Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar y gweithlu Iechyd a Gofal Cymdeithasol

This response was submitted to the Health and Social Care Committee consultation on Health and Social Care Workforce

HSC 40

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

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General Medical Council

08 October 2021
By email: SeneddHealth@senedd.wales

Dear Mr Russell George, MS

Thank you for the opportunity to respond to the Health and Social Care Committee's call for evidence to the inquiry on the joint workforce strategy *A Healthier Wales: our workforce strategy for health and social care*.

As the UK-wide healthcare regulator, our role is to protect, promote and maintain the health and safety of patients and improve medical education and practice. We have an interest in supporting good workforce environments as they can impact the quality of patient care and safety and medical education and training.

We are pleased that the Committee is focusing on workforce early in the Senedd term as this is at the heart of good medical practice and care. We work closely with HEIW, Local Health Boards and other regulators to support the current and future medical workforce and include examples in our response to help inform your inquiry.

We would like to draw out in particular:

- The need for enhanced support for doctors who join the Welsh medical workforce having graduated overseas (32% of the Welsh medical workforce)
- Using the data and insights gathered by the GMC systematically to learn and improve, including doctor wellbeing and feelings of psychological safety
- Looking ahead to regulatory reform to support greater flexibility and more streamlined and compassionate processes

We have also included a copy of our response to the Committee's consultation on Priorities for the sixth Senedd in an Annex, for ease of reference.

Please contact me or a member of GMC Wales if you would like further details on any of the initiatives.

Yours sincerely,

Head of GMC Wales

GMC Response to the Committees Call for Evidence on the Workforce Strategy

1. We responded to the Welsh Government's consultation on the draft Workforce Strategy in 2019, highlighting that the themes identified are vital to developing a workforce that can meet the needs of the population.

2. We agreed that the wellbeing of the workforce must be at the heart of the strategy. We said that we supported the strategy's aim to develop flexible learning pathways and embed continual professional development and that we fully supported the strategy's emerging priorities to develop multi-professional learning and team working to deliver person centred care.

3. Although we haven't seen details of the strategy's implementation plans, we have worked with HEIW on joint initiatives to help support the workforce, particularly during the pandemic.

Sharing our data and insight

4. We regularly share with HEIW data on our register of practicing doctors in Wales, and the insight that we have gathered on the workplace through research and engagement with doctors at the coalface. Our data and insight illustrate the make-up of the medical workforce in Wales and the wider issues around culture, wellbeing, and leadership in both working and training environments. All of this can be used to help inform implementation plans.

Enhanced Monitoring

5. Trainee doctors are our future workforce, and they must be well supported if we want them to stay in Wales. We work with HEIW to make sure the standards we set for medical education and training are met, and that appropriate action is taken when our standards are not met. HEIW provide us with updates on action they take where there are concerns, and where additional support from the regulator is required to provide enhanced monitoring support. We also work with medical schools to ensure they are meeting our standards for undergraduate and postgraduate medical education.

6. There are currently five enhanced monitoring cases in Wales, and in each of these cases we receive more frequent updates from HEIW on progress. We can also join HEIW-led visits to check on progress. Such activity continues until we are satisfied the original issue has been sustainably addressed. In addition to updates from HEIW on their Quality Monitoring activity, we use NTS data to help check on progress addressing known concerns, and to identify new concerns where our standards are not being met. We share and discuss this information with HEIW, which informs the work of both organisations. The

results of our most recent NTS for 2021 highlighted the need to address intense workplace pressures and record levels of burnout as reported by trainees during the pandemic.

7. Our data and wider intelligence gathering provides us with a rounded view of working environments and helps us identify specific issues around trainee progression, workload, and workplace cultures. HEIW and GMC Quality Assurance teams work together to identify sites of particular concern and we conduct joint visits, working together with Health Boards through our support and advice on our guidance until we are satisfied that improvements have been made.

Fair Training Cultures – Tackling the ethnic attainment gap

8. HEIW plays a leading role tackling the barriers experienced by ethnic minority students. They have access to our data dashboard which holds information on the scale of differences in exams, Annual Review of Competence Progression, and NTS overall satisfaction scores by ethnicity and place of primary medical qualification in each training programme across the UK. The barriers experienced by ethnic minority students are highlighted by our data on exam pass rates across all medical specialties for trainees in Wales, with BME trainees having a pass rate 15% lower than white trainees.

9. We are pleased that Welsh Government and HEIW have a commitment in the draft Race Equality Action Plan to create a fair and equitable training culture and address the attainment gap that we have identified in our data and research. We see HEIW as a key partner in achieving this, and in our own target to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031.

Completing the Picture Survey

10. This year we collaborated with Special Education Bodies across the UK, including HEIW, to gain insight into why doctors, who previously practicing in the UK, decided to leave the register, and if they are likely to return. This research (to be published in early October) will enable education bodies and Governments to inform policy decisions around retention and to provide quality return programmes that they may offer to those wishing to return to work.

