Strengthening collaboration with our regulatory partners across the health services

71% of stakeholders agree we have a collaborative approach to our work.9

Over 50 parliamentarians and a variety of UK-wide health organisations attended a parliamentary reception on the findings of the 2020 edition of *The state of medical education and practice in the UK.*

Over 38,000 trainees and trainers completed our National training survey. And over 3,600 doctors completed the Barometer survey.

Since we launched the Emerging Concerns Protocol with eight other regulators in 2018, the protocol has been effectively triggered nine times.

Our Strategic Relationships Unit held over 300 meetings with stakeholders and regulatory partners across the UK.

9 Figures taken from the GMC perception survey 2020.
Sharing insights into doctors’ and medical students’ experiences

Our 2020 edition of *The state of medical education and practice in the UK* highlighted the effects of the spring peak of the pandemic on doctors, health services and patient care across the UK. The report provides detailed analysis of key findings from the National training survey and the Barometer survey. It also includes case studies, which delve deeper into individual doctors’ experiences.

The report was welcomed by partners in the UK’s healthcare systems, including medical royal colleges, health education boards and the NHS Confederation. Dr David Chung, Chair of the Equity, Diversity and Inclusion Committee at the Royal College of Emergency Medicine (RCEM) commented:

> The GMC report reveals that the experience of our ethnic minority colleagues is sadly not the same as their white peers.

> The survey itself is the first step in acknowledging this reality but now we must ensure this work is continued, that we listen to the concerns raised and act with purpose to remedy this situation.

> At the start of our journey, the EDI Committee of RCEM hopes to work constructively with the GMC and build on this important work to move on from what we had hoped was in our past, but is still clearly in our present.

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Key findings from the 2020 edition of *The state of medical education and practice in the UK*

- Four out of five (81%) doctors experienced significant changes to their work and over two fifths (42%) were redeployed.

- Around a third (32%) of doctors also indicated that the initial phase of the pandemic had a negative impact on their mental health and wellbeing.

- The medical workforce continues to grow, with a record rise in the number of licensed doctors between 2019 and 2020 (5%).

  From 2012 to 2020, the number of licensed doctors grew by more than 14%.

- The number of international medical graduates (IMGs) joining the UK medical workforce has continued to increase. Between July 2019 and June 2020, over 10,000 new IMGs joined the register – more than UK and EEA graduates combined.

- Around a third (36%) of doctors said they were considering reducing their clinical hours, a decrease from nearly half (46%) in 2019.

The UK medical workforce is increasingly ethnically diverse. More than half (54%) of the doctors joining the register in 2020 identified themselves as black and minority ethnic.
Amplifying doctors’ and medical students’ voices

Surveys provide us with vital insight into doctors’ day-to-day experiences, forming an evidence base from which we can act.

National training survey

Every year, we survey trainees and trainers to get their views on training and the environments where they work.

Our teams use National training survey findings to monitor the quality of training across each training environment in the UK – and to work with postgraduate deans, medical royal colleges and employers to identify good practice, tackle concerns and help to develop supportive and inclusive training environments.

Because of the pandemic, we postponed the 2020 survey from its original launch date in March. We also added new questions to help us understand the impact of the pandemic on training, wellbeing, inclusivity and support, alongside our usual questions on workload, burnout, and patient safety.

The survey results are published in an online reporting tool with filters to explore the data by region, country, specialty, programme, or trust/board – all benchmarked against the UK average.

Survey of specialty and associate specialists (SAS) and locally employed (LE) doctors

There are more than 45,000 SAS and LE doctors on the medical register and this number is increasing.

In 2020, we published findings from the first survey for SAS and LE doctors, and we’ve since been working with others to explore how we can address some of the issues raised.

The Barometer survey

We first commissioned IFF Research to carry out the Barometer survey in 2019. It’s designed to provide a baseline for the annual tracking of doctors’ experiences in the workplace, adaptations they make to cope with pressure, and their career intentions.

While the 2020 survey retained this aim, we refined some questions, so we could find out about doctors’ experiences during the pandemic.

Each year, we present analysis of findings from the Barometer survey.

Newcastle University’s research. The research, which we supported, looked into the experiences of 2020 medical graduates, beginning with those who had started in foundation interim posts.

Completing the picture

Our Completing the picture survey ran between 21 January and 10 March 2020, before the spring peak of the pandemic. It was conducted in partnership with Health Education England, the Department of Health (Northern Ireland), NHS Education for Scotland and Health Education and Improvement Wales (HEIW).

