UK Advisory Forums – Northern Ireland

Agenda and papers for meeting on 28 October 2021

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Working with doctors Working for patients
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Lead</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome and introductions</td>
<td>Carrie MacEwen</td>
<td>13:30 – 13:35</td>
</tr>
<tr>
<td>2. Update on actions from previous meeting</td>
<td>Jane Kennedy</td>
<td>13:35 – 13:40</td>
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<tr>
<td>4. <strong>Members discussion</strong></td>
<td>Carrie MacEwen, Heather Moorhead (NICON)</td>
<td>13:45 – 14:50</td>
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<tr>
<td>NI HSC workforce priorities: pandemic recovery; workforce; service transformations and how the GMC can support including summary of action points at close</td>
<td>Carrie MacEwen, Heather Moorhead (NICON)</td>
<td>13:45 – 14:50</td>
</tr>
<tr>
<td>5. Summary and AOB</td>
<td>Charlie Massey</td>
<td>14:50 – 15:00</td>
</tr>
</tbody>
</table>
This paper provides an update on our work and key priorities since the last UK Advisory Forum (UKAF) meetings were held virtually in the devolved nations in May 2021.

At the end of July, Dame Clare Marx stepped down as Chair of the GMC due to a diagnosis of pancreatic cancer. Her message to the profession resulted in many letters of condolence, kindness, and support from colleagues and stakeholders. We are grateful to Dame Clare for her dedication and service over the past three years, and for embodying the values of compassionate leadership that she promoted throughout her career.

Professor Dame Carrie MacEwen, member of our Council and former Chair of the Academy of Medical Royal Colleges, began her role as Interim Chair on 27 July 2021. Carrie will lead our UKAF meetings this Autumn as we begin the process of recruitment for a substantive Chair.

**Pandemic recovery**

*Temporary Emergency Registration*

At the start of the pandemic, we gave temporary emergency registration (TER) to over 30,000 doctors to enable them to support the workforce and play a valuable role in delivering patient care. As of 6 October, 680 doctors in Northern Ireland hold TER.

In September 2021 the Department of Health (NI) (DoH (NI)) launched a new workforce appeal targeting healthcare professionals who have recently left the Health and Social Care (HSC) service. We are signposting medical professionals to the HSC Workforce appeal through our website.
Professional and Linguistic Assessment Board (PLAB) Examinations

6  Despite the various national lockdown restrictions, socially distanced PLAB 1 exams have took place in Northern Ireland in 2021. We continued to offer PLAB 2 and, as of January this year, the UK was the only country in the world to run such exams.

7  Where possible we are expanding capacity for PLAB 1 exams later in the year to accommodate doctors who have been impacted by recent cancellations. We are also offering 14,500 places for PLAB 1 in 2022 - a record number of places. This will help to meet increasing demand and redress some of the disruption candidates may have experienced.

8  Our new temporary PLAB 2 exam circuit opened on 10 June 2021 and our testing capacity will soon be back to pre-COVID levels. Next year, with social distancing removed, we plan to offer around 16,000 places. From 19 November 2021, we will ease social distancing rules for our PLAB 2 tests in accordance with the UK Government’s guidance. This will enable us to open an extra test circuit at 3 Hardman Square so that we can offer a record number of PLAB 2 places in 2022.

Derogations

9  We have worked closely with the NI Medical & Dental Training Agency (NIMDTA), the other Statutory Education Bodies of the UK, medical royal colleges, faculties and trainee representatives, to consider if and when derogations are required to postgraduate education and training. In September, we issued a four-country statement stating our intentions to continue with temporary derogations while medical education and training continue to be disrupted by the COVID-19 pandemic.

Education and training

Education Reform

10  Throughout the pandemic, we have considered what actions can be taken to improve the education and training of future cohorts. We will need to think differently in future about how training is organised, how doctors are assessed and how we manage the balance between service and training. We will continue discussions with our stakeholders around this.

11  We are working with partners in four key areas to meet this objective:
- Preparedness - how the GMC, medical schools and the UK Foundation Programme Office improve the transition from medical school to the Foundation Programme.
- Progression - how to embed positive lessons we have learned from the changes resulting from the pandemic on curricula and assessments, considering equality, diversity, and inclusion.
- Generalism - investigating an approach that allows doctors to work in a more flexible and creative way as part of a multidisciplinary team who together have the generalist skills to care for the breadth of patient needs.
- Leadership - ways to develop and support doctors and other healthcare professionals to become compassionate leaders.

Education Round Table

12 In September, we held our annual Education Round Table events in the devolved nations. In Northern Ireland we provided updates on our equality and diversity targets, education reform, GMC regulated credentials and the national training survey results. We invited NIMDTA and the two medical schools to offer their reflections on fairer training pathways. The discussion focused on what more could be prioritised collectively.

