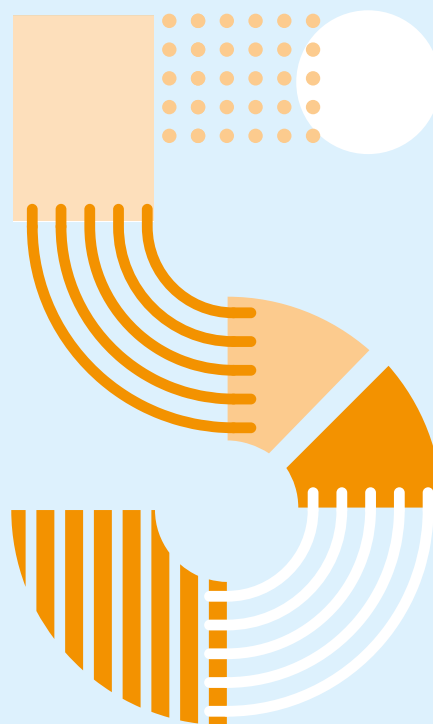
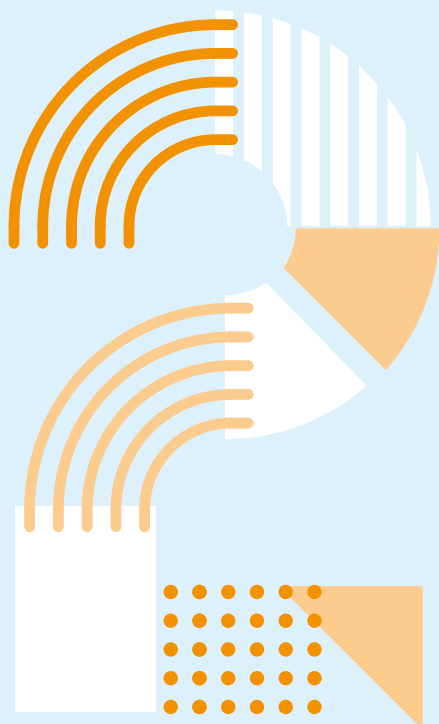
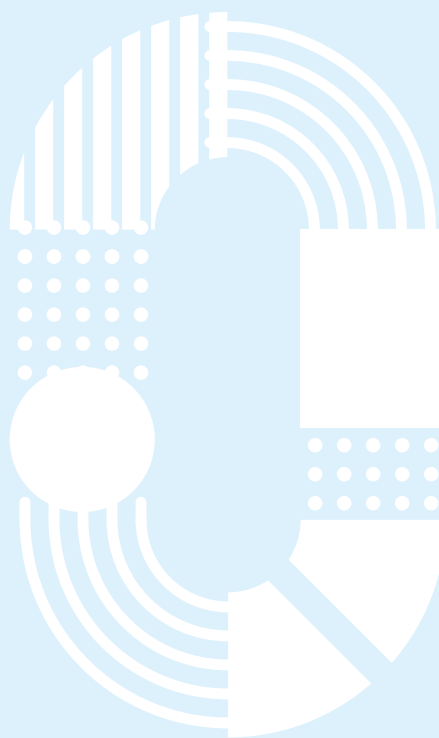
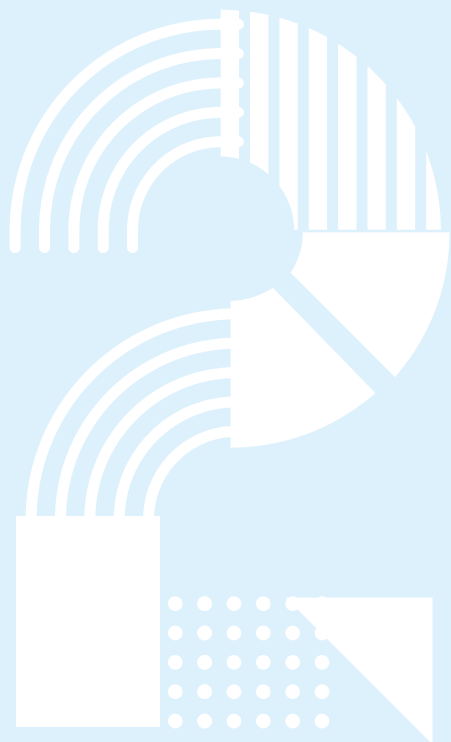


Our work in Wales

General
Medical
Council



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[This publication is available in Welsh](#) on our website.

[Mae'r cyhoeddiad hwn ar gael yn Gymraeg](#) ar ein gwefan.

Foreword

Health services in Wales, 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 Wales and across the UK. In 2025, we provided evidence to the Senedd’s Health and Social Care Committee inquiry into general practice, and shared insight from our data with the committee’s research team.

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

Throughout 2025, our outreach team worked with doctors, medical students, clinical leaders and educators across Wales to embed inclusive and equitable practice in everyday professional life, help teams create and nurture respectful environments, recognise and address bias, and treat colleagues and patients with compassion.

The team also worked with health boards to embed cross-cultural communication within enhanced inductions, aiming to strengthen support for internationally-qualified doctors entering the

workforce, enabling them to work confidently and effectively in a new environment. We also worked with responsible officers to promote fairness and consistency in local fitness to practise processes.

The same approach carried through to our UK Advisory Forum, where we discussed why equality, diversity and inclusion are foundational to safe patient care. Participants explored how evidence – including data from the Workforce Race Equality Standard for Wales, and our own workforce data – can inform improvement across the system. We have since engaged with the Welsh Government to explore how this deeper understanding may help to support practical action.

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 Wales will help us continue to support doctors, PAs and AAs to deliver 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 Wales

Our Cardiff office was established in 2006 as part of our continued commitment to improve our understanding of, and support for, doctors and the health system in Wales. Our Wales 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 Wales 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 Wales. In January 2025, we were pleased to welcome Professor Keith Lloyd as our new Council member for Wales.

Key relationships

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

GMC Director of Resources Neil Roberts is our senior management sponsor for this relationship. He supports our Chair, our CEO and our Wales team in their engagement with senior officials around government policy. Twice a year, we bring together our partners through our [UK Advisory Forum](#). Partners include:

- representatives from the Welsh Government
- healthcare leaders and representatives
- representatives from education bodies
- representatives from improvement bodies
- patient representative organisations.



The Head of GMC Wales, Gethin Matthews-Jones, is responsible for setting the direction of our work and the delivery of our corporate strategy in Wales. Gethin has more than ten years of experience working in policy and communications roles in the health and charity sector in Wales and is a fluent Welsh speaker.

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 Wales.

Working with others

Our policy and external affairs team works with stakeholders in Wales 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, with the aim of improving patient safety.