Pandemic response

11. We worked closely with HEIW, other UK Statutory Education Bodies, the Academy of Medical Royal Colleges and trainee representatives in the UK throughout the pandemic to adapt medical education and training to enhance workforce flexibility. We introduced derogations, implemented more flexible learning opportunities, supported trainees with practical challenges and granted provisional registration where appropriate to meet record patient

demand for frontline services. A total of 379 doctors from Welsh medical schools were granted provisional registration in 2020. The most recent statement on derogations was published on 17 September.

12. We will continue to monitor and review the need for the derogations and the GMC will only remove derogations after this has been fully discussed by ourselves and the wider system including individual medical royal colleges and faculties.

13. The temporary derogations introduced have included:

- Postgraduate curricula and assessment
- The Annual Review of Competency Progression (ARCP)
- Adapted panels and outcomes
- Progression without exams
- Progression without having gained expected capabilities/competences or without sufficient evidence
- Progression with alternative evidence of capability

14. Our response to the pandemic has also included changes to assessments, including online assessments to support trainees and we continue to review the need to extend them where necessary as part of a more flexible long-term approach.

15. We granted provisional registration where appropriate to meet record patient demand for frontline services. In total, we granted more than 7,000 medical students in the UK with provisional registration, including 379 doctors from Welsh medical schools in addition to providing temporary registration to more than 1,000 doctors in Wales to re-join the medical register.

Workforce Wellbeing

16. The 2021 NTS results highlighted the need to address intense workplace pressures, with trainees reporting record levels of burnout as a result of the pandemic. Increases in levels of burnout and fatigue were greatest amongst some of the specialties who had to make the most changes, such as General Practitioners and public health doctors. The results also highlight the importance of workforce wellbeing to training recovery plans and the importance of our work with HEIW to identify and address key issues reported by trainees.

17. HEIW Compassionate Leadership principles and the work they have led with Michael West is 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.

18. We have invited HEIW to be part of our Compassionate Leadership Workstream because we value their expertise in this area. We are pleased to be engaging with HEIW on their clinical leadership agenda and are about to embark on a project led by our joint GMC/HEIW Clinical Fellow on identifying what makes for a positive and inclusive work experience for SAS (Staff Grade, Associate Specialist and Specialist) doctors, many of whom come to Wales having graduated overseas.

19. A key component of this work will be understanding the barriers to gaining leadership experience and its importance in fostering a culture of compassionate leadership, which holds diversity as one of its core values.

International Medical Graduates

20. The medical workforce in Wales is highly reliant on International Medical Graduates (IMGs). They are a crucial and very valuable part of our healthcare system. This reliance is greatest in the North and West where, in Betsi Cadwaladr and Hywel Dda University Health Boards, we see 38% and 42% respectively of the medical workforce come from abroad (not including EU graduates). Our data also show that the number of IMGs entering our register is increasing. In 2020, more IMGs joined the workforce than UK and EEA graduates combined.

21. Our research shows that IMGs and doctors from ethnic minority backgrounds are less likely to feel supported than their white counterparts, feel more vulnerable and are more likely to be complained about by patients.

22. Our report '*Fair to Refer*' showed that early support was a crucial component in addressing issues before they become serious. This includes making sure that doctors are welcomed and inducted into the health service, community and culture in Wales when they first arrive to work here. The GMC has developed a 'Welcome to UK Practice' module as part of the training and support we provide doctors and medical students in understanding and meeting the standards we set. We are pleased that HEIW recognise this and are developing a week-long induction programme for IMGs to ensure that they feel supported and connected as soon as they begin working in the NHS in Wales.

23. We are already supporting Local Health Boards across Wales and are working with HEIW to consider including in their induction programme our Welcome to UK Practice (WtUKP) and other sessions. The sessions are free and tailored to working in Wales.

24. **Regulatory Reform and MAPs**

25. 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 Medical Associate Professionals (MAPs) (Physician

Associates (PAs) and Anaesthesia Associates (AAs), including quality assuring the PA courses currently delivered at Swansea and Bangor.

26. PAs and AAs 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 support HEIW's comments around the need for Health Boards and all who plan healthcare workforces to include PAs and AAs in future workforce planning and the need to improve the retention of PAs and AAs who train and qualify in Wales. We will continue to work with HEIW's MAPs lead to provide support where we can.

Conclusion

27. We welcome the key themes within the Strategy and fully support the need for inclusive workforce environments to facilitate the provision of quality patient care and safety.

28. We also recognise the role we can play as a regulator in supporting post-pandemic planning and highlight our work with HEIW towards ensuring the development of a workforce able to meet the needs of the population.

Annex:

GMC Response to the HSC Committee forward work programme

Submitted on 24 September 2021 by email: SeneddHealth@senedd.wales

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

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 patients. AAs support the delivery of general anaesthesia and critical care. They

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

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.

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

* 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

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 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.*