National Training Survey

13 In July, we published the 2021 National training survey results with responses from over 63,000 doctors (76% of trainees and 32% of trainers). The survey found that good quality training has been maintained in Northern Ireland, with 78% of trainees rating the quality of teaching as ‘good’ or ‘very good’, and 84% describing their clinical supervision as ‘good’ or ‘very good’. More than eight in ten trainees said they were on course to meet their curriculum outcomes for the year, although one in ten were concerned about progressing through their training.

14 The survey also highlighted that burnout was at its highest level since we started tracking it in 2018. UK-wide 33% of trainees, 25% of secondary care trainers and 22% of GP trainers told us they felt burnt out to a high or very high degree because of their work. This was consistent across the four countries with 32% of trainees in England, Northern Ireland, and Scotland, and 35% in Wales feeling burnt out to a high or very high degree because of work. 29% of trainers told us they weren’t always able to use time allocated to them to train.

15 Later this year, we will provide a more in-depth analysis of these findings in The State of Medical Education and Practice in the UK (SoMEP) report.
16 Given increasing levels of burnout we are actively considering our role in addressing this issue and, how we can work with partners and stakeholders to provide support to doctors.

17 On 1 October 2021, we hosted an engagement event for NI Responsible Officers (ROs), attended by the Chief Medical Officer and Deputy Chief Medical Officer. We outlined our commitment to exploring innovative ways to support ROs including providing training, using our influence, providing data and partnership working.

18 In partnership with the DoH (NI) we have also published the *Completing the picture* report. This research aimed to gain insight into doctors who were previously practising in the UK but who are not currently doing so. It found that the reasons for leaving UK practice are varied, often without a single driving factor. While many doctors leave for personal reasons such as retirement, or returning to their home country, others leave for more negative pressures including bullying, dissatisfaction or burnout.

19 35% of all doctors surveyed wanted to return to practise, but only 23% thought it likely that they would. 44% of NI doctors indicated that they are both unlikely and unwilling to return to practise, this is lower than the overall UK figure of 59%. The UK country where doctors last practised doesn’t seem to have had an impact, with our modelling suggesting that likelihood was no different across countries.*

**Equality, Diversity and Inclusion (ED&I)**

20 In May, we launched our ED&I targets, to eliminate disproportionate fitness to practise referrals from employers (in relation to ethnicity and primary medical qualification) by 2026, and to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training, by 2031.

21 In September, we launched additional commitments, including an independent review of fitness to practise audits and a commitment to regularly publish more data about how we consider fairness across everything we do, to assure ourselves and others that our processes are fair. We also published the latest independent audit of the fairness of our fitness to practise decisions.

* Likely: 13,935 England, 301 Northern Ireland, 1,677 Scotland, 643 Wales; Don’t know: 5,405 England, 70 Northern Ireland, 818 Scotland, 152 Wales; Wants to but unlikely: 4368 England, 83 Northern Ireland, 602 Scotland, 169 Wales; Doesn’t want to and unlikely: 15,977 England 366 Northern Ireland, 2850 Scotland, 744 Wales
22 We discussed our ambitions at our last UKAF meetings and have made progress in identifying areas for collaboration with partners, and to make tangible improvements in the experiences of Black and minority ethnic (BME) doctors.

23 In Northern Ireland we worked in partnership with the Northern Ireland Confederation of Health and Social Care (NICON) to facilitate an ED&I focused seminar at their October 2021 conference. We explored issues impacting the small but growing number of BME doctors working in Northern Ireland along with clinical staff and Jenifer Welsh, Chief Executive of the Northern Health and Social Care Trust. A commitment was made to share the issues raised at the seminar with the Health and Social Care Leadership Council.

24 We have expanded our Welcome to UK Practice sessions for internationally qualified doctors and we are working with partners to embed these sessions in organisational induction programmes where possible.

25 Our Employer Liaison Advisers continue to support ROs in managing concerns at a local level. This includes advising on thresholds for the referral of doctors into our processes, reviewing our data on the number of referrals and discussing ways to address concerns at an early stage. We piloted a new RO referral form which contains new questions to ascertain whether a referral to the GMC is appropriate before it is made. This pilot finished on 18 October 2021 and we will share findings in due course. We have also developed a detailed set of questions for Employer Liaison Advisers to discuss with ROs to assess progress on the recommendations in the Fair to refer? report.

Changes to regulation and recognition of qualifications

Regulatory Reform

26 We submitted our response to the Department of Health and Social Care (DHSC)’s consultation, Regulating healthcare professionals, protecting the public, in June 2021 and we are now working closely with them on the draft legislation. Reform will help give more flexibility in fitness to practise and more streamlined routes to the register. It will also enable us to begin to regulate Medical Associate Professionals (Physician Associates (PAs) and Anaesthesia Associates (AAs)).

27 In September we shared our draft pre-qualification education framework for PAs and AAs. Developed with colleagues from the Royal College of Physicians, Faculty of Physician Associates, the Royal College of Anaesthetists, and universities with PA or AA courses, it is currently out for feedback. On 21 October 2021, we launched our
future professional standards for PAs and AAs - *Good medical practice for physician associates and anaesthesia associates.*

28 DHSC intends to publish its consultation response later this year. We continue to meet regularly with officials as they draft the new section 60 (s.60) legislation, which they expect to consult publicly on also later this year. Our planning for key milestones on the reforms which affect us is heavily dependent upon what is within the legislation and the approach that the UK Government takes to commencement dates.

