constraints affecting investment in education.
    - Bottlenecks within postgraduate training.
    - Workforce and operational pressures affecting educators.
    - Variability in organisational readiness for innovation and reform.

14. Particular focus was given to the GMC's work exploring how the knowledge, skills and experience of all doctors can be recognised more consistently, including those outside formal deanery training programmes. Push reflected on the importance of developing clearer frameworks for progression and recognition for locally employed doctors.
15. He also highlighted the General Professional Capabilities Framework, noting the importance of communication, professionalism, teamwork, leadership, safeguarding and shared decision making alongside clinical competence.

Member discussion

16. The Chair thanked the speakers and a facilitated discussion on the themes of the presentations followed, with contributions from UKAF members including flexibility within training and careers, workforce planning, education, patient need and support for SAS and locally employed doctors.

- **Flexibility within careers and training**: There was extensive discussion about the growing demand for flexibility within medical careers and training pathways. Doctors increasingly seek greater control over where, how and in what ways they train and work, alongside growing expectations around less-than-full-time working, career progression and geographical choice. Discussion highlighted changing workforce expectations, particularly among newer generations of doctors balancing careers alongside geography, relationships and family considerations. There was also recognition that flexibility can mean different things to different individuals and organisations.

- **Balancing workforce preference and patient need:** Discussion focused on the tension between workforce preference and population need, particularly regarding the geographical distribution of doctors across Wales. There was recognition of the need for better alignment between workforce investment, educational opportunity and patient need, alongside broader agreement that flexibility should not be interpreted as unlimited individual choice detached from wider service realities. The importance of balancing individual aspirations with fairness, patient need and sustainable workforce planning was repeatedly emphasised.
- **SAS and locally employed doctors:** There was extensive discussion regarding the experiences of SAS and locally employed doctors and the significant growth of this workforce group across Wales and the wider UK. Discussion highlighted that locally employed doctors are a highly heterogeneous group with differing motivations, aspirations and experiences, with some seeking progression into formal training or specialist registration pathways, while others actively choose locally employed roles long term.
- **Professional development and progression:** A recurring theme throughout the discussion was concern that locally employed doctors are too often viewed primarily through the lens of service delivery rather than professional development. There was discussion about ensuring equitable access to educational opportunities, supervision and progression pathways, alongside recognition that systems are not yet sufficiently developed to support locally employed doctors consistently through educational supervision, curriculum delivery and portfolio development. The need for clearer frameworks, expectations and transparency around locally employed doctor roles and the opportunities available within them was also emphasised.
- **Alternative pathways and good practice:** Positive examples of good practice already taking place across Wales were highlighted, including educationally supportive clinical fellow roles and departments investing heavily in the development of locally employed doctors. There was also discussion about improving understanding and visibility of alternative career pathways such as CESR and portfolio routes, alongside recognition that not all doctors in locally employed roles are dissatisfied or seeking traditional consultant progression routes.
- **Education, workforce development and organisational culture:** There was broad support for organisations working more collaboratively around education, workforce development and training. Discussion highlighted the complexity of the education landscape in Wales and the importance of continuing open and honest system-wide conversations. There was also discussion about the importance of Boards and senior leaders having greater visibility of workforce education and training issues, alongside the need for clearer measures of success and accountability regarding workforce wellbeing, educational quality and workforce development outcomes.
- **Education as a core NHS function:** The importance of ensuring education is viewed as a core function of the NHS alongside service delivery was emphasised, together with discussion about whether the system currently gives sufficient priority to education and workforce development relative to operational pressures.
- **Burnout, wellbeing and patient outcomes:** Discussion focused on the relationship between burnout, workforce wellbeing and patient outcomes, with recognition that investment in workforce support, development and compassionate leadership ultimately improves patient care and organisational stability.

- **Patient-centred care:** The discussion repeatedly returned to the importance of grounding workforce and education conversations in patient experience and patient outcomes. There was emphasis on not losing sight of the core fundamentals of medicine, including listening to patients, communication and compassionate care, alongside continued focus on "what matters" to people and patients and able to deliver good patient care.

Summarising the main themes

17. Charlie Massey thanked all members for their attendance and their contributions and specifically Alyson for her presentation. He summarised several key themes emerging from the discussion:
    - Flexibility within careers and training was a major recurring theme, alongside the importance of honesty and realism regarding workforce expectations.
    - There remains a significant challenge in balancing patient need, service delivery and individual workforce aspirations.
    - Locally employed doctors should not feel like second-tier professionals and require clearer support, recognition and developmental opportunities.
    - Workforce education and training require greater visibility and ownership at Board and system level.
    - Patient need and patient experience must remain central to workforce and education discussions.
    - That all organisations represented within the room had influence and responsibility in shaping future workforce conversations and helping drive meaningful change.

18. The Chair brought the meeting to a close, thanking attendees.

The next UK Advisory Forum – Wales is scheduled to take place in person in Cardiff on Monday 21st October 2026.