We surveyed 13,158 doctors who had previously practised in the UK, but who weren’t doing so at the point of completing the survey. We asked them a series of questions about why they had decided to stop practising or leave the UK to practise elsewhere.
Sharing our data and our insights with the UK’s healthcare system

We are strongly committed to sharing our data and the insights we derive from it with partners in the UK’s healthcare systems. In 2020, initiatives included:

- hosting a reception to share 2019 findings from *The state of medical education and practice in the UK*, which was attended by over 50 Parliamentarians and a variety of UK-wide health organisations, including patient groups
- launching a new e-newsletter, featuring articles about our research and information on how it helps to inform our work with patients and doctors
- creating new data products tailored to each of the four countries.

Complementing these initiatives, our Strategic Relationships Unit (SRU) strengthens our information sharing with regulatory partners and strategic stakeholders across the UK. In 2020, they held over 300 meetings with stakeholders and regulatory partners.

We also routinely share insight with our partners through other channels, such as our UK Advisory Forums and via our European and International team.

2020 saw important discussions around issues, such as the impact of the pandemic on registration, revalidation, and education and training.

Anyone can access the data we hold – via [GMC Data Explorer](#) – and use it to discover new insights into and reveal emerging trends in the healthcare workforce. In 2020, over 10,300 people accessed this interactive resource.
Delivering change together

Since we published a suite of reports as part of the Supporting a profession under pressure programme, we’ve been working closely with partners to deliver the recommendations. Of the 15 recommendations set out solely for us in the reports, we’ve delivered over half and we’re making good progress with the remaining seven. Some key developments include:

- four trusts piloting the standardised induction for international doctors that we developed with NHS England and NHS Improvement (NHSE/I)
- 729 doctors attending reflective practice sessions delivered by our Outreach teams
- over 80 people across multiple medical schools attending our Caring for doctors Caring for patients events, where we promoted the report’s findings and discussed how schools could take forward changes locally
- employer liaison advisers carrying out regular ‘fairness conversations’ with responsible officers regarding fair decision making and delivering unconscious bias training to multiple organisations.

Our teams across the UK routinely raise awareness of the programme’s recommendations in our interactions with doctors, medical leaders and employers.

The pandemic has given a new dimension to this work, bringing with it not only challenges, but also opportunities for greater flexibility and innovation within the UK’s healthcare systems.
Delivering change together across the UK

In Northern Ireland, together with the Department of Health (Northern Ireland)’s Improving Junior Doctors and Dentist Working Lives Group, our focus is on recommendations relating to the wellbeing of doctors in training. We have also welcomed engagement with the Northern Ireland Medical Leaders Forum and the Health and Social Care Leadership Centre on these important issues.

In Scotland, we have jointly established a medical workforce wellbeing stakeholder group along with the British Medical Association (BMA) and Scottish colleges. The group will support a shared programme of work to improve and support the wellbeing of doctors in Scotland. We also sit on the Government’s Mental Health Network Oversight Group, representing the professional regulators.

In England, organisations including NHS England and Improvement, the CQC, NHS Employers, the BMA and the Patients Association, provided helpful insight and suggested priorities for action including: improving clinical leadership behaviours and supporting multidisciplinary teamwork; better access to induction, support and ongoing development; alignment of regulatory frameworks; a more consistent approach to compassionate leadership; and workloads.

In Wales, our productive relationship with Health Education and Improvement in Wales (HEIW) has enabled us to support initiatives that align closely with our priorities, such as compassionate leadership, improved inductions, and support for doctors’ wellbeing. In 2020, we met with the Head of Workforce Data and Analytics at HEIW to brief them on how our data can support their implementation plans for the Wales Workforce Strategy. We’re also working closely with the medical royal colleges, Healthcare Inspectorate Wales (HIW), and HEIW on triangulating the data we all hold to form a picture of the current and future workforce.
Working together to improve medical education and training on eating disorders

In December 2017, the Parliamentary and Health Service Ombudsman (PHSO) identified problems in the care and treatment of people with eating disorders. The PHSO report, *Ignoring the alarms: How NHS eating disorder services are failing patients*, was published following their investigations into the deaths of Averil Hart and two anonymised cases.

Since the report was published, we’ve reviewed the quality of education and training on eating disorders, and we’ve identified good practice as well as gaps. Our focus in 2020 was on improving training resources on eating disorders. Early on, we agreed with UK Foundation Programme and eLearning for Healthcare leads to develop new bespoke e-learning resources for foundation doctors and doctors in specialty training.

We worked with Beat, the UK’s eating disorders charity, and others on the development of a new training package for medical students and foundation doctors.

