

# Developing a Strategic Mental Health Workforce Plan for Health and Social Care, GMC Response

## Our role

- 1** The General Medical Council's (GMC) role is to protect patients and develop medical education and practice across the UK. As part of this, we oversee UK medical education and training, and we set the standards that doctors need to follow throughout their careers. We also take action where necessary to prevent a doctor from putting the safety of patients or the public's confidence in the profession at risk. We see support for the workforce as crucial to our role as a regulator and our objective of protecting the public. Only with the right workforce with the right skills working in compassionate, inclusive environments can the public be best protected.
- 2** In our response below, we do not comment on all the specific actions set out. Instead, we have responded to themes 1 to 4, 6 and 7, and highlight those areas where we feel we can support the actions within the Strategic Plan.
- 3** We can offer HEIW our support in the following ways to inform workforce implementation plans for the Health and Social Care Workforce Strategies:
  - We hold valuable **data** on the medical workforce and trends within the workforce, which can provide insight into planning for future needs.
  - We undertake **research and insight**, for example, on factors driving doctors' career choices, their wellbeing and on the working experience of doctors from different backgrounds.
  - We oversee the processes through which **doctors, including those from outside the UK, can join the UK medical register and work here**. We derive data from that work and are able to track the trends in doctors joining the UK register from UK medical schools and from abroad.
  - We carry out extensive work **on doctors' experiences in the workplace**, including their wellbeing, motivation, ability to provide the best care to patients, and their decisions to leave the healthcare system.

## Strategic Mental Health Workforce Plan

- 4 In 2019, we welcomed the draft Workforce Strategy for Health and Social Care in Wales, agreeing with the high-level themes identified. We fully supported the focus on further developing multi-disciplinary teams, offering flexible learning pathways, and placing wellbeing of the workforce at the heart of the strategy.
- 5 Mental health services in Wales have been under severe pressure over recent years, and the subject of many inquiries and reviews. We are pleased that HEIW is developing a strategic mental health workforce plan to address long-standing issues such as recruitment and retention, providing tailored support, and encouraging compassionate leadership.
- 6 We are keen to continue working with the system to help address some of the workforce and workplace challenges that HEIW have identified, particularly in the areas of attracting and retaining medical staff, promoting the wellbeing of the workforce, and driving improvements in working environments and organisational cultures. We are pleased to respond to this consultation to highlight our views and where we can further align with our partners.
- 7 COVID-19 has shown how crucial a well-supported and effective healthcare system in all four countries of the UK is, and the most vital part of the healthcare system are the doctors, nurses, and other healthcare professionals who need to be supported in carrying out their roles.
- 8 Given the finite resources, particularly in mental health, it is vital to consider evidence-based interventions and effective targeted use of those resources. Only with the right workforce with the right skills working in compassionate, inclusive environments can the public be best protected. We are therefore pleased to be able to contribute to HEIW's work to develop a strategic mental health workforce plan for health and social care (Strategic Plan).

### Theme 1: Workforce Supply and Shape

- 9 **We hold valuable data on the medical workforce and trends within the workforce which can contribute to HEIW's Strategic Plan.** [GMC Data Explorer](#) holds a wealth of data on our registrants and provides a valuable insight into the current and future shape of the workforce which can help address some of the gaps identified in the Strategic Plan. We can provide part of the picture when it comes to the existing and future mental health workforce supply and shape. However, as we present our data below, it is important to caveat that the numbers on our register do not equate necessarily to whole time equivalent doctors.
- 10 Our four-country workforce data tracks a range of indicators and can be broken down by country and region. We also undertake research into workforce trends such as factors driving doctors' career choices, and the working experience of doctors from different backgrounds.
- 11 We hold information on the number of doctors who have been awarded a Primary Medical Qualification (PMQ) from UK Medical Schools, the number who have qualified from within the

EEA and those who have joined the workforce from abroad as International Medical Graduates (IMGs).