**KPMG Review**

29 The UK Government has commissioned KPMG to explore whether the number of professional regulators should be reduced and provide options for how this might be achieved. This will inform the DHSC's long-term timetable for introducing reforms to other professional regulators after the GMC’s are completed. All UK healthcare professional regulators (excluding the Pharmaceutical Society of Northern Ireland and the Professional Standards Authority) are in the scope of the review. Their final report is likely to be submitted to DHSC and the Devolved Administrations in early December.

**Professional Qualifications Bill**

30 A Professional Qualifications Bill was introduced to the House of Lords on 12 May 2021. This Bill will create powers to revoke the interim system which is in place for the recognition of qualifications from the European Economic Area (EEA) and Switzerland and end the systematic disparity in the treatment of professional qualification holders from the EEA compared to those from other overseas countries. We worked with our cohort of medically qualified peers to press Lord Grimstone, the Minister responsible, to address the concerns we raised. We believe that the Bill could cut across our existing international routes to recognition for overseas qualified doctors by preventing us from assuring ourselves of the knowledge, skills and experience of these doctors. In order to mitigate our concerns, Government submitted a set of amendments which were subsequently adopted.

31 We have met with the Minister to raise the wider issue of Government negotiations in international trade agreements where we have similar concerns to the Professional Qualifications Bill. The Department of International Trade has now agreed to create a formal consultative group for regulators to provide input on the issue of professional qualifications in trade negotiations.
Regulatory alignment progress in Northern Ireland

32 Since March 2021 we have provided secretariat and co-Chairing of the monthly meetings of the re-established Northern Ireland Joint Regulators’ Forum. The other members of the Forum are the Nursing and Midwifery Council (NMC), the Regulation and Quality Improvement Authority (RQIA), the Northern Ireland Social Care Council (NISCC), the General Dental Council (GDC), the Pharmaceutical Society of Northern Ireland (PSNI) and the Health and Care Professions Council (HCPC).

33 Members have agreed to progress the development of an Emerging Concerns Protocol for Northern Ireland and work collaboratively to increase the understanding of the benefits of regulatory alignment within the Northern Ireland Health and Social Care system.

34 We worked in partnership with members of the NI Joint Regulators’ Forum to facilitate a regulation focused seminar at the October 2021 NICON conference. The session explored themes of system improvement and our responses to Covid-19.

35 This session was an opportunity to demonstrate the role of regulation in supporting workforce retention and our commitment to sharing information and intelligence to enhance patient safety.

Inquiries and Reviews in Northern Ireland

36 We continue to monitor the progress of Northern Ireland’s health and social care Inquiries and Reviews. An introductory letter has been sent to the Urology Inquiry, which commenced on 6 September 2021. We continue to consider our engagement with the Muckamore Abbey Hospital (MAH) Inquiry which commenced on 11 October 2021.

37 The Medical Practitioners Tribunal Service (MPTS), the UK’s tribunal service for doctors, granted an application by Dr Michael Watt for voluntary erasure in October 2021. We made the case that voluntary erasure should not be granted and are extremely disappointed that the MPTS has allowed Dr Watt’s application. We felt it was in the public interest for the allegations to be heard by the tribunal in an open and transparent way.

38 Patients of Dr Watt have suffered immense harm and our thoughts are with them and their families. We will continue to support the Independent Neurology Inquiry in any way that we can.

39 In August 2021, we submitted a response to the DoH (NI) consultation on proposals for a statutory Duty of Candour (DoC) and a Being Open Framework. Our response began by acknowledging how difficult and distressing the deaths of children,
investigated by the Inquiry into Hyponatremia-related Deaths, continue to be for their families.

40 We restate our view that a statutory DoC for individuals, with criminal sanctions attached, is unlikely to drive the culture change that’s needed to support doctors in being open and honest. We emphasise that the cultural environment within which health professionals’ work is by far the biggest determinant of quality and patient outcomes.

**Review of Good medical practice (GMP)**

41 We are currently reviewing our core ethical guidance for doctors, *Good Medical Practice* (GMP) and its related explanatory guidance. The review is in its scoping phase, including intelligence gathering and stakeholder engagement. We have considered the implications of the early findings from the scoping and research for the future model, style, tone and scope of our professional standards, and how we can most effectively position the standards as empowering, enabling and supportive of good practice.

42 We have set up an independent, external task and finish advisory group, chaired by Professor Emma Cave. Eileen McEneaney MBE, Northern Ireland NMC Council Member, is also a member of the advisory group.

43 We will engage closely with stakeholders for views on the guidance as we progress through the consultation phase. If you would like to join the Community of Interest to receive regular updates or to be actively involved in our review, please complete the survey [here](#).