Our outreach teams and colleagues responsible for quality assuring education work closely with organisations in the healthcare system in Wales 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 41 sessions involving 867 doctors in Wales, and 7 sessions involving 259 students in Wales. 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 Welsh medical schools, PA and AA course providers, and Health Education and Improvement Wales 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 Welsh 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

Wales			UK		
2024	% change	2025	2024	% change	2025
14,594	↑ +2.8%	15,009	393,357	↑ +4.4%	410,566

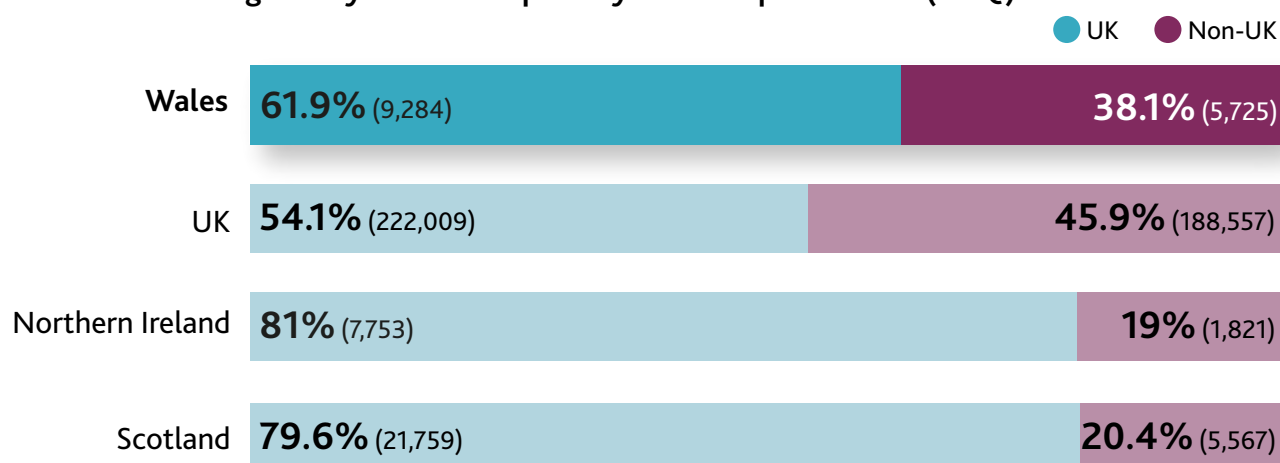
That is 3.7% of all doctors in the UK.

Northern Ireland			Scotland		
2024	% change	2025	2024	% change	2025
9,008	↑ +6.3%	9,574	26,475	↑ +3.2%	27,326

That is 2.3% of all doctors in the UK.

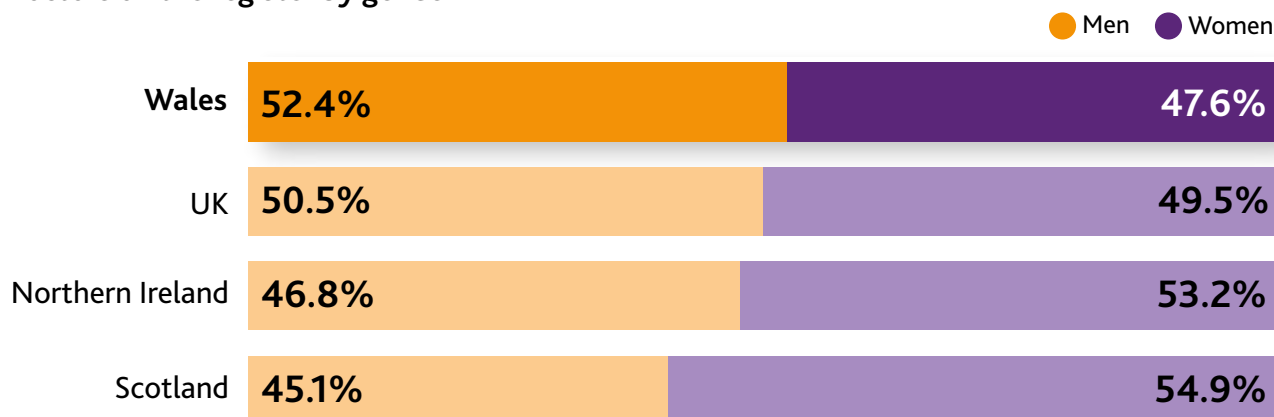
That is 6.7% of all doctors in the UK.

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



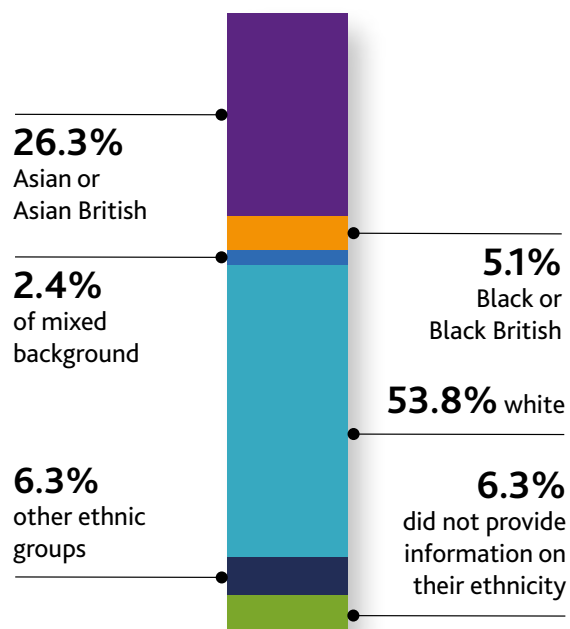
All figures as of 31 December 2025 and 2024 respectively, unless otherwise specified. All percentages are rounded to the nearest tenth of a percent: in some cases the numbers may therefore not add up to precisely 100%. Visit [GMC Data Explorer](#) to learn more about doctors' education and practice in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