**12** Our data on the **psychiatry workforce** in Wales show:

- The number of licensed psychiatrists in Wales has remained fairly static since 2014. There were 336 licensed psychiatrists in 2021 compared to 337 in 2014. There was a slight dip after 2014, with the lowest number at 314 in 2016.
- A total of 56.5% of psychiatrists in Wales hold a primary medical qualification (PMQ) from the UK, which is broadly the same as psychiatry specialists across the four UK nations.
- 33.9% of psychiatrists in Wales are International Medical Graduates (IMGs), whilst the remaining 9.5% have qualified within the European Economic Area (EEA).
- Compared with other specialisms in Wales, psychiatry has the highest proportion of IMG doctors. This suggests a significant reliance on IMG doctors in psychiatry.
- However, the number of psychiatry trainees with an IMG PMQ has significantly declined in recent years. Data on trainees can help predict the supply and shape of the future workforce. This decline in IMG psychiatry trainees could indicate future workforce gaps which need to be addressed in workforce planning.
- Psychiatry is a discipline which attracts many female doctors. 45% of psychiatrists in Wales are female, 10% higher than other specialisms. This has increased annually for the past five years despite the overall number of psychiatrists in Wales remaining broadly the same.

**13** Our data also show that the psychiatry workforce in Wales is ethnically diverse but that those with a minority ethnic background training in psychiatry is decreasing:

- 33% are from an ethnic minority group, 10% higher than all other specialisms in Wales.
- From 2012 to 2021, the number of psychiatry trainees in Wales from an ethnic minority background has fallen by 13%, suggesting a potential change to the future workforce supply and shape. This is slightly higher than other UK nations which saw an overall decrease of 11%.

**14** The data included above can help shape and inform the Strategic Plan for the mental health workforce. It can help identify existing and future potential gaps that will need to be addressed and may help inform choices about the extent to which HEIW wish to focus on UK medical schools or international medical graduates. It may also help inform the implementation of the Strategic Plan's suggested actions. However, it is important to note that lower numbers of psychiatry trainees does not automatically indicate potential future workforce gaps. It could also be the case that increasing proportions of IMGs working in

psychiatry have landed in Staff, Associate Specialist and Specialty (SAS) and locally employed (LE) roles.

## Theme 2: An Engaged, Motivated and Healthy Workforce

- 15** An engaged, motivated, and healthy workforce is key to the provision of quality patient care, patient outcomes, and a sustainable healthcare system. Staff wellbeing is linked to improved experiences for people using services, increased productivity, and the willingness of staff to continue working in challenging and complex environments.
- 16** We welcome the Strategic Plan's suggested action on commissioning a mental health workforce survey across health and social care to assess staff engagement, experience, and wellbeing. We carry out extensive work on doctors' experiences in the workplace, including their wellbeing, motivation, and ability to provide the best care to patients. **Our research and insight can contribute to the Strategic Plan's suggested actions around this theme.**
- 17** Our [State of Medical Education and Practice \(SoMEP\)](#) report is published annually and presents the realities and challenges faced by medical professionals in the UK's healthcare systems. The report uses data and insights from the medical register, our National Training Survey (NTS), the Barometer survey, in-depth interviews and focus groups to provide a comprehensive picture of doctors' experiences, as well as trends in the medical workforce and education.
- 18** SoMEP provides overall trends and can be broken down by country. What the latest report shows is that more doctors are feeling burnt out in Wales than in previous years, but to a lesser extent than doctors in the other UK nations. Results for 2021 highlight the need to retain and embed positive changes in response to the pandemic, with key findings for Wales including:
- A total of 15% of doctors in Wales were categorised as being at high risk of burnout, up from 9% in both 2019 and 2020. Unlike the other UK nations, Wales did not experience a dip in the level of high burnout risk in 2020.
  - In 2021, a total of 27% of doctors in Wales said a situation or situations had arisen in which they believed that a patient's safety or care was being compromised when being treated by a doctor. This was up from 25% in 2019.
  - However, against an overall increase in doctors taking steps to leave the UK medical profession, 4% of doctors in Wales said that they had taken hard steps to leave in 2021, the lowest level of the four UK nations. 7% of all doctors surveyed said they had taken hard steps to leave the profession.
  - Though the proportions and numbers of doctors in Wales taking hard steps to leave are small, from 2019 there has been a year-on-year increase (2019 (1%) 2020 (3%),

and 2021 (4%). This is in contrast with all doctors and the other UK nations, which all saw little to no change from 2019 to 2020, and an increase in 2021.

