

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 134

Ymateb gan: | Response from: Y Cyngor Meddygol Cyffredinol | General Medical Council



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Dear Mr Russell George, MS

Thank you for the opportunity to respond to the Health and Social Care Committee's call for views on its forward programme. We are pleased to see that the health and social care workforce is included in the Committee's initial seven priorities and it is this priority that we will provide further comment in our response.

We are the independent regulator for doctors in the UK and our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. Although we aren't responsible for workforce planning, we have a keen interest in it as we know that a sustainable and supported workforce is vital to delivering good patient care and improved patient safety.

Our data illustrates the make-up of the medical workforce in Wales and our research captures wider issues around culture, wellbeing, and leadership in both working and training environments. GMC Wales works with every health board, trust, medical school and other healthcare regulators ensuring effectiveness and support in a devolved environment. The pandemic has brought specific challenges to the NHS in Wales, disrupting services, impacting staff and patients and putting the whole system under severe pressure to respond quickly and effectively. We've seen the impact on workload and wellbeing, and the disproportionate effect on ethnic minority communities has been particularly notable.

Holding an evidence session on the new Workforce Strategy is a good starting point and we would like the Committee to continue in its scrutiny of the workforce during the sixth term specifically around recruitment and retention; culture and wellbeing; equality and diversity; and training and progression.

In the following pages, we outline our concerns in these areas and what our data and intelligence are telling us. We also suggest specific areas that the Committee can further scrutinise.

Yours Sincerely

Sara Moseley

Head of GMC Wales

GMC Response to the HSC Committee forward work programme

When reviewing the health and social care workforce we would suggest that the Committee look specifically at the areas that we have listed below:

- Due to the high reliance in Wales on our EEA workforce, the Committee should scrutinise the impact that the UK's exit from the EU has had on the medical workforce, particularly during the progress of the Professional Qualifications Bill in the UK Parliament.
- How 'Train, Work, Live' is delivered and if there is adequate support for International Medical Graduates (IMGs)
- To what extent the Health Boards are planning their workforce needs, and how they ensure those who train in Wales have jobs that keep them in Wales, including Physician Associates and Anaesthesia Associates (PAs and AAs)
- To what extent HEIW's Compassionate Leadership principles have been embedded in Health Boards and the impact that this has had
- What is being done to reduce workload pressures for trainee doctors, including the health board compliance with the fatigue and facilities charter.
- To what extent are we working to welcome and induct doctors into the workforce and how much this is supporting a positive culture, better team working, and improved wellbeing as well as how much is it being used to prevent problems arising.
- To consider the treatment of ethnic minority staff in our workplaces and what is being done to address discrimination against the targets of the Race Equality Action Plan.
- The effectiveness of the SAS Doctor contract and the SAS Doctor Charter, including the awareness of the Charter and the uptake of its commitments
- The longer-term impact of the pandemic on trainee progression and what considerations have been made moving forward in respect to exams and progression.
- To consider later on in the sixth term the targets against the Race Equality Action Plan regarding addressing differential attainment.
- To consider how the medical school in North Wales could contribute to an increase in the medical workforce.

Recruitment and Retention

Recruitment and retention are the biggest workforce issues facing the NHS in Wales. Our data show that over a quarter (28%) of registrants in Wales are 50 years or older and that between 2018 and 2021 the number of doctors in training fell by 4%.

In addition to an ageing medical workforce, we also see many younger doctors leave our register. Our joint *Completing the Picture* research* to be published later this year shows that a large number of working age doctors are choosing to stop practising right across the UK. Many international graduates are returning to their country of origin, and many doctors are also practicing abroad temporarily or relocating to another country.

This should be a particular to concern to the NHS in Wales. Our register shows that Wales is an attractive location for International Medical Graduates (IMGs) and doctors from the European Economic Area (EEA). In Hywel Dda, the proportion of doctors in these categories is the highest in the whole of the UK with just over half (54%) being either IMGs (42%) or EEA (12%) doctors.

The pandemic has placed additional strain on the flow of non-UK doctors onto our register, although we have done everything in our power to deliver the relevant tests to continue to meet demand. The exit of the UK from Europe could bring additional challenges as well as opportunities. The UK Government has put in place legislation to allow the GMC, and other healthcare professional regulators, to continue to recognise European qualifications following the end of the EU exit transition period on 31 December 2020. This new legislation commenced on 1 January 2021 and means that for the time being the GMC can continue to automatically recognise doctors who have qualified in Europe for a period of up to two years.

However, more could be done to encourage home-grown talent. 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.

In July 2019, the Department of Health and Social Care (DHSC), with the support of all UK governments, asked us to regulate physician associates (PAs) and anaesthesia associates (AAs). PAs are dependent practitioners. They work in a range of specialties across the four countries of the UK, in both secondary and primary care. They take histories, examine, diagnose and manage the treatment of

* In collaboration with the Special Education Bodies, including Health Education and Improvement Wales.

patients. AAs support the delivery of general anaesthesia and critical care. They perform post-operative assessments and interventions under the supervision of a consultant anaesthetist.

