

18 September 2020

Mr Robin Swann MLA
Minister for Health
Department of Health (Northern Ireland)

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Dear Minister Swann

Draft Surge Planning Strategic Framework

- 1 Thank you for providing the General Medical Council (GMC) with the opportunity to comment on the draft Surge Planning Strategic Framework.
- 2 The GMC are developing scenarios to explore the potential implications of the pandemic on the flow and total numbers of doctors. Factors shaping our analysis include the global impact of coronavirus (COVID-19) on the flow of international medical graduates (IMGs); the changing economic outlook; the outcome of negotiations with the European Union (EU) on a future trade agreement; the effect of the pandemic on healthcare workers' health and wellbeing; the pressures of delayed care; and innovations in clinical practice such as greater support for multidisciplinary team working and more virtual consultations.
- 3 Our response is limited to the specific areas where we believe the GMC can provide support to the Department of Health (Northern Ireland).

Doctors granted temporary registration

- 4 As of 9 September 2020, 814 doctors with a Northern Ireland registered address hold temporary registration granted via the *Temporary registration (emergency) - section 18a of the Medical Act (1983)*. Of these over a third (283) are aged under 45.

Type of registration	Number of NI doctors
Full Registration	316
Specialist	242
GP	251
Specialist & GP	5
Total	814

Fig. 1 Doctors by type of registration held (Correct as of 9 September 2020)

- 5 Temporary registration remains in place until the UK Government officially relinquishes our emergency powers.
- 6 When and where these doctors are deployed, and the roles they may be asked to do, are matters for the Health and Social Care (HSC) system.
- 7 All doctors have a duty to recognise and work within their competence. But in exceptional circumstances, doctors at every level may be required to work at the limits of their comfort zone and in some cases beyond.

Changes to revalidation in response to the pandemic

- 8 Following engagement with doctors and responsible officers across the UK we moved revalidation dates for some doctors and amended our processes to be more flexible to allow responsible officers to recommend doctors for revalidation.
- 9 Doctors who were due to revalidate between 17 March 2020 and 16 March 2021 have had their revalidation submission dates moved back by one year.
- 10 We will continue to work closely with responsible officers in Northern Ireland to ensure revalidation arrangements provide sufficient flexibility to meet their requirements.

Personal Protective Equipment (PPE)

- 11 We acknowledge the unprecedented demand globally for PPE during the first wave of the pandemic and welcome measures outlined in the strategy to secure supply.
- 12 Doctors should use PPE in line with the most up to date guidance issued by the four UK health departments. Employers and contracting bodies should

take all necessary steps to make sure staff are suitably equipped for their clinical setting in line with that guidance.

Deployment of students and trainees

- 13** The GMC welcome commitments to ensure the education and training needs of students and doctors in training are not overlooked and side lined. In the event of further disruption to service provision it will be important for clinical placements to continue whenever possible to ensure high quality education and training whilst ensuring patient safety is protected.
- 14** We have accelerated our processes to enable the continued progression of medical trainees whilst continuing to maintain standards. We have worked with Medical Royal Colleges and educational bodies to approve changes to assessments that allow social distancing.
- 15** We are consciously ensuring that the same outcomes are being assessed, as well as considering whether these changes might result in longer term improvements to the system.
- 16** We're about to embark on a series of conversations about how we can retain the positive changes of recent months, to help us move towards a more flexible system of training. We have seen evidence about the positive experience that trainees had during the FiY1 programme in Northern Ireland and are considering the application of learning from their experience.
- 17** This year's National Training Survey (NTS) was launched on 22 July 2020 and ran for three weeks, it gathered the views of doctors in training and trainers on:
 - the impact of the coronavirus (COVID-19) pandemic on training
 - their wellbeing and the support available during this challenging time
 - any feedback on the positive and negative aspects of their training environments.
- 18** Results will be published at the end of the year, we will share these with officials.

Resilience

- 19** It is encouraging to note the draft framework's focus on the importance of resilience and the provision of appropriate support for healthcare staff.
- 20** The GMC has [wellbeing advice for doctors](#) and leaders facing specific challenges during this period. Where possible we are supporting our partners

with their activities to support wellbeing, as well as identifying and sharing examples of good practice across the UK.

- 21 We would like to use this opportunity to focus on the importance of good induction in supporting wellbeing. Without good induction, doctors can feel stressed, undervalued and 'out of their depth', which can lead to delays in the treatment of patients and possible clinical errors.
- 22 Last year, we commissioned research into the [nature and scale of the issues associated with doctors' induction](#), including those returning to practice. The findings support the feedback we've heard from the profession about the variable quality of induction. Too often, positive interventions are down to individuals putting in extra effort outside of their usual working hours, rather than a more systemic approach.

International recruitment

- 23 We're doing everything we can to support IMGs into practice, including:
 - Restarting PLAB 1 and PLAB 2 assessments as quickly and safely as possible.
 - Working with UK governments to reform specialist and GP registration and reviewing non-PLAB pathways to full registration, which demonstrate the required knowledge, skills and experience to practise safely in the UK.
- 24 Our team in Northern Ireland is supporting IMG doctors through our Welcome to UK Practice (WtUKP) programme. This is a series of free workshops designed to help doctors new to the UK and to support international recruitment, by offering practical guidance about ethical scenarios they may encounter. Workshops were paused due to the pandemic and are now being delivered virtually.

Medicines - Virtual clinics, training and communication

- 25 The GMC acknowledges that are real challenges arising in relation to decision making and consent during the pandemic – for example in relation having good dialogue in remote consultations.
- 26 Whether doctors consult with patients face to face or remotely, the fundamental principles remain the same: provide effective, evidence-based treatments that serve patients' needs.
- 27 Our [remote consultation](#) ethical hub sets out how our guidance applies when treating patients remotely. There are also resources to help put it into practice.

- 28** We are launching updated *Decision making and consent guidance* in the early autumn. It will come into effect around six weeks after launch.
- 29** This new guidance will help doctors to have better conversations with their patients, guiding them through the decision-making process. The guidance is designed to be easy to follow and supports doctors to take a proportionate approach, taking account of the complexity and potential impact of the decision to be made.
- 30** We'll be reassuring doctors that the underlying principles of the guidance haven't changed, and that we are not setting new or stricter standards.

If you have any queries or wish to discuss the GMC's response further, please feel free to contact me on 028 90301 9945 or jane.kennedy@gmc-uk.org.

Yours sincerely

A handwritten signature in black ink that reads "J Kennedy". The signature is written in a cursive style with a large initial "J".

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