- 19** Our intelligence from our National Trainee Survey (NTS) includes specific data on psychiatry trainees in Wales:
- The number of psychiatry trainees has decreased from 48 to 34 between 2016 and 2021.
  - 24% of psychiatry trainees had an IMG PMQ in 2021. However, there has been an overall decline in IMG psychiatry trainees since 2012, from 28 to 8 in 2021.
  - The number of psychiatry trainees with an EEA PMQ has remained low between 2012 and 2021 peaking at 3 in 2016.
  - Based on a set of seven questions to create an indicator measuring overall risk of burnout, data from the 2021 NTS showed that 14% of psychiatry trainees in Wales were at high risk of burnout. This was higher than in 2019, but slightly lower than the 2021 UK average.
  - The data also showed that 28% of psychiatry trainees in Wales said they felt burnt out because of work to a high or very high degree. Again, this is worse than in 2019, but better than the 2021 UK average of 33%. It is important to note that the higher percentage of trainees feeling burnt out because of work in 2021 compared to 2019 was per the trend across all specialties. It is also important to note that this is not particularly statistically significant given the relatively small cohort of trainees.
- 20** To help us address these issues, we commissioned our independent report, [Caring for doctors, Caring for patients](#), by Professor Michael West and Dame Denise Coia. The report found that doctors' wellbeing is integral to workforce retention, quality of care, and patient safety. The report developed the ABC of doctors' core needs: autonomy/control, belonging and competence. These are important and relevant needs for all doctors in any setting.
- 21** Equality, inclusion and diversity also has an impact on workforce motivation, engagement and health. Our [Fair to Refer?](#) research found that some doctors from ethnic minority backgrounds and International Medical Graduates (IMGs) are provided with inadequate induction and ongoing support in transitioning to new social, cultural and professional environments. It also found that doctors in diverse groups do not always receive effective, honest or timely feedback and are more likely to be referred to us by their employers.
- 22** The [Fair to Refer?](#) research also identifies a key theme related to workforce support and wellbeing. It found that the over-representation of some doctors and under-representation of others in referral processes relates to the broader social process of insider/outsider dynamics. The data suggested hierarchies based on qualifications and skin tone. Ensuring that all doctors feel valued, supported, and included is vital for a successful and sustainable medical workforce in Wales.

- 23** More needs to be done to ensure that all doctors have the same opportunities to provide their maximum contribution to the health service. This is particularly important in Wales where 33% of psychiatrists are from an ethnic minority group, compared with an average of 30% of all specialists in Wales. Action to address equality, diversity, and inclusion in the medical workforce goes beyond the fact that it is the morally right thing to do – given the make-up of the medical workforce, it is an essential part of meeting the workforce challenges ahead.
- 24** We support HEIW's recognition of the essential role of effective and compassionate management in ensuring staff motivation, health, and retention. Our [Leadership and management guidance](#) says that doctors in leadership positions must promote the health and wellbeing of staff they manage. It emphasises working collaboratively across the multi-disciplinary team, demonstrating respect and kindness, and stressing the importance of clear communication.
- 25** **We are very keen to work more closely with HEIW in the work on embedding compassionate leadership principles** as part of our education reform programme, not just in Wales but across the UK. We recognise that Wales is a leader in this area, and we are keen to support embedding this culture more widely.
- 26** We support the suggested action of using best practice and evidence to establish standards for supervision across the wider mental health team. We support HEIW's recognition that supervision is an essential part of practice for all health and social care professionals and can have a positive impact on wellbeing as well as on performance.
- 27** **Our data can provide information on trainee experiences of supervision.** Our 2021 NTS data found that:
- 78% of psychiatry trainees in Wales rated their teaching as good or very good. This was broadly consistent with 2019 and with 2021 UK-wide trainees across all specialties.
  - Notably, 93% of psychiatry trainees in Wales rated their clinical supervision as good or very good. This represented a more positive response compared to 2019 findings where 89% of psychiatry trainees in Wales rated their clinical supervision as good or very good. It is important to note that this is not particularly statistically significant given the relatively small cohort of trainees.
- 28** Our research highlights the importance of Educational Supervisors who are well-trained and able to recognise and adapt support to meet the needs of individual trainees with diverse backgrounds and prior experiences. Peer-support, mentors and coaches offering independent support aside from the formal educational support mechanisms is also highly valued by ethnic minority learners to build resilience and overcome difficult events during training.
- 29** Given our dependence on IMG doctors and doctors from ethnic minority backgrounds in Wales, we would like to highlight our recommendation to the Welsh Government's Race

Equality Action Plan consultation response. We recommend that the Strategic Plan includes an action to ensure all Educational Supervisors are trained to recognise and adapt to the needs of doctors from diverse backgrounds, in cultural competence, and in giving feedback.