In autumn 2020, we worked with NHSE/I solicitors to contribute to the inquest into the death of Averil Hart. During the inquest, we described our ongoing work to improve care for people with eating disorders through improved education and training.

As a member of the delivery group, we continue to meet regularly with other stakeholders to measure much-needed progress against the PHSO’s recommendations.

Delighted to announce that we’ve created an education package on #EatingDisorders for medical schools and foundation training programmes, in collaboration with @NHS_HealthEdEng & @rcpsychEDFac and supported by @gmcuk

– Beat
Working together to understand repeated areas of concern across maternity care

Throughout 2020, we worked closely with the CQC and the NMC to join up our response to recurring and persistent issues in maternity services in England. The main aim of this work was to collectively improve insight, so we could better support doctors and healthcare providers, as well as align our regulatory approach and interventions. Together, we made progress in 2020 by:

- triangulating our data and results of historic investigations, to create a shared list of areas of concern
- hosting a joint roundtable in November 2020 with multiple key organisations to confirm consensus on underlying issues and identify improvements
- agreeing to develop further insight around maternity services.

We’re also in the process of developing a shared data platform with the NMC and the CQC to pool the information we hold for the purpose of joint risk analysis. We’ll review this shared data platform tool to see if this approach is useful for creating maternity insight too.

The collaboration group also discussed the professional behaviours and patient safety work, which our Outreach teams, together with the NMC, are taking forward linked to maternity services.

In response to demand from maternity services in the East of England, we piloted a virtual preliminary session to support providers with crucial culture changes. 95% of attendees rated the session as ‘good’ or ‘very good’ and 93% would recommend it to their colleagues.

Sessions are now underway with Basildon (Mid and South Essex NHS Foundation Trust) and planning discussions are taking place with the Queen Elizabeth Hospital Kings Lynn NHS Trust. We plan to widen the reach of these sessions and build on them with face-to-face workshops when pandemic restrictions make this possible.

Working with partners to address risks to patient safety earlier

We have a vital responsibility, along with regulatory partners across the UK, to share our unique insight and intelligence and work together to help prevent patient safety issues. The direction of travel over the past few years has been towards fostering more effective communication, collaboration and coordination, so we can identify and tackle risks at an earlier stage.

Our Patient Safety Intelligence Forum provides an internal platform to share escalated, emerging and ongoing risks to patient safety and medical practice. The initiatives on the next page complement our internal mechanisms for sharing information across the GMC.
Northern Ireland. We agreed to review our information sharing arrangements with the Regulation and Quality Improvement Authority (RQIA) and to consider opportunities for more collaboration to enhance patient safety in Northern Ireland.

Throughout 2020, we regularly updated the Department of Health (Northern Ireland) on changes and continued to provide advice to doctors as they navigated the complexities of changed ways of working.

We also supported Queen’s University Belfast and the Northern Ireland Medical & Dental Training Agency (NIMDTA) to enable the earlier deployment of final year medical students into the Health and Social Care service.

Scotland. We’ve been working with partners, including the Scottish Government, NHS Education for Scotland, Healthcare Improvement Scotland (HIS) and other professional and system regulators to secure the implementation of an emerging concerns protocol for Scotland. A working group has been set up by HIS, and although work was paused due to the pandemic, the group has reconvened, and we have been assisting HIS with the initial draft of the proposed protocol for Scotland.

At the outset the pandemic, we set up a weekly call with other professional regulators in Scotland. These calls enabled us to share COVID-19 experiences and to identify collective concerns requiring escalation. We continue to meet to discuss shared priorities, and in doing so provide assurance to Scottish Government on regulatory alignment.

Wales. In Wales, we attend the Healthcare Inspectorate Wales (HIW) biannual summit, which brings together inspectorates and patient safety organisations specifically to share intelligence about providers.

Since the start of the pandemic, we’ve worked closely with HIW and other healthcare regulatory partners on the impact of the pandemic on services and health professionals. We’re also working closely with them on the Wales-wide review into maternity services, and specifically regarding Cwm Taf, whose services remain in special measures.

In October, we liaised with HIW to update and strengthen our information sharing arrangements and to consider opportunities for collaboration to enhance patient safety.

England. Since we launched the Emerging Concerns Protocol with eight other regulators in 2018, it’s been triggered nine times, preventing serious patient safety issues. The protocol strengthens our existing arrangements and encourages an open culture, where concerns about risks to patients can be shared at an early stage, and where any necessary actions can be coordinated among relevant organisations.

We’re also members of the Health and Social Care Regulators’ Forum and Joint Strategic Oversight Groups – at a national and regional level. These forums enable us to align our approach with partners, to share insight and learning, and support trusts.