Summary note of the meeting on 28 October 2021

Attendees

- Dame Carrie MacEwen, GMC Acting Chair (Chair)
- Paul Darragh, British Medical Association (BMA) NI
- Briege Donaghy, Regulation and Quality Improvement Authority (RQIA)
- Laurence Dorman, Royal College of General Practitioners NI (RCGP NI)
- Kathy Cullen, Queen’s University Belfast (QUB)
- Brid Farrell, Public Health Agency (PHA)
- Patricia Higgins, NI Social Care Council (NISCC)
- Robert Khan, GMC Assistant Director National Offices and Public Affairs
- Jane Kennedy, GMC NI National Head
- Una Lane, GMC Director of Registration and Revalidation
- Deepa Mann-Kler, GMC Council Member
- Charlie Massey, GMC Chief Executive
- Marion McCann, GMC Policy and External Affairs Manager (notes)
- Vivian McConvey, Patient Client Council (PCC)
- Pascal McKeown, Queen’s University Belfast (QUB)
- Heather Moorhead, NI Confederation of Health and Social Care (NICON)
- Mark Neale, Pharmaceutical Society of NI (PSNI)
- Margaret O’Brien, Health and Social Care Board (HSCB)

Welcome and Chair’s introduction

1 The Chair welcomed attendees to the UK Advisory Forum (UKAF). She thanked members for attending and welcomed those attending for the first time.

Update on Michael Watt case

2 The GMC’s Chief Executive, Charlie Massey, noted that we are extremely disappointed that the Medical Practitioners Tribunal Service (MPTS) allowed Michael Watt’s application for voluntary erasure. We felt it was in the public interest for the allegations to be heard by the tribunal in an open and transparent way.
Charlie gave an overview of our reluctant conclusion not to pursue a Judicial Review, based on external specialist legal counsel advice.

Members noted the lack of awareness of the separation between the GMC and the MPTS, both amongst doctors, and patients and the public.

Charlie highlighted that the GMC shares the concerns raised by members about the negative impact this case has had on maintaining trust and confidence in GMC processes and the wider system.

**Actions from the previous UKAF meeting**

Jane Kennedy, GMC Northern Ireland (NI) National Head, provided an update on the actions taken from the last meeting on 5 May 2021:

- Via the NI Joint Regulators Forum, we have commenced a programme of work to bridge the gaps between professional and system regulators in NI and establish an Emerging Concerns Protocol.

- We have had a series of conversations with senior officials at the Department of Health NI (DoH (NI)) and the Minister for Health (NI) about the challenges facing the medical workforce in NI.

- We have contributed to DoH (NI)’s workforce action plan and offered to support a planned review of medical school places. We continue to work closely with DHSC, DoH (NI) and the Medical Council of Ireland on a range of regulatory issues following the UK’s EU exit. This will remain a high priority for us over the next 12 months.

- We have raised awareness of our Equality, Diversity and Inclusion (ED&I) targets with stakeholders at multiple fora, including the NICON conference, our annual NI Education Roundtable, and our Responsible Officer information session.

**Update from Chief Executive**

Charlie Massey provided a brief update on our work, beginning by noting that we continue to take account of the extreme pressures in the NI Health and Social Care (HSC) system. Supporting workforce recruitment and retention remains our key priority. He reflected on our role in setting up the Temporary Emergency Register (TER), stating that NI had been more successful than other UK countries in utilising this resource during the pandemic.

Charlie also highlighted our work to continue with Professional and Linguistic Assessment Board (PLAB) exams, and the establishment of a new Clinical Assessment
Centre in Manchester. These measures are helping to maintain international recruitment.

**Discussion**

Heather Moorhead, Director of NICON, provided her reflections on the workforce themes discussed at NICON’s conference on 6 and 7 October 2021. She noted:

- The strong commitment to reform the Health and Social Care service;
- Concerns about managing winter pressures with staff who are experiencing burnout;
- The challenges of managing daily pressures in tandem with progressing service transformation;
- The additional challenge of securing recurrent funding;
- The need for investment in digital solutions;
- The importance of prioritising patient and public involvement;
- The retention of existing workforce being linked to culture and wellbeing.

The Chair facilitated a wide-ranging discussion on HSC workforce priorities. Themes raised included:

- **Data:** Members welcomed the GMC using data proactively to support workforce planning. They noted that regulators have a role in convening strategic conversations about workforce, focusing on recruitment and retention.
- **Wellbeing:** It was highlighted that doctors in NI experiencing poor mental health and addiction problems can be resistant to seeking support. The lack of anonymity in a small country is a contributing factor.
- **Medical student numbers:** Members noted the increase in medical school places across Northern Ireland and welcomed a further review of medical student numbers.
- **Deployment of medical students:** Members cited innovative examples of how medical students had supported the pandemic response, i.e. through medical technician roles and by supporting contact tracing. Their contributions were valued by their HSC colleagues and provided opportunities for learning and development.
- **Temporary Emergency Registration:** Members noted how the Health and Social Care Board had successfully deployed doctors with TER into general practice and into roles supporting the vaccine programme. Many found this a positive experience and are applying for full registration with a view to re-joining the permanent workforce.

- **Psychological safety:** Concerns were raised about anecdotal evidence of aggression from the public. Members noted that high levels of burnout and the impact of long running inquiries are also contributing to an absence of psychological safety across the HSC workforce.

- **Equality, diversity and inclusion:** Members noted the emerging work on ED&I issues, specific to the Black, Asian and minority ethnic (BAME) workforce in NI and welcomed the GMC’s support to drive this conversation. There has been a commitment to raise ED&I issues impacting the HSC BAME workforce at the HSC Leadership Council.

- **Communication with patients and the public:** Members noted that patients and the public require clear communication about changes to the way they receive care and the benefits of HSC service transformation.

- **Duty of Candour:** Members highlighted concerns about attaching criminal sanctions to a new Statutory Duty of Candour, but agreed on the importance of being open and honest with patients when things go wrong.

11 Summarising the main themes discussed by the Forum, Charlie Massey highlighted:

- Regulators have a role in convening strategic conversations, supported by our data and insight. We have committed to progressing further conversations about workforce via the NI Joint Regulators Forum.

- We heard great examples of innovation to support the workforce during the pandemic. We agree that we have a role in collating and sharing these examples of best practice across the UK.

- We are committed to proactively re-assuring doctors who are working in healthcare systems under extreme pressure that their psychological safety is important to the GMC. We are committed to sharing factual information about our FTP processes and working collaboratively with others to provide assurance that regulators are taking account of healthcare professionals’ working environments.

- Members noted we have a role in supporting HSC Trust boards to have conversations about ED&I issues and workplace culture more broadly, to support the retention of the existing workforce.
The next NI UKAF meeting will take place in Spring 2022, date to be confirmed.