

1 July 2022

Review of Urgent and Emergency Care Team

Department of Health (Northern Ireland)

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Dear Sir /Madam,

gmc-uk.org

General Medical Council (GMC) response - Review of Urgent and Emergency Care Services in Northern Ireland 2022 consultation

- 1 The General Medical Council's (GMC) role is to protect patients and improve 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.
- 2 Central to our regulatory role is overseeing the smooth flow of medical professionals on to the UK medical register, ensuring that they are equipped with the right skills and capabilities to meet patient needs, and taking action where necessary to prevent a doctor from putting the safety of patients, or the public's confidence in the profession, at risk. Patient safety and high quality care can only be delivered with the right workforce with the right skills working in compassionate, inclusive environments.
- 3 We welcome the opportunity to respond to this consultation and have restricted our comments to a small number of relevant themes.

We are happy to support the Review of Urgent and Emergency Care in the following ways:

- We hold valuable data on the medical workforce and trends within the workforce, which can provide insight into planning for future needs. We carry out extensive analysis on doctors' experiences in the workplace of doctors from different backgrounds, including their wellbeing, motivation, ability to provide the best care to patients, and their career choices or decisions to leave the healthcare system. We oversee the processes through which doctors from outside the UK can join the UK medical register and work here. The data from that work allows us to track the trends in doctors joining the UK register from UK medical schools and from abroad;
- We welcome the focus on retention of HSC staff in the Department of Health (DoH (NI))'s Second Workforce Action Plan, our data and insights can contribute to policy development in this area. This includes reasons doctors give for leaving the profession, barriers to, and the likelihood of them returning to practice, and research on international migration;

- Clinical leadership will be key to implementing the recommendations arising from this consultation. Our guidance [Leadership and management for all doctors](#) makes clear that good leadership is not just for those in positions of responsibility. It involves multi-disciplinary teams working together to help deliver and improve patient care. Our Outreach team offer sessions on this guidance to all HSC Trusts. We also deliver training on leadership for trainee doctors, as part of the Northern Ireland Medical and Dental Training Agency's (NIMDTA) compulsory professionalism modules;
- We are currently reviewing our core guidance for doctors, [Good medical practice](#). Our consultation closes on 20 July 2022. We will use the review of *Good Medical Practice* to explore how we can strengthen messaging on the importance of leadership for the medical profession.

Looking at the insight from these sources, we would encourage the Review of Urgent and Emergency Care to consider the following themes:

Fostering inclusive, compassionate and supportive places to work

- We know that the cultural environment within which health professionals work is a key determinant of quality and patient outcomes. There is a direct association between working cultures that are cohesive, supportive, collaborative and inclusive and measurably better outcomes for patients;*
- Staff wellbeing is linked to improved experiences for people using services, increased productivity, as well as the willingness of staff to continue working in challenging and complex environments. It is essential that leadership is more sharply focused on creating an inclusive and supporting environment for healthcare professionals;
- Nearly 40% of all doctors (and 60% of new joiners) in the UK are from black and ethnic minority backgrounds. It is essential to promote equality, diversity and inclusion to ensure that all doctors are enabled to make their best contribution to the health service. In Northern Ireland, the proportion of doctors from black and ethnic minority backgrounds is lower than the rest of the UK, but increasing.
- Our data and research continue to show that rates of training and career progression in medicine are different when we look at different protected characteristic groups, particularly ethnicity. We welcome the commitment of NIMDTA to address differential attainment via their annual Equality, Diversity and Inclusion (ED&I) action plan which includes our mandatory 'Welcome to UK Practice' session. We recommend DoH(NI)

* Braithwaite et al. (2017) *Association between organisational and workplace cultures, and patient outcomes: systematic review*, Available [online](#).

consider the findings of NIMDTA's recent survey of trainees new to Northern Ireland, due to be published in September 2022.

Retention

- In the context of workforce pressures and capacity, retention of the existing workforce should be the most important priority for employers, and for the service more generally, and actions to support retention must be prioritised;
- 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?](#) are strong evidence that healthcare environments that prioritise the health and wellbeing of their staff will retain more of them and deliver better care.

Access to education and training

- In building a workforce with the right skills and knowledge for our future healthcare needs, we need to continue to develop and improve access to ongoing education and training systems for doctors. In this area there are opportunities to build on our experiences during the pandemic for more flexible approaches to postgraduate training;

Skills and capabilities

- Recognising that modern healthcare provision is delivered by multi-disciplinary teams and not individuals, workforce planning must recognise the skills and capabilities that different professionals can bring. It is also important to consider the right skill mix to optimise the use of all healthcare professionals.

We would also like to highlight that:

- As we prepare to start regulating Physician Associates (PAs) and Anaesthesia Associates (AAs) there is significant scope to train more PAs and AAs and increase their contribution to the workforce. It takes just two years to train a science graduate (or an existing healthcare professional) as a PA or AA;
- We therefore strongly welcome the Department of Health (NI)'s commitment to develop a strategy for the utilisation and funding of PAs in the HSC Workforce Strategy 2026 second action plan and would encourage this to include AAs too;
- We are committed to regulatory alignment and embedding information sharing processes across the system, ensure the safe delivery of care. We are collaborating with other professional regulators in Northern Ireland and the UK to align our approaches to workforce, culture and staff wellbeing where possible;
- We note the demographic trends and increased demand on emergency and urgent care identified in the consultation paper. Whilst we do not have a regulatory role in the

development of system design, we welcome the fact the review is considering the experiences, preferences and needs of patients in its work to try and improve urgent and emergency care systems, and the interface with primary care;

- When considering the review's implementation, particularly the 'Phone First' proposal, we would encourage you to consider our [guidance](#) for doctors on remote prescribing and consultations. This highlights that doctors need to consider whether the mode of consultation meets the patient's needs and preferences and supports safe care. We note the case that is made for 'Phone First' but would encourage careful evaluation and monitoring for both patient safety and experience.

Please do not hesitate to contact me if you would like further information about our comments.

Yours sincerely,

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