Meeting the changing needs of the health services across the four countries of the UK

Our employer liaison advisers held over 1,470 meetings across the UK in 2020.

85% of UK parliamentarians expressed confidence in the way we regulate doctors.

The majority of members of the devolved legislatures believe we are focusing on the right issues as a regulator11.

73% of stakeholders agreed that our approach to regulation anticipates and responds to the needs of individual parts of the UK. An increase from 55% in 201811.

Three quarters of UKAF members agreed the topics discussed at meetings were relevant and timely12.

Over 1,000 people responded to our consultation about our upcoming regulation of medical associate professionals.

Throughout 2020, Outreach teams engaged with over 23,000 doctors, medical students and other key interest groups across the UK.

11 2020 perceptions survey, IFF research.
12 2019 UKAF survey data.
Our UK presence

We have five offices across the UK and a number of colleagues who are based remotely.

- **Scotland**
  - Licensed doctors: 24,114
  - GMC colleagues: 12

- **Northern Ireland**
  - Licensed doctors: 7,800
  - GMC colleagues: 9

- **England**
  - Licensed doctors: 244,799
  - GMC colleagues (Manchester): 1,169
  - GMC colleagues (London): 151

- **Wales**
  - Licensed doctors: 12,274
  - GMC colleagues: 8

- **Non-UK, including the Channel Islands**
  - Licensed doctors: 8,631

GMC colleagues in England support medical professionals and the public across the four countries of the UK.
Strengthening our local connections across the UK

Our new Outreach services launched at the start of 2020, bringing together the work of our employer, regional and national liaison advisers across the four countries of the UK.

Outreach advisers are an integral part of our organisation, and play a valuable role in supporting the UK’s healthcare systems, working with doctors, healthcare providers, educators and other regulators to:

- improve understanding of our role
- learn about the environments in which doctors practise, helping to identify and address risks to patients and doctors before harm occurs
- help responsible officers to address concerns about doctors and support management with concerns at a local level
- support the continuous development of local clinical governance systems, making sure that revalidation continues
- promote and support excellence in medical education, training and practice.

Crucially, they’re also helping us to take forward the recommendations from our Supporting a profession under pressure programme. Read more about this important work from page 31.

Due to the pandemic, the team had to quickly adapt the plan for the year to move to virtual engagement, so as to continue to support healthcare professionals in a time of great pressure. As part of recovery planning last year, Outreach regional and national liaison advisers contacted over 70 of our key stakeholders across the four countries to ensure their needs were at the core of building our virtual engagement offer.

Throughout 2020, Outreach regional and national liaison advisers engaged with over 23,000 doctors, medical students and other key interest groups, including patient groups. This was lower than our usual reach for a few reasons, including the capacity of the system to engage virtually and doctors’ ability to attend training.
Our employer liaison advisers in the four countries of the UK support employers from organisations including the NHS, the independent sector, and mental health organisations. They were able to quickly adapt to virtual support for responsible officers who were under immense pressure. The service completed over 1,470 meetings with responsible officers – 96% of what was planned – in 2020.

Managing the impact of the UK’s withdrawal from the European Union (EU)

Over 23,000 EEA-qualified doctors were on the medical register in 2020. They are a vital part of the UK medical workforce. As such, it’s been important for us to seek to influence the negotiations between the UK and the EU to make sure the future relationship allowed us to continue to register EEA-qualified doctors in a timely and streamlined way.

On 1 January 2021, the UK Government put in place new legislation to allow us, and other healthcare regulators, to continue to recognise EEA qualifications for a limited period. This legislation means that we can assure continuity in the flow of EEA-qualified doctors to the UK for up to two years.

In August 2020, we contributed to the UK Government’s call for evidence to gather insights on the recognition of professional qualifications and regulation of professions. This will help inform future plans for recognising international qualifications after the end of the initial two-year period.

Importantly, the UK’s exit from the EU provides an opportunity to review the recognition and regulation of professions more widely. This is why, in our response to the call for evidence, we called for the creation of a new bespoke framework – one that respects the particularity of the healthcare sector and its focus on patient safety, and allows it to diverge, if necessary, from the frameworks of other non-health and safety critical professions.

More generally, we also worked with UK Government officials and our international medical regulatory counterparts to make sure that patient safety is recognised and protected in any future trade agreements signed between the UK and other countries.

Introducing GMC-regulated credentials

Following the launch of the framework for GMC-regulated credentials for doctors in 2019, we have begun a phased implementation. This started with five early adopter credentials in priority areas being taken through our processes for approving postgraduate curricula: liaison psychiatry, interventional neuroradiology (acute stroke), pain medicine, cosmetic surgery, and rural and remote medicine.
While testing how well our approval processes work for credentials, we continued to develop and engage on policy for how doctors will be awarded credentials and maintain recognition on the List of Registered Medical Practitioners. We also continued to explore how we will identify and prioritise areas of practice for future credentials.