Doctors on the register by gender*

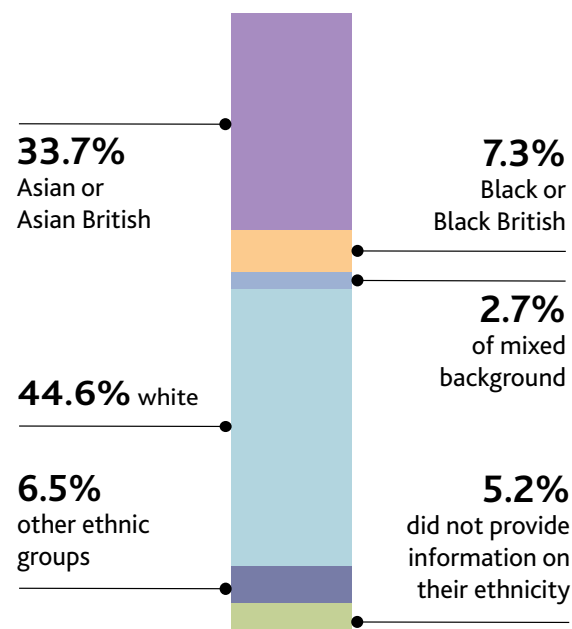


Doctors on the register by ethnicity

Wales

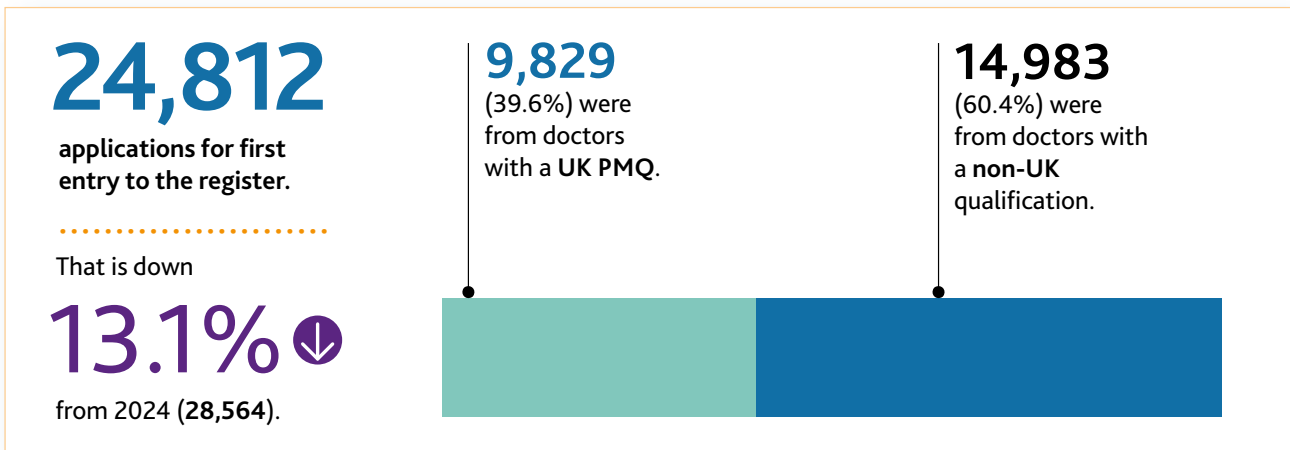


UK

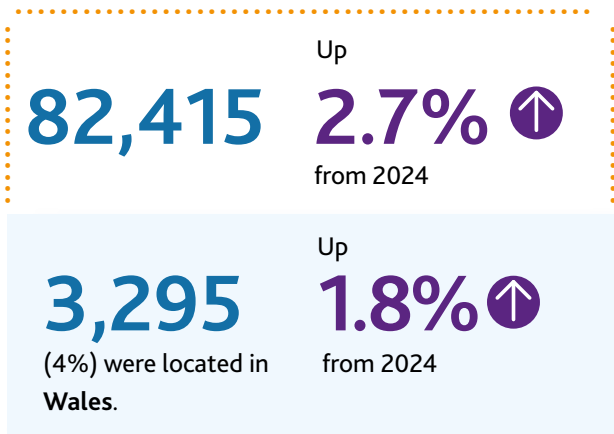


* This data includes all doctors on the register, with or without a licence to practise. In 2025, we achieved gender parity on the register for doctors with a licence to practise. Find out more on our [news archive](#).

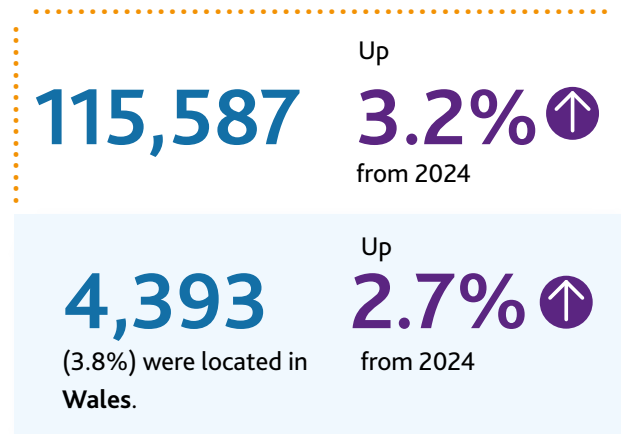
In the UK in 2025, we granted:



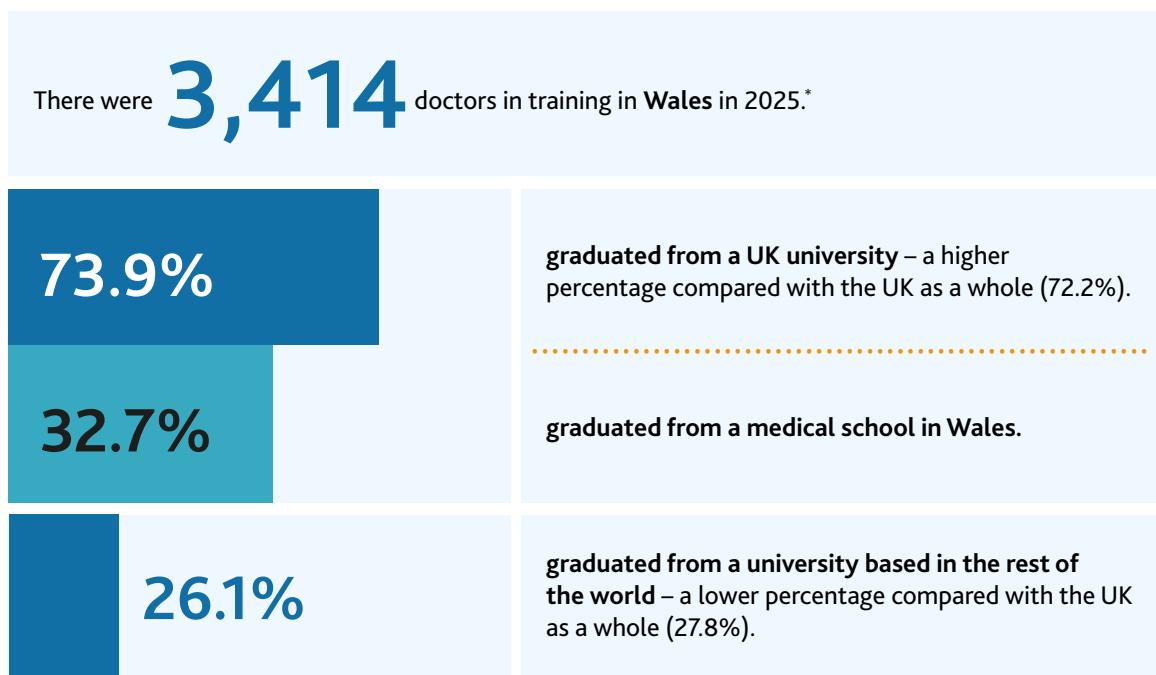
Total doctors on the GP Register



Total doctors on the Specialist Register



Doctors in training in Wales

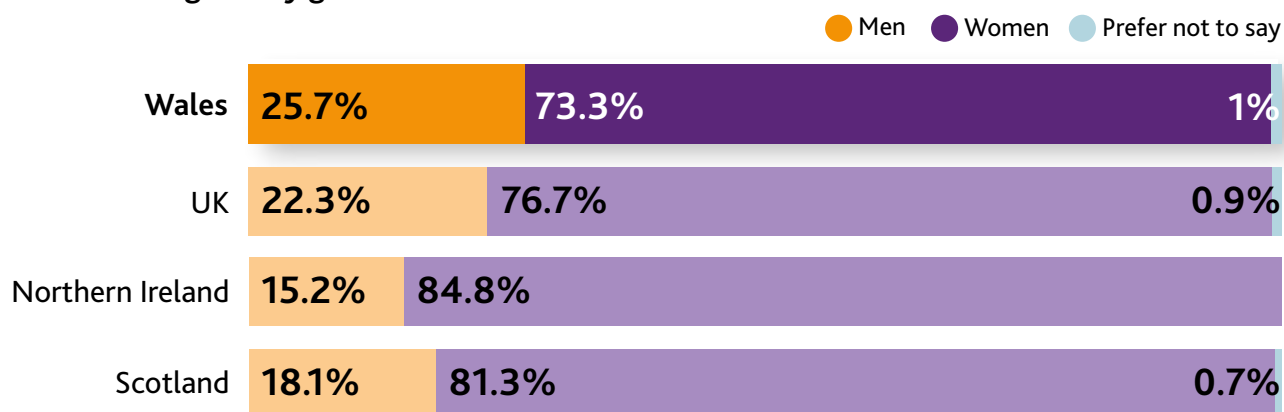


* Based on the National training survey. For more information and to read the survey findings in detail, see the [National training survey](#) pages on our website.