PAs and AAs work as part of a multidisciplinary team and complement the work of doctors, yet we find that upon completing their training many will move away from Wales as there are no jobs for them.

- *Due to the high reliance in Wales on our EEA workforce, the Committee should scrutinise the impact that the UK's exit from the EU had had on the medical workforce, particularly during the progress of the Professional Qualifications Bill in the UK Parliament.*
- *The Committee could consider how Train, Work, Live is delivered and if there is adequate support for International Medical Graduates.*
- *The Committee could consider to what extent the Health Boards are planning their workforce needs, and how they ensure those who train in Wales have jobs that keep them in Wales. This includes Physician Associates and Anaesthesia Associates (PAs and AAs), key professions in the workforce that will soon be regulated by the GMC.*

Culture and wellbeing

We recognise now more than ever that the NHS needs to be a compassionate employer, driven by compassionate leadership to encourage kindness, civility and collaboration. 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. We welcome that HEIW has produced Compassionate Leadership principles which they plan to embed in the Local Health Boards. We believe that Wales is paving the way for the rest of the UK.

However, we know that the pressures in the NHS have created difficult environments that makes it difficult to encourage compassionate behaviours. We have seen over the years that trainee doctors in particular are struggling under immense pressure, even prior to the pandemic.

Every year we conduct our [National Training Survey](#) 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.

Over 63,000 trainers and trainees took part in our 2021 National Training Survey, giving us the most complete picture so far of how the pandemic has impacted training, wellbeing, and workload. Results show that three in five trainees in the UK always or often feel worn out and 44% find that their work is emotionally exhausting to a high/very high degree. In Wales, 40% state that they find their workloads either “Heavy” (31%) or “Very Heavy” (9%). This response has been consistent over the past four years.

What would aid in easing workforce pressures is good quality inductions. We have long-standing general concerns around the quality, timing, content and availability of inductions for new starters, especially those entering NHS Wales from overseas, and those returning to practice after a break. In 2020, we commissioned research* into the barriers to good quality inductions and how these impact on doctors and ultimately on patient safety. 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.

- *The Committee can scrutinise to what extent HEIW’s Compassionate Leadership principles have been embedded in NHS Wales and the impact that this has had.*
- *The Committee can look at what is being done to reduce workload pressures for trainee doctors, including the health board compliance with the fatigue and facilities charter.*
- *The Committee can consider to what extent are we working to welcome and induct doctors into the workforce and how much this is supporting a positive culture, better team working, and improved wellbeing as well as how much is it being used to prevent problems arising.*

Equality and diversity

The medical workforce is becoming more diverse so equality and diversity must be prioritised by Health Boards to ensure that environments are supportive and protective. Our report into the [State of Medical Education and Practice in the UK](#) (SoMEP) showed that a majority of new joiners to our UK register in 2020 (61%) identify as BME, compared to 44% in 2017 with more IMGs joining the workforce this year than UK and EEA graduates combined.

* <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction>

In 2020, 27% of all licensed doctors working in Wales were IMGs and 31% of doctors were from BME backgrounds. HEIW data show that IMGs make up 50% of those entering GP training in 2021 in Wales.

In Wales, we also rely heavily on speciality associate specialists (SAS doctors) and locum doctors, with a significant proportion of these doctors being from BME backgrounds. Despite their vital contributions to the NHS, according to our 2019 [SAS and LE Doctor Survey](#), many feel undermined and/or that they have limited opportunities for professional development.

Our Clustering Report shows that one of the three clusters identified from the demographics of the respondents show significant cause for concern. This cluster comprises mainly minority ethnic, male doctors who have spent a significant length of time practising in the UK. Their responses show the most unfavourable of experiences particularly in relation to their environment and teamwork.

- *At a later point in the sixth Senedd term, the Committee could consider the treatment of ethnic minority staff in our workplaces and what is being done to address discrimination against the targets of the Race Equality Action Plan.*
- *The Committee could consider the effectiveness of the new SAS Doctor contract and the SAS Doctor Charter, including the awareness of the Charter and the uptake of its commitments.*

Training and progression

The pandemic has caused disruption to trainee progression. Junior doctors must balance heavy workloads with a depleted workforce and have been deployed to areas that have needed them most. This has impacted on access to training opportunities and attendance in mandatory training with clinicians has also been compromised, impacting on trainees meeting minimum requirements for supervision.

Data we hold on differential attainment highlight the barriers that existed even prior to the pandemic 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.

We are pleased that the Welsh Government's draft *Race Equality Action Plan* recognises the level of commitment to address the issues which give rise to differential attainment and the different experiences that disadvantaged groups have during their training and we are keen to work with HEIW to address these issues.

- *The Committee could consider the longer-term impact of trainee progression and what considerations have been made moving forward in respect to exams and progression.*
- *As above, the Committee could consider later on in the sixth term the targets against the Race Equality Action Plan regarding addressing differential attainment.*
- *The Committee could consider how the medical school in North Wales could contribute to an increase in the medical workforce.*