Our credentialing framework is intended to improve patient safety by enabling doctors to train in a specific area of practice outside of specialty training where there is a patient safety need or a significant service requirement. It’s designed to help the profession adapt to the future needs of patients and to maintain consistent standards across the UK, and will help to make training more flexible.

By the end of 2020, all five early adopters had submitted purpose statements for the first stage of approval, while two had submitted full curricula. We expect most of these to be approved by summer 2021. During this time, we listened to stakeholders for each early adopter as it progressed through each stage of approval. We also heard feedback on developing policy, which we have begun to evaluate.

In 2021, we’ll consider what we have learnt from the early adopter phase and will develop a revised framework. We will then hold a review point with further engagement, reporting on our findings, before beginning full implementation and accepting further submissions for approval.

**Preparing to regulate physician associates and anaesthesia associates**

There are currently around 2,000 physician associates (PAs) and 180 anaesthesia associates (AAs) practising in the UK and we expect numbers to grow steadily over the next few years. Working as part of the clinical team, these medical associate professionals have huge potential to strengthen the UK clinical workforce, improve patient care, and alleviate pressure on doctors.

The Department of Health and Social Care (DHSC) announced, in July 2019, that we would be given responsibility for regulating these medical associate professionals. Since then, in May 2020, the DHSC approved our business case and agreed that all set-up costs would be met by the UK Government. This enables us to uphold our commitment to not use any money that we receive from regulating doctors for the implementation of AA and PA regulation.

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13 Physician associates (PAs) work across a range of specialties in the NHS, in both hospitals and general practice, taking histories, examining, diagnosing, managing and treating patients. Anaesthesia associates (AAs) support the delivery of general anaesthesia and critical care. They perform pre- and post-operative assessments and interventions under the supervision of a consultant anaesthetist.
Before we can begin regulating PAs and AAs, the UK Government needs to introduce legislation. In the meantime, we’ve continued to work with our key partners across the UK to develop our approach to regulation, and our policies and procedures. Throughout 2020, representatives from across the UK regularly attended and contributed to our External Engagement Group on the subject.

We also ran a survey designed to discover more about the reflections and experiences of working as, or with, a PA or an AA, to help us develop relevant professional standards. 1,147 people responded to the survey, which launched in June 2020. We followed this up with a series of focus groups in December 2020.

Colin Melville, Director of Education and Standards, wrote to vice-chancellors of medical schools to share our quality assurance approach and interim standards in July 2020.

In September 2020, we published a [new web guide for PAs and AAs to help them prepare for regulation](#). The web pages provide details on what regulation will look like, the registration and transition arrangements and some FAQs on registration. Alongside this, we regularly share developments with PAs and AAs, and invite them to share their views via a dedicated e-bulletin.

**Reforming education in an evolving world**

As the pandemic continues, the health service and patient care are under increasing pressure. The whole system has acted to address this, where possible, and enable innovative solutions to workforce demands.

Alongside these measures, there are real opportunities to bring meaningful changes to medical education and training. In the short term, it is important to balance service needs without losing sight of training. In the longer term, we need to work across the system to manage the pipeline of trainees and ensure they are able to build knowledge and skills to meet the standards we require. The pandemic has presented an opportunity to think differently about how training is organised, how doctors are assessed, and how we manage the balance between service and training.

In November 2020, we brought stakeholders from across the UK together to identify principles that can be used across the system to underpin decisions about the structure and quality of education and training. While there are many lessons to learn from the way students, doctors, trainers and trainees have adapted in this crisis, we agreed four key areas where changes implemented during the pandemic could be embedded into education and training.

- **Progression through medical education and training** – building on changes made to curricula and assessments to develop a more authentic means of assessment that evaluate applied knowledge and skills.
• **Generalism in serving patients and managing the service** – enhancing the value of general and professional learning and skills in education and training. The pandemic saw widespread redeployment and clinical teams working together in new ways, relying on general, specialty and professional skills to meet the challenges caused by COVID-19.

• **Preparing medical students for practice** – improving the transition for medical students into the Foundation Programme by learning from and formalising the new FiY1, introduced to increase the capacity of the workforce in spring 2020.

• **Doctors as leaders** – developing medical leaders is critical to better managing and shaping the service. There is an opportunity to integrate leadership into education, training and lifelong learning.

We are scoping these four areas for development in 2021. Through this work, and by moving towards more adaptive and flexible medical education and training, we hope to futureproof the workforce against the serious challenges posed by changing healthcare environments, increased multi-morbidity, future emergencies, and workforce pressures.