Supporting doctors in delivering good medical practice

Over 760 people – including patient groups, doctors, health service employers, and healthcare and legal experts – helped shape our revised Decision making and consent guidance.

Our online ethical hub was viewed over 211,000 times in 2020.

The updated Decision making and consent guidance was viewed just under 152,000 times on our website in 2020.

3,760 doctors attended Welcome to UK practice workshops in 2020 – the highest number yet, despite the disruption caused by the pandemic.

Throughout 2020, national liaison advisers engaged with 13,550 doctors including at training sessions and events.

From 2018 to 2020, an increasing proportion of doctors felt we had supported them in their jobs: one out of three doctors said they felt supported by us to deliver high-quality care.
Developing relevant and informed guidance with and for doctors

Even before 2020, healthcare was constantly changing. That’s why we routinely review our guidance. When we do this, we hold extensive consultations with the public, the profession and our partners to make sure our guidance for doctors remains relevant, credible and consistent with patients’ and doctors’ experiences. The feedback we receive is crucial in shaping our resources for doctors and patients.

Decision making and consent

Over 760 people – including patient groups, doctors, health service employers and healthcare and legal experts – helped shape our revised Decision making and consent guidance. Published in September 2020, it highlights the importance of doctors and patients making decisions about treatment and care together.

Following its release, the guidance was viewed just under 152,000 times on our website in 2020. Alongside this, there were over 15,000 views of a short summary video we produced to help doctors quickly familiarise themselves with the seven principles of decision making and consent. These numbers indicate a high level of engagement with this important information, which is perhaps unsurprising given its relevance to the rollout of the COVID-19 vaccine.

Remote consultations and prescribing

In recent years, there has been a rapid increase in the use of remote consultations and prescribing. We recognised the importance of keeping pace with this growth in 2019 by co-producing high-level principles and issuing a joint statement. In 2020, we used responses to our call for evidence to update our guidance, Good practice in prescribing and managing medicines and devices, so it reflected doctors’, patients’ and regulatory partners’ day-to-day experiences.

Feedback from a patient roundtable, held in 2019, also helped us to shape and inform safety tips for patients accessing healthcare online. The tips, which we co-produced with the General Pharmaceutical Council and other regulators, launched in March 2020.
Addressing inequalities and helping to create inclusive healthcare

Not all doctors’ and medical students’ experiences are equal – we’ve seen that in the extensive evidence we’ve gathered in recent years. And events of 2020 both highlighted and exacerbated the inequalities that persist in medicine and across society.

Our research has been crucial in helping us and others understand more about who is adversely affected by unfairness and injustice. And it is clear that it’s now high time to act.

Promoting inclusive healthcare environments

Our Fair to refer? research highlighted that some black and minority ethnic doctors feel they are in ‘outsider’ groups within organisations, meaning they don’t have adequate support and are more likely to be referred to us by their employer.

As part of our efforts to address this, we have supported work on race equality in the NHS. In particular, we contributed data and ideas to improve induction as part of our work on the NHS Workforce Race Equality Standard. The standard sets out requirements for all NHS commissioners and NHS healthcare providers, including independent organisations.

It’s crucial to continue the important conversation about what more we can all do to tackle existing inequalities.

At our first-ever virtual GMC conference, in 2020, Dr Olamidé Dada, Founder and Chief Executive of Melanin Medics, gave a powerful talk about her hopes for African and Caribbean medical professionals to be able to thrive without racism and discrimination.

Along with the doctors and medical students who have reached out to us, we believe it’s vital for diversity to be represented in medical education and training curricula. We’ve been working with the Medical Schools Council to support guidance on inclusive learning environments. And we’re committed to our work with UK medical schools and postgraduate training providers to make sure all doctors are able to meet all patient and population needs.

Equality, diversity and inclusion are an integral part of our work as a regulator, and as an employer. That’s why we’ve embedded our commitments right across our new strategy. There are more details about this from page 52.
Providing practical support for doctors to give the best possible patient care

Our Outreach teams hold free workshops across the UK, designed to help doctors tackle some of the ethical issues they face on a day-to-day basis. In 2020, our regional and national liaison advisers provided training for and engaged at events with over:

- 11,840 doctors in England
- 530 doctors in Northern Ireland
- 940 doctors in Scotland
- 240 doctors in Wales.

Covering a range of topics, the workshops help to equip doctors with the tools and support to give the highest standard of patient care. Our advisers routinely receive positive feedback on the quality and impact of the workshops.

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Interactive, interesting and engaging
Useful interpretation of GMC guidelines.

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Very useful in terms of updated guidelines.
Useful pointers regarding remote consultations.