- 30** We also recommend the Strategic Plan includes an action to establish ways to help ethnic minority and IMG doctors develop broader networks through formal mentoring or coaching programmes or informal networking events with colleagues across Wales to encourage informal mentoring relationships to form.
- 31** We would also like to recommend a specific action around inductions, which we believe would help support retention. We have long-standing general concerns around the quality, timing, content and availability of inductions for new starters and those returning to practice across the UK. In 2020, we commissioned research into the barriers to good quality inductions and how these impact on doctors and ultimately on patient safety. Our research found that doctors agreed that safe and effective inductions was important for their wellbeing, patient safety, and organisational efficiency.
- 32** The research identified several barriers to delivering a safe and effective induction, including lack of staff to deliver inductions, perception that inductions were a poor investment in the short term, and a lack of clarity around the mandatory element at health board level.
- 33** We therefore recommend the Strategic Plan stipulates that all health boards ensure good quality local inductions for all new starters and those returning to practice, to include: gaining access to places and systems; a physical orientation of the setting; team introductions; gaining knowledge of how things work; familiarisation with common cases/procedures; and understanding what is to be expected. This would enhance doctor wellbeing within the mental health workforce and complement the Strategic Plan's aforementioned actions around supervision, the Professional Support Unit, and mentoring.
- 34** This recommended action could be further strengthened by making Welcome to UK Practice (WtUKP) a mandatory part of induction in Wales. This would be a critical step in ensuring new starters new to the UK are supported in their role. We feel this is a crucial action to be included in the Strategic Plan given the mental health workforce's reliance on IMGs.
- 35** In March 2022 we published an update on progress on our equality, diversity and inclusion targets. Given the longstanding nature of these issues, it's too soon to draw meaningful conclusions from data. However, it is important to stress the importance of quality inductions and WtUKP in our work to eliminate disproportionate fitness to practice referrals from employers in relation to ethnicity and primary medical qualification. Some positive changes have already been identified in employer referral rates. For example, the gap in employer fitness to practise referral rates between ethnic minority licenced doctors and white doctors has fallen by about 16%, from 0.28% (0.30% white, 0.58% ethnic minority), during 2016-2020, to 0.24% (0.26% white, 0.50% ethnic minority) during 2017-2021.
- 36** We feel that by incorporating quality inductions and WtUKP the Strategic Plan can drive further improvement in the work around equality, inclusion and diversity. This could

significantly contribute to the Strategic Plan's aim to develop an engaged, motivated and healthy workforce.

## Theme 3: Attraction and Recruitment

- 37** Recruitment and retention are the biggest workforce issues facing NHS Wales. We need to improve retention by urgently addressing the reasons doctors leave practice. Our data show that improving retention is fundamentally about improving working environments and making the workforce feel more valued.
- 38** To attract, recruit and retain more doctors, our view is that workforce planning needs to consider the medical profession in a less defined, traditional way. Doctors who may be returning to practice after some time may be more attracted to a role that focuses on their leadership skills and capabilities rather than returning to the same service they left and may also want to work in a more flexible way than before.
- 39** **Our data and research can be used to inform the Strategic Plan to identify trends in recruitment and retention**, for example:
- Over a quarter (28%) of our registrants in Wales are 50 years or older.
  - Between 2018 and 2021 the number of doctors in training fell by 4%.
  - When we look at data on psychiatry trainees in Wales, there has been a gradual decline from 44 in 2012 to 34 in 2021.
  - As previously mentioned, there has been a decline in the number of IMG psychiatry trainees over the recent years from 19 to 8 between 2016 and 2021.
- 40** In addition to an ageing medical workforce, we also see many younger doctors leave our register. In 2021, we published our joint [Completing the Picture](#) (CtP) report in collaboration with Health Education England (HEE), the Department of Health (Northern Ireland), NHS Education for Scotland (NES), and HEIW. The report gathered the views of doctors who have stopped practising in the UK, why they left, and what might encourage them to return.
- 41** The numbers were too small to justify cutting specialities by country. However, the broad patterns were similar across the four countries meaning UK wide findings can give a good steer on psychiatry. CtP data shows that most psychiatrists who leave the profession noted dissatisfaction with their role, their place of work, or NHS culture as their reason for leaving. A significant number also noted burnout or work-related stress as their reason for leaving. In comparison to other specialties, those leaving the profession due to harassment and mental health issues (other than burnout or stress), is relatively high.
- 42** Considering high levels of burnout, and a significant number of those leaving the profession due to work-related stress, we support the Strategic Plan's suggested action of developing guides, tools and resources to help managers facilitate improved work-life balance for staff.