PAAs on the register

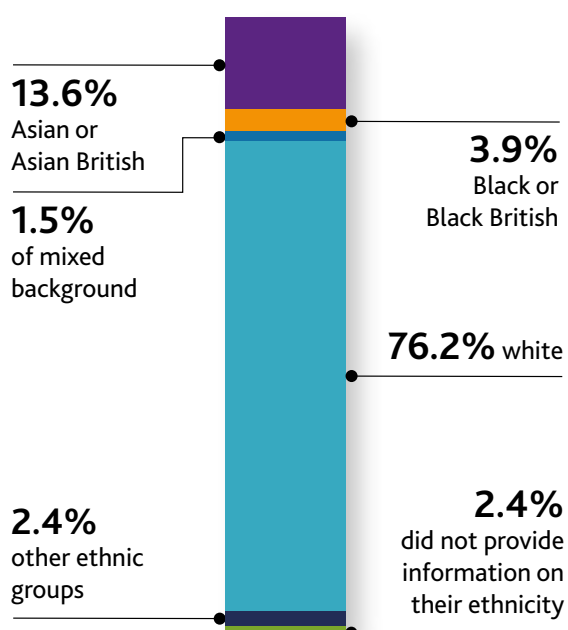


PAAs on the register by gender

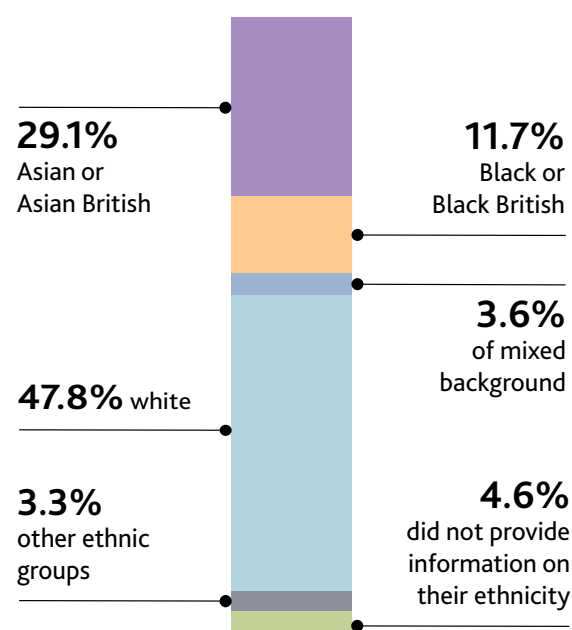


PAAs on the register by ethnicity

Wales



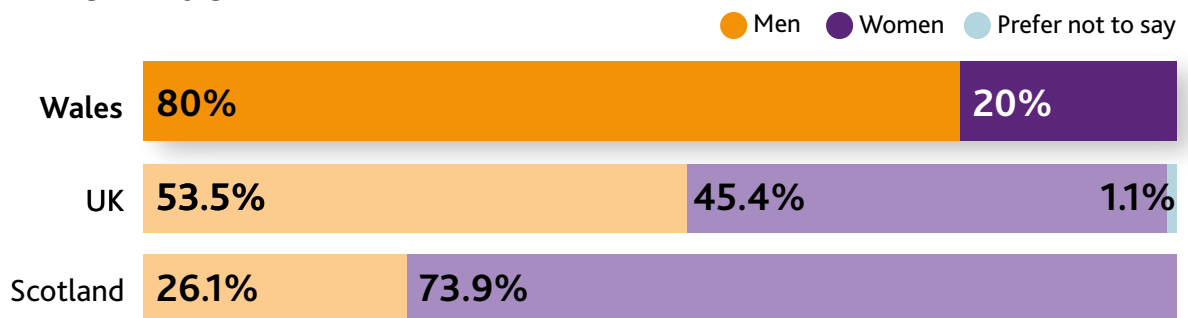
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AAs on the register