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Over the first two years of our 2018-2020 strategy, attendance at our Welcome to UK practice workshops almost doubled, to 3,692 doctors in 2019. These workshops give internationally qualified doctors practical guidance on different ethical scenarios. Further progress in 2020 was slowed down by the impact of the pandemic, as we had to pause face-to-face delivery in March.

To continue to offer this service in 2020, we designed, developed and tested an online version of the workshop, which we were able to roll out as a pilot in July. The new online workshop, delivered by national and regional liaison adviser and GMC associates, has consistently received positive feedback. It’s also seen high attendance levels, with over 3,760 attendees since it started in July 2020.

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Attendance at Welcome to UK practice workshops (2013–2020)
The ethical hub on our website also gives doctors and medical students quick and easy access to our ethical guidance. The collection of learning resources, viewed over 211,000 times in 2020, includes case studies, decision tools, flow charts and videos. They are all designed to support doctors with common ethical scenarios, such as adult safeguarding, trans healthcare and remote consultations.

Doctors are working under immense pressure and we’re committed to doing what we can to provide timely and effective support, so all patients receive consistent, high-quality care.

**Making switching specialties simpler for doctors**

Doctors in training can now move between specialties, without losing recognition for the work they’ve already completed. This will enhance the flexibility of training, making it easier for doctors to broaden their experience of different specialties and to develop their careers in ways that are tailored to their own strengths, preferences and circumstances. All while making sure patients continue to receive high-quality and safe care.

This is important progress against one of a series of commitments we set out in our report, *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training*. Key to this development was our work with the Academy of Medical Royal Colleges (AoMRC) to review its arrangements to support trainees who wished to transfer to another specialty. This complex piece of collaborative work resulted in the AoMRC publishing *Guidance for flexibility in postgraduate training and changing specialties* in June 2020.

This is only one part of our wider educational reforms. For example, we have also:

- restated our commitment to less than full-time training
- updated our policy for doctors wishing to receive a Certificate of Completion of Training through the Certificate of Eligibility for Specialist Registration combined programme
- issued *comprehensive guidance on support for trainees with health and disability issues*.

In response to *Excellence by design: standards for the development and design of postgraduate medical curricula*, which we designed to make training more flexible, medical royal colleges and faculties have been updating their curricula.

This is only one part of our wider educational reforms. For example, we have also:

- restated our commitment to less than full-time training
- updated our policy for doctors wishing to receive a Certificate of Completion of Training through the Certificate of Eligibility for Specialist Registration combined programme
- issued comprehensive guidance on support for trainees with health and disability issues.

As at June 2021, 84 out of 100 curricula had been updated. We’ve approved 68 and we’re reviewing a further 32.
This marks an important first step to boost the flexibility of postgraduate training. We continue to work with partners to build on this much-needed progress.

**Working together to develop the Medical Licensing Assessment**

Doctors join our healthcare system with a great variety of experience, whether that’s gained through medical training in the UK or overseas. Patients benefit from these diverse experiences, but we need to be sure that all doctors start work in the UK with the essential knowledge, skills and behaviours needed for safe practice.

That’s why we’re introducing the Medical Licensing Assessment (MLA). It will make sure that students in UK medical schools, as well as international medical graduates seeking registration with a licence to practise medicine in the UK, have met a common threshold for safe practice that is appropriate to their point of entry to the medical register.

The impact of the pandemic limited both our and our stakeholders’ capacity for engagement to inform the MLA’s development in 2020. As a result, we decided to reschedule the MLA’s implementation by one year. This means that the MLA will apply in the academic year 2024-25 for students in UK medical schools, and in early 2024 for international medical graduates.

Between February and July 2020, the MLA team, supported by independent assessment experts, ran a pilot involving volunteer medical schools and our PLAB team to develop the quality assurance processes for the clinical and professional skills assessment (CPSA). Details about what we learnt can be found in the pilot’s report on our website. Following the pilot, we published a revised set of CPSA requirements, which can also be found on our website.

Partners welcomed the joint statement we published with the MSC in July. The statement announced a commitment from medical schools to embed the MLA in their medical degrees. It included the proposal that medical schools work together to develop a university-led assessment for students in the UK, which we would regulate. The formal proposal is to be submitted for GMC Council’s consideration and approval in 2021.

Throughout 2020, we provided updates to students and their representatives, focusing on how these developments will affect them. In December 2020, 68 medical school colleagues from across 29 schools attended our virtual information and Q&A sessions. As development work continues, we’ll continue to engage with and update medical schools, postgraduate trainers, patients, student organisations and students, to give them an opportunity to contribute their insight and expertise to the MLA programme.