We agree with HEIW that this could help increase staff retention across health and social care.

- 43** The CtP findings and Dr Suzanne Shale's 2019 research, [\*How doctors in senior leadership roles establish and maintain a positive patient-centred culture\*](#), and our independent report, [\*Fair to refer?\*](#) present strong evidence that healthcare environments that prioritise the health and wellbeing of their staff will retain more of them and deliver better care.
- 44** **Another issue our data can shed light on is that of students migrating across UK countries to train and practice after graduation.** Our data show that more medical students from Welsh universities will leave the country to practice elsewhere rather than stay in Wales. Since 2009, just under half (47%) of doctors qualifying with a Primary Medical Qualification (PMQ) from a Welsh medical school chose to practice in Wales. This compares with 66% in Scotland and 74% in Northern Ireland. There needs to be a comprehensive, long-term plan to retain and attract medical graduates to Wales to sustain our healthcare system.
- 45** Our data also show the distance between doctors' medical school and their current locations. 66 (49.6%) doctors who qualified from Cardiff University in 2019 are currently located over 100 miles away from their medical school. Most of these doctors moved to England.

## Theme 4: Seamless Workforce Models

- 46** Our health services must be dynamic to meet the changing needs of patients and we believe a range of new professionals with varied skillsets must be part of the solution. We agree with HEIW that patient-centred approaches require seamless workforce models, with a multi-professional and multi-agency philosophy. As emphasised in the Strategic Plan, mental health is everyone's business which requires a common core of knowledge about mental health across the wider workforce in order to take a holistic approach and signpost effectively.
- 47** We support HEIW's recognition that the diverse range of new and extended roles in place across mental health services need to be properly embedded in service, workforce, and governance design, and supported by appropriate education and training. This is how such roles will deliver benefits to mental health multi-disciplinary teams.
- 48** As part of planning for the mental health workforce of the future, we need to think critically about which professional is best placed to provide care and what changes are needed to the way teams work together. Nurses, pharmacists, physiotherapists, and others have taken on more responsibilities during the pandemic, so we have already seen a shift. It is important that workforce policy planners actively consider skills mix as they develop future workforce plans.
- 49** **The forthcoming regulation of Medical Associate Professionals (MAPs), or Physician Associates (PAs) and Anaesthetist Associates (AAs), is a key case in point.** The UK Department of Health and Social Care is currently drafting legislation on regulatory reform that will help give us flexibility across key areas within our regulatory

activity, including registration, education, and training. It will also enable us to begin regulating PAs and AAs, including quality assuring the PA courses currently delivered at Swansea and Bangor.

- 50** These roles, trained to the medical model, will be well placed to relieve doctors of some tasks, freeing them up to work nearer the top of their licences. We therefore welcome the Strategic Plan's suggested action of developing a dedicated cohort of PAs for mental health.
- 51** PAs are a valuable and growing part of the health workforce. HEIW is a key advisor in our UK-wide MAPs Advisory Group, ensuring that concerns specific to Wales are brought to our attention as we bring these new professional groups into regulation. **We will continue to work with HEIW's MAPs lead to provide support where we can.**
- 52** Additionally, as part of our work to support MAPs, we published our [\*Good Medical Practice: interim standards for physician associates and anaesthesia associates\*](#) in October 2021. These standards will operate from the start of regulation until we publish new ethical guidance for all registrants emerging from the wider GMP review.
- 53** We support HEIW's suggested action of designing an All-Wales resource for implementation of new, expanded, and extended roles into mental health multi-disciplinary teams. **As future regulators of MAPs, we have a key role to play here.**
- 54** We would support the suggested action of developing mental health literacy training for the health and care workforce to provide more seamless support for physical and mental health.