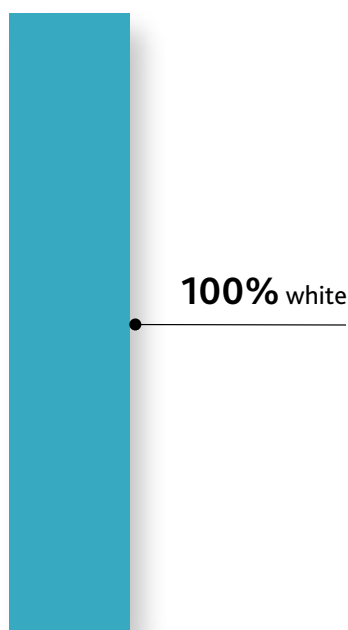


AAs on the register by gender*

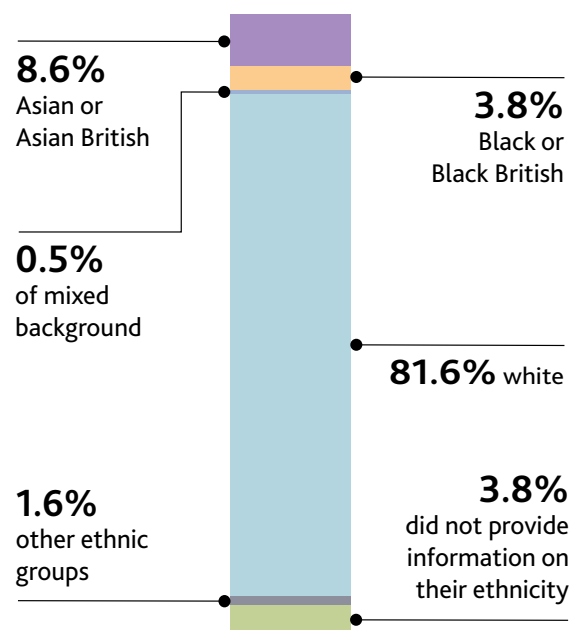


AAs on the register by ethnicity

Wales



UK

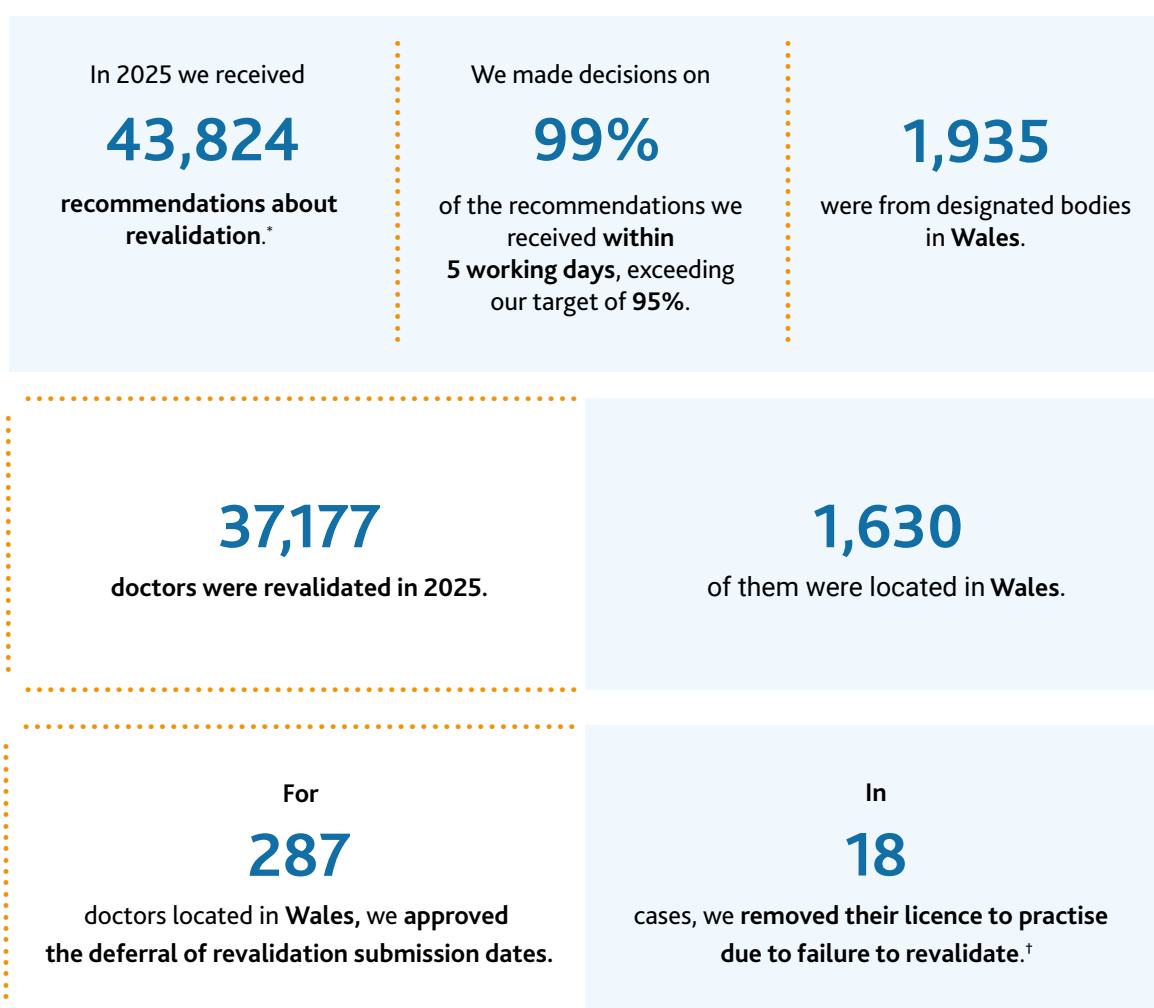


* There were no AAs on the register in Northern Ireland in 2025.

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.



* 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 Welsh 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 **41** involving
doctors in **934 sessions** of these sessions **867**
across the UK. took place in **Wales,** doctors in **Wales.**

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 **7** involving
medical students in **141 sessions** across of these sessions **259**
the UK. were held in **Wales,** students in **Wales.**

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

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

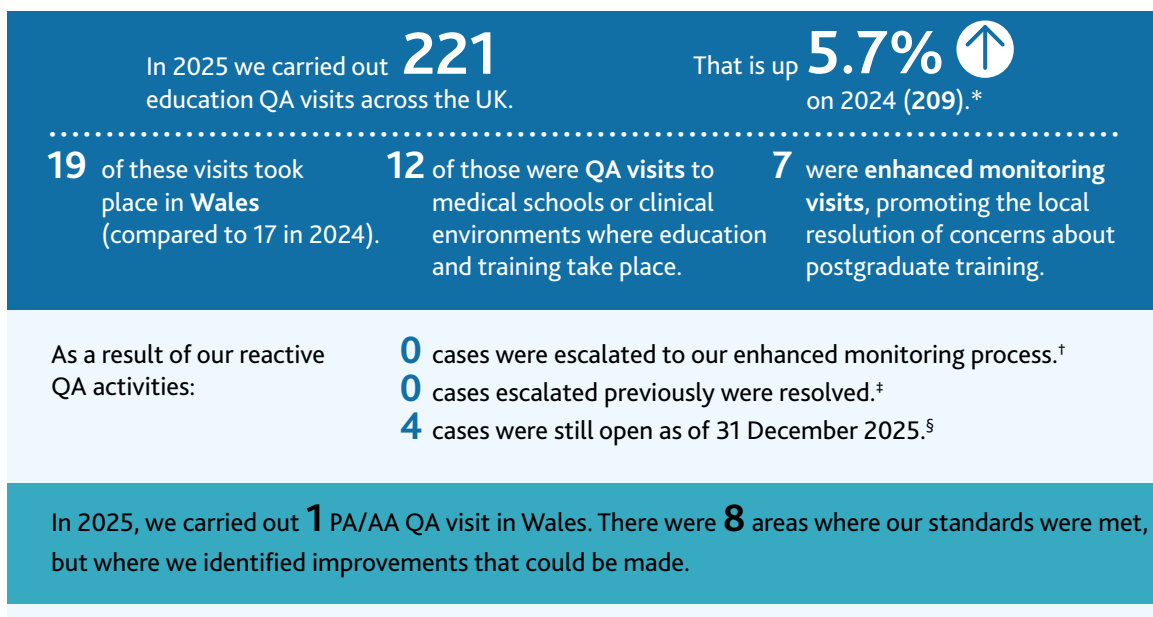
Overseeing medical education and training

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.

† 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.

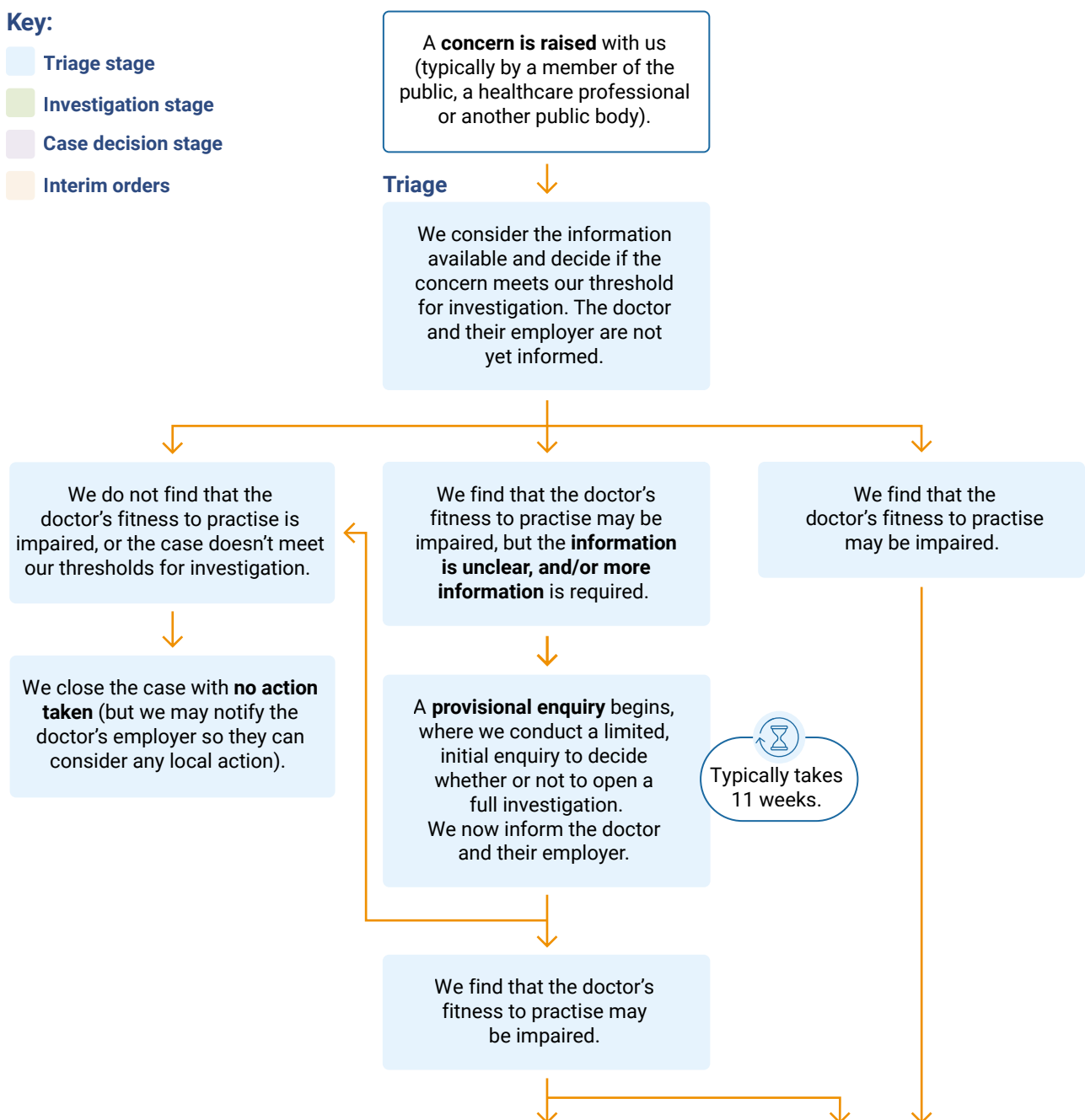
§ Up-to-date details regarding opened and closed enhanced monitoring cases can be found in the GMC Data Explorer (see [Enhanced monitoring of training environments](#) on our website for more information).

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).

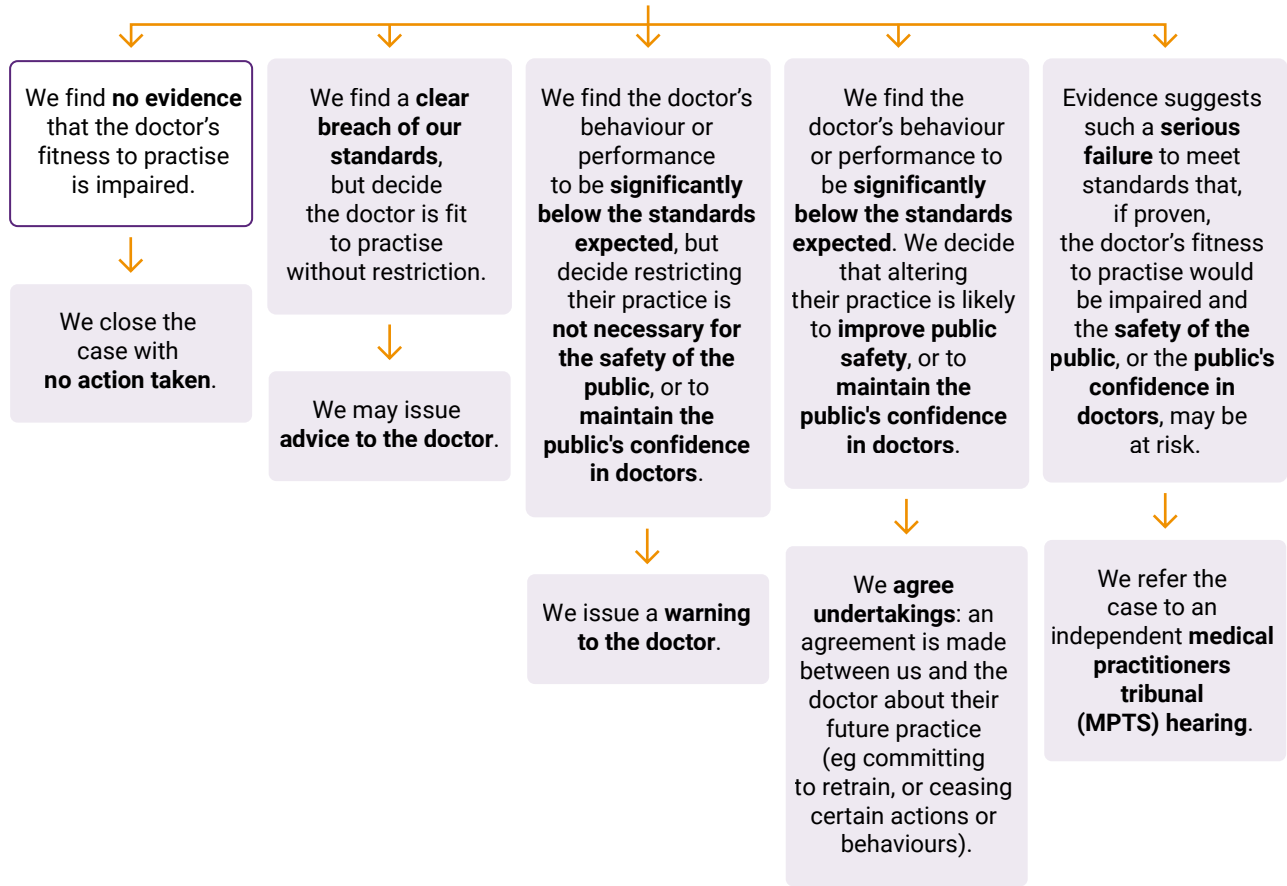
We share this evidence with the doctor and ask for their comments.

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).

318 concerns related to incidents that happened in Wales.



That is **40.4% fewer** than in 2024 (534 concerns).

216 (67.9%) of the concerns relating to incidents in Wales were raised by members of the public.

This is lower than in 2024 (72.6%), and 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.

37 (6.9%) of the concerns we received in 2025 regarding incidents in Wales met our statutory threshold for investigation.

This is lower than in 2024 (14.6%), 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 Wales 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.