## Theme 5: Building a Digitally Ready Workforce

- 55** We approve postgraduate curricula, working with the statutory educational bodies, governments and employers to assure the quality and content of curricula. Through our focus on [\*Generic professional capabilities\*](#) in recent years, embedded through curricula, we have increased the emphasis placed on wider professional skills such as communication, team-working, and working with evolving technology. We also set outcomes for undergraduates through [\*Outcomes for Graduates\*](#), ensuring that doctors coming on to our register from UK medical schools have the skills, knowledge and capabilities that they need to meet patient needs.
- 56** There are clear opportunities to help diversify the medical workforce through opening up different routes to qualification and showing greater flexibility in how outcomes are demonstrated, in particular through greater use of remote technologies, and identifying where examination is and is not useful.
- 57** We recommend a review of new technologies being used in UK healthcare systems to increase efficiency, working with the voluntary sector, and focusing on preventive care.

## Theme 6: Excellent Education and Learning

- 58** Our role as regulator includes developing medical education and practice across the UK. As part of this, we oversee UK medical education and training. We support the Strategic Plan's recognition that education and training programmes must reflect the needs of the future workforce model. In building a workforce with the right skills and knowledge for our future healthcare needs, we need to continue to develop the education and training systems for doctors.
- 59** Every year our NTS results are used to monitor and report on the quality of postgraduate medical education and training in the UK. We use the data to help make improvements to training programmes and posts, working closely with HEIW and other statutory education bodies across the UK. The data allows us to monitor progress year-on-year as well as identify areas for improvement. **This data can be used to support the Strategic Plan.**
- 60** The 2021 NTS results found that:
- 86% of psychiatry trainees in Wales rated their experience as good or very good in 2021. This was very similar to 2019 and to 2021 UK-wide trainees across all specialties.
  - 87% of psychiatry trainees in Wales agreed or strongly agreed that their working environment was supportive for everyone regardless of background, beliefs, or identity. This is in line with the UK average for all trainees.
  - Overall, psychiatry trainees in Wales report their experience of being able to access training opportunities as broadly in line with the other UK nations.
  - Notably, psychiatry trainees in Wales feel that they are better able to meet the competencies in their curriculum than their counterparts across the UK.
- 61** Our NTS overall satisfaction scores also contributes to our data on differential attainment. Data we hold on differential attainment highlight the barriers that exist for students and trainees from ethnic minorities. It highlights discrepancy between white and ethnic minority doctors showing the scale of differences in exams, Annual Review of Competence Progression (ARCP) and national training survey overall satisfaction scores within Wales.
- 62** This is a key issue that we feel should be recognised in the Strategic Plan. Its key findings should recognise the issues which give rise to differential attainment and the different experiences that disadvantaged groups have during their training. This recognition is crucial for the Strategic Plan's objective of excellence in education and training. We are working and will continue to work with HEIW to understand and take action to address this issue through our differential attainment programme and in the future Race Equality Action Plan.
- 63** We are introducing a framework for GMC credentials for doctors. GMC credentials will be focused in discrete areas of practice where consistent clinical standards recognised across the UK are necessary to support better and safer patient care.