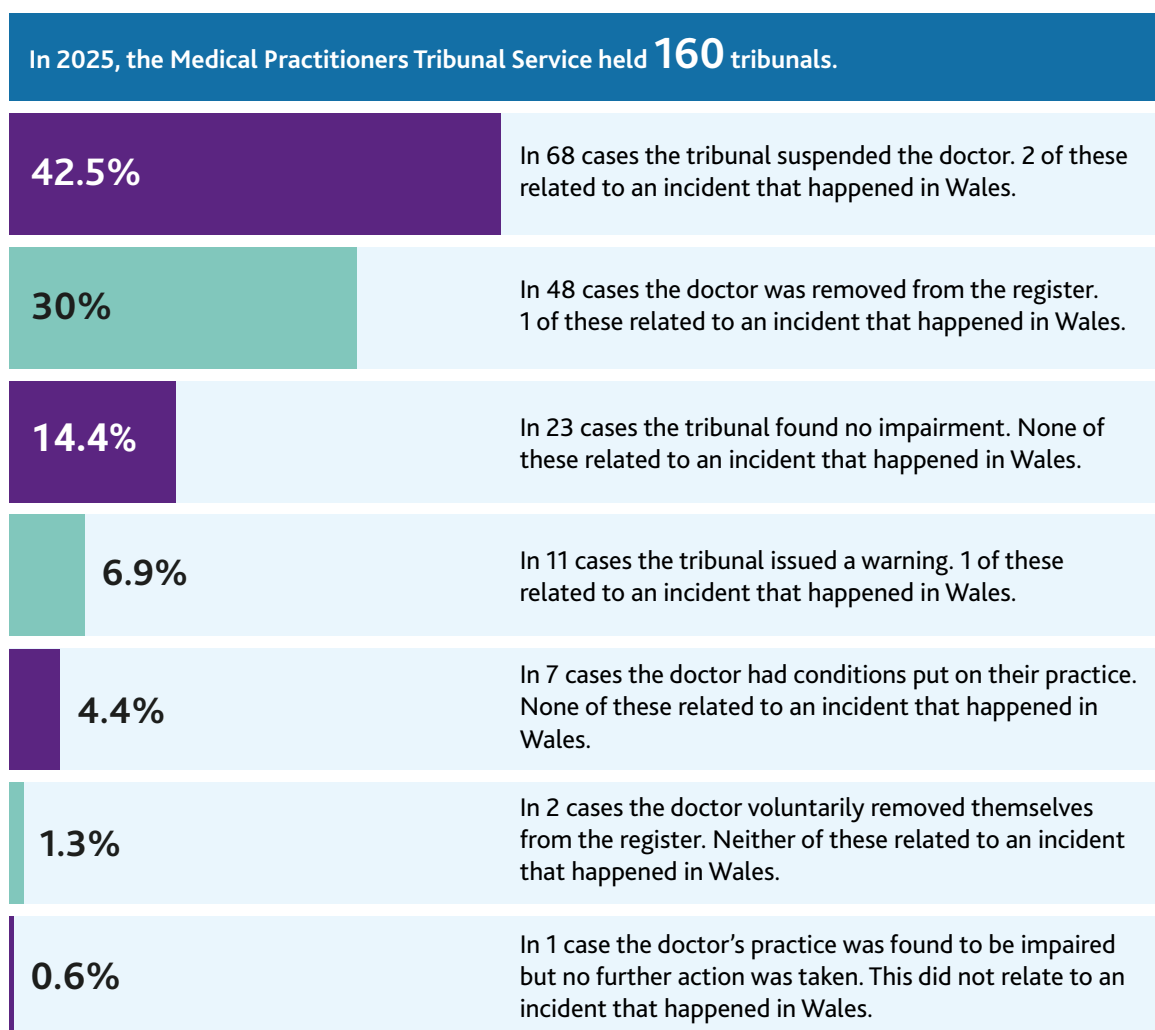
In **3** cases the doctor agreed undertakings.

In **2** cases 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 Wales in 2025

Wellbeing and culture

Our work on wellbeing and culture, both within Wales 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 Wales reported experiences that were generally very similar to the UK average, they were more likely than the UK average to identify a range of barriers to providing good patient care. This included inadequate staffing (81% compared with 72% UK average), poor organisational leadership (52% compared with 45% UK average),

and lack of access to necessary equipment or services (53% compared with 44% UK average). More positively, there were significant year-on-year improvements in the scores doctors in Wales gave about being part of a supportive team (78% with a 10% year-on-year positive change), and feeling they had enough autonomy in their role (67% with a 10% year-on-year positive change).

Throughout 2025 we continued to work with health boards in Wales to address workforce issues in tailored, open ways. Our outreach team delivered sessions for 867 doctors in health boards across Wales on topics such as compassionate leadership, managing unprofessional behaviours, how to support internationally-qualified doctors, *Good medical practice* in action, and fair management of concerns. These sessions aim to deliver tangible improvements in professionals' understanding of the standards they need to work to, including support for those who have been subject to or witnessed unacceptable behaviour or discrimination. 89% of all attendees said their practice would change as a result of attending our workshops.

Where appropriate, we also work closely with the Nursing and Midwifery Council (NMC) to deliver joint sessions for doctors and nurses. For example, in November and December 2025, we delivered three workshops on 'Empathy in Action – Dealing with Conflict through Compassionate Leadership' for doctors and nurses in obstetrics and midwifery in Wrexham, Ysbyty Gwynedd and Ysbyty Glan Clwyd. In a feedback survey, 100% of attendees said their practice would change as a result of information gained in the session.

Our work with responsible officers

Throughout the year our outreach team also 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. This year our employer liaison adviser (ELA) also facilitated a workshop on fairness and unconscious bias at a Wales RO Network meeting.

As part of their work, our ELA identifies themes and priority areas emerging from discussions

with ROs, and makes sure ROs are signposted to relevant support, including the delivery of interactive workshops where appropriate. We have also explored alignment and opportunities for collaboration in other areas, for example working on the Workforce Race Equality Standards with the Welsh Government, and avoiding employee harm through investigations, working with Health Education and Improvement Wales (HEIW) and the Healthcare People Management Association.

“Our link [with the GMC] helps us to manage issues with the medical workforce much more effectively.”

Feedback from an RO

“Your energy and dedication to driving forward the fairness agenda have been nothing short of inspiring.”

Feedback from an RO

We have continued to convene and facilitate meetings to enable ROs to share progress and good practice. We advised on the purpose and terms of reference of RO and professional advisory groups, as well as checklists and other guidance, to make sure they reflect the fairness and contextual considerations our research has shown to be most important. Working with NHS Resolution, we also developed a proposed training package for those managing concerns that will be piloted in early 2026. We expect this all-Wales work to make an important contribution to our



aspirations for the *Fairer Employer Referrals* programme and more generally to our work to promote equality, diversity and inclusion (ED&I).

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.

Throughout 2025, we have worked in partnership with the NMC to respond to issues raised by investigations into maternity care. As part of this, we are working to review the information we make available regarding our role, to make sure that families understand who we are, what we do, and how we can support them – in Wales and across the UK.

The Welsh Government announced a national assessment of maternity and neonatal services in Wales in July. We contributed as a member of the assessment's stakeholder panel, and joined the NMC, Health Improvement Wales (HIW) and NHS Resolution on a panel for regulators at the Swansea Bay Maternity and Neonatal Learning Conference in October. We have also worked with Llais, the patient voice body in Wales, to explore how we can support their work with patients and families around maternity care. And in October, we met with the Chief Midwifery Officer for Wales to explore how our data and the support we offer could help address the issues raised in the report.

More generally, our UK-wide patient group roundtable provides an opportunity to meet with patient representative groups from across the four nations twice a year, including representatives



from Llais. In September 2025 we also welcomed Llais to the Welsh Language Standards Joint Regulators Forum, where representatives from the organisation shared insights on what they're hearing from patients on access to Welsh language healthcare services.

In addition to these activities we also continued to participate in the twice-yearly Healthcare Summit organised by HIW, with partners including government, other regulators, improvement bodies and patient voice bodies. These summits provide a space to share intelligence on the quality and safety of healthcare services in Wales.

Working with partners

Our twice-yearly UK Advisory Forum meetings – held with senior representatives of our external partners in Wales – allowed us to have rich system-level discussions about how we and others can work together to make sure the workforce is engaged and enabled to deliver. The importance of ED&I in assuring safe patient care was the focus of the Forum we held in Cardiff in April 2025, where discussion covered the importance of harnessing robust data, such as that from the Welsh Workforce

Race Equality Standard, and our workforce data. This led to further conversations throughout the year about opportunities to triangulate data sources, including a data roundtable with the Welsh Government and HEIW which took place later in spring. The Forum also considered the relationship between organisational culture, professional behaviours, and patient safety, including how the GMC Wales outreach team collaborates with clinical directors to address challenges in working environments. Leading on from the discussions about change, conflict management skills and compassionate leadership, we supported HEIW's Advanced Clinical Leadership workshops in November.