- 64** To test our framework for GMC credentials, we are working with five early adopters to learn how well our postgraduate curricula approval process works for credentials. One of these is a credential in liaison psychiatry developed by the Royal College of Psychiatrists. We are hopeful that most of the early adopters could achieve full approval during 2022 depending on progress with stakeholders.
- 65** In early 2024 we will launch the Medical Licensing Assessment (MLA), which focuses on the essential professional skills, knowledge and behaviours needed for safe practice in the UK. In developing our MLA, we want to concentrate on what is expected of a new doctor rather than specifying the length of a course; we want to identify the knowledge, skills and behaviours needed to practise medicine safely rather than setting an arbitrary time-spent requirement for education and training. We believe this approach offers flexibility and adaptability in bringing new doctors into the UK healthcare system whilst still maintaining standards.
- 66** We support the Strategic Plan's suggested action on encouraging clinical academic and research roles in the mental health workforce to promote excellence and improvement. We know research in healthcare is important because it leads to better patient outcomes.
- 67** We recently published [\*Normalising research- promoting research for all doctors\*](#). These principles describe system changes that will help doctors and healthcare teams to engage and support more research as part of their clinical practice. They are the first step in embedding a culture of normalising engagement in research in all health service settings and organisations. We are working with a wide range of organisations that each play a role in addressing the barriers to greater participation in research.
- 68** We know that there have been challenges during the pandemic in ensuring the balance between service provision and training. As a result, we have brought flexibility to the way that education and training has been delivered. This has provided real opportunities to bring in meaningful changes to medical education and training and to think differently about how training is organised and how doctors are assessed.
- 69** We are working with system leaders across the UK to deliver on three areas we believe will be crucial to this:
- **Preparedness:** Working to develop a more supportive transition for medical students into practice.
  - **Progression:** Systematically reviewing the impact of the derogations made throughout the pandemic to determine which changes should be made permanent. We released a joint statement with the Statutory Education Bodies (SEBs) in the four countries confirming that temporary derogations in medical education and training will remain in place for the period that we are still seeing disruption to training caused by the pandemic.
  - **Leadership:** We want to do more to reflect the organic and informal ways that doctors and other health care professionals can develop effective leadership capabilities. We will

highlight examples of good practice where students and doctors are encouraged, incentivised, and supported to explore/take on leadership activities.

- 70** These areas will help us further embed generic, professional and general skills to ensure doctors have the knowledge and skills to respond to patient, service and workforce changes.
- 71** We support the suggested action of providing targeted national continuing professional development programmes to support priority areas across the mental health workforce.

## Theme 7: Leadership and Succession

- 72** The culture and leadership in workplaces are the most critical factors in enabling doctors to thrive and provide good care. As previously mentioned, staff wellbeing is linked to improved experiences for people using services, increased productivity, and the willingness of staff to continue working in challenging and complex environments. It is therefore essential that leadership is more sharply focused on creating an inclusive and supporting environment for healthcare professionals.
- 73** Our aforementioned report, *Caring for doctors, caring for patients*, highlights that all evidence indicates that organisations who prioritise staff wellbeing and leadership provide higher quality patient care, see higher levels of patient satisfaction, and are better able to retain the workforce they need. This report, along with our [Leadership and management guidance](#), emphasises that good leadership is not just for those in positions of responsibility. Rather, all doctors have an important leadership contribution to make. The guidance emphasises working collaboratively across the multi-disciplinary team, demonstrating respect and kindness, and stressing the importance of clear communication.
- 74** We recognise HEIW's Compassionate Leadership principles and the work they have led with Michael West as ground-breaking. Clinical leadership plays a key role in protecting patient safety and we are pleased that Wales is prioritising supportive and compassionate cultures as standard across health services.
- 75** Establishing supportive and compassionate clinical governance environments could also help reduce and eliminate difference in disciplinary and regulatory referrals. Our outreach teams discuss potential Fitness to Practice referrals to ensure they are necessary and proportionate, and we are having conversations with local health board leadership teams and others about how the GMC can support work to reduce disproportionate referrals. We support the Strategic Plan's recognition of the need for targeted support and development for mental health leadership at all levels to develop the compassionate and collective cultures that will improve quality of care and workforce wellbeing.

## Conclusion

- 76** In our response, we have aimed to highlight our data on the medical workforce including workforce trends, doctors' wellbeing, the working experience of doctors from different

backgrounds, and the experience of trainees. We have drawn out specific data on psychiatrists and trainee psychiatrists in Wales to help inform HEIW's Strategic Plan for the mental health workforce.

- 77** As we have emphasised throughout this response, workforce wellbeing is integral to workforce retention, quality of care, and patient safety. We recognise and support the Strategic Plan's focus on the development of multi-disciplinary teams, compassionate leadership principles, establishing standards for supervision, and commissioning a mental health workforce survey across health and social care. These actions, along with other key suggested actions highlighted in our response, will contribute to enhancing the overall wellbeing of the medical workforce, and in turn enhance the quality of care for patients.