The autumn meeting of our UK Advisory Forum acknowledged that strengthening clinical leadership is a priority in Wales, as set out in the Ministerial Advisory Group report on NHS Performance and Productivity. The discussion focused on supporting a workforce that is empowered to lead, the requirements of a patient-centred approach to leadership, and the importance of empowering all doctors to develop leadership skills. The Forum provided a valuable opportunity to gather insights to inform the review of our guidance on leadership and management, and on raising and acting on concerns about patient safety. It also led to actionable ideas about embedding leadership in training and career development, with learnings fed back to the GMC's Future Ed team.

Throughout the year, we also shared our data and insight to contribute to wider conversations about the workforce. This included submitting evidence to the Senedd's Health and Social Committee inquiry into the future of general practice, and meeting with the Senedd's research team to share

findings from our [The state of medical education and practice in the UK](#) reports and the national training survey. We also provided feedback on HEIW's Palliative and End of Life Care Competency Framework, and on HEIW's Strategy 2026–30.

“I'm glad the GMC is aware of the many issues facing doctors regarding leadership responsibilities.”

Feedback from a doctor following an outreach session

“I will be more understanding and considerate of our trainees. I'm better informed about attitudes and leadership.”

Feedback from a doctor following an outreach session

Supporting new joiners

During the year, our outreach team continued to support inductions for internationally-qualified doctors joining the Welsh health system. In recent years, these 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 internationally-qualified doctors continued to increase, albeit at a lower rate. Although internationally-qualified doctors make up a smaller proportion of the Welsh workforce compared to the UK as a whole (which was 45.9%

in 2025), their overall proportion in Wales is still growing: in 2025, doctors who graduated outside the UK made up 38.1% of the workforce in Wales, compared with 33.7% in 2021.

Through engagement with Welsh medical schools, we supported medical students to understand the professional standards expected upon gaining provisional registration. For example, at Bangor University Medical School, our 'Leadership and Management' workshop used ethical dilemmas to stimulate discussion on relevant legislation – including the Equality Act and the European Convention on Human Rights – and to explore how [Good medical practice](#) supports sound, fair and legally informed decision-making.

At Swansea Medical school, our outreach adviser ran workshops for first year students on professionalism, including use of social media. For final year students, 'Preparation for practice' workshops covered a range of ethical scenarios they may face when they begin life as a Foundation Doctor.

“After the workshop I can now see the GMC is a supportive organisation rather than needing to be scared of a referral to them. The speaker made clear a lot of things that people traditionally get nervous about.”

Swansea medical school student

“The representative of the GMC... was very engaging and interactive.”

Bangor medical school student

On 13 December 2024 we began regulating physician associates (PAs) and anaesthesia associates (AAs). In 2025 we engaged with 54 PAs, AAs and students in Wales on the role of regulation and professionalism in practice, providing clarification and reassurance in the roles and exploring GMC resources to support safe practice.

“I will be more likely to approach the GMC for support and guidance.”

Feedback from a PA/AA

We facilitated a workshop at the Wales RO network focusing on supervision of PAs and AAs, including exploring relevant new GMC resources. We also jointly delivered a webinar on regulation of PAs and AAs for employers, the attendees of which included good representation from Welsh employers.

“I feel less like the GMC is a force of punishment, but of support.”

Feedback from a PA/AA

Equality, diversity and inclusion

Throughout 2025, our outreach team strengthened its focus on promoting fairness, respect, inclusion and supportive workplace behaviours across all engagement activities with stakeholders, doctors and medical students. Rather than positioning ED&I as a standalone topic, these principles were intentionally woven into a wide range of workshops, meetings, and development sessions.

This integrated approach enabled participants to reflect on how they and their colleagues:

- treat patients and peers fairly and without discrimination
- foster inclusive, respectful and supportive working environments
- avoid behaviours that undermine others, including bullying, harassment or microaggressions
- recognise and mitigate bias in clinical and professional decision-making.

To support these aims, our outreach team delivered a broad range of activities across Wales, including:

- **trainer development.** We delivered sessions on fairer feedback conversations and on effective cross-cultural communication during enhanced inductions for internationally-qualified doctors, as well as a dedicated workshop to help trainers in Aneurin Bevan University Health Board support internationally-qualified doctors.
- **leadership development.** We delivered a workshop on compassionate leadership and fairer feedback as part of the Betsi Cadwaladr University Health Board Advanced Clinical Leadership Programme for senior health board members. We also ran sessions on fair and consistent escalation of concerns for trainers and leaders, focusing on compassionate and supportive management of concerns and on identifying and understanding suitable escalation processes, as well as a session on compassionate regulation at the Compassionate Leadership in Obstetrics and Gynaecology conference.
- **embedding ED&I in training sessions.** The team has integrated fairer feedback principles into trainer workshops, and cross-cultural communication content into all enhanced induction programmes in three health boards in Wales. We also delivered three cross-cultural communication sessions, and a session focused on sexual harassment and discrimination. ED&I is also embedded in our support for medical students.
- **Good medical practice implementation.** The multiple workshops we delivered on the updated *Good medical practice* had a particular focus on the strengthened ED&I expectations present in all four domains of the guidance.
- **fairer concerns management.** Alongside NHS Resolution, we have continued to support work being done by the All Wales Medical Directors Group, focused on improving the fairness and consistency of the management and escalation of 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 three medical schools and two PA course providers in Wales, and HEIW, to regularly check that those standards are met through our proactive quality assurance process. We were pleased that both Bangor University and Swansea University were formally approved by Council in April 2025 to run PA courses, without conditions.

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 four open enhanced monitoring cases in Wales.

As part of our wider engagement, in January we hosted an education roundtable in Cardiff. 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 on supporting the learning of doctors in locally-employed and other non-training roles. In October, the GMC Wales and education teams presented on our Future of education and career development programme

at the Sharing Training Excellence in Medical Education (STEME) conference in Swansea. You can read more about Future Ed in the 'Looking to the future' chapter of this report.

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.

In line with Welsh Language Standards, we included considerations and questions related to the Welsh language as part of the stakeholder questionnaire. Based on stakeholder feedback and our considerations of the positive effects translation would bring, we decided to publish a Welsh language version of the updated content map. This decision has been positively welcomed by all three medical schools in Wales, who have supported us in refining the translation, sharing insight and good practice on translation of clinical and medical terminology.

The Welsh Language Standards

Since 6 December 2023 our work has been subject to the Welsh Language Standards (No.8) Regulations 2022. The Welsh Language Standards (the standards) place a statutory duty on us to facilitate the Welsh language and make sure it is treated no less favourably than English. Enhancing our Welsh language offer contributes to our corporate strategy goal of making every interaction matter, and is an opportunity to demonstrate the GMC's commitment to working competently and sensitively across all four nations.

In September 2025, we published [our annual report on our work to comply with the standards](#) between April 2024 and March 2025. This was our first report covering a full year of implementing the standards in our work. In the report we highlighted areas of improvement and good practice across different areas of the standards, and reiterated our ongoing commitment to improving our Welsh language provision in line with them.

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.

In December, we attended the first meeting of the Welsh Government's Welsh Advisory Group for the Leng Review, chaired by the Deputy Chief Medical Officer.

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.

Maternity and neonatal services

Building on our engagement with charities, families and the Nursing and Midwifery Council, we are planning to produce and distribute a bilingual leaflet about how we can help people who have concerns about the care they or their baby received during pregnancy, birth or after birth. We will respond to the findings of the national maternity and neonatal services assurance assessment, and we look forward to continuing working with Llais to improve awareness of our role.

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 Wales is always keen to meet with members of the Senedd and other partners to share, as well as gain, further insights on the challenges and opportunities characterising the provision of health services in the Welsh 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 Senedd 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 gmcwales@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 Wales 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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