

Medical
Protection



Priorities for the next
Government
2024 General Election

May 2024

What we are calling for

After the upcoming general election, the government will have the opportunity and need to address a range of issues impacting healthcare professionals and patients. Healthcare services continue to be under considerable strain. The Covid 19 pandemic and its aftermath has had a profound impact on healthcare professionals, systems and patients, and it has also meant that some important policy issues where reform is long overdue have not been properly addressed.

At Medical Protection, we have a particular perspective on the reforms needed. We see first-hand the impact that disciplinarys, GMC investigations and other matters have on members, and how these could be handled better. We support members during their darkest times and we have a good view of the support they need for their mental wellbeing. We also see the impact that working in under resourced or unsupportive environments can have on healthcare professionals and their patients.

This document set out the reforms we think should be prioritised in order to improve accountability (ensuring the ways doctors are held to account are fair, sensitive and proportionate), support the wellbeing of healthcare professionals, and support and develop the workforce. Progress in these areas would improve patient care, as healthcare professionals who are happy and supported find it much easier to be compassionate and provide safer care, and healthcare professionals who are not excluded from clinical practice for longer than necessary are able to continue doing the best for their patients.

Accountability	Wellbeing	Workforce
<ul style="list-style-type: none"> ▪ Reform the General Medical Council - including the urgent removal of the GMC’s right of appeal over fitness to practise decisions. ▪ Improve the conduct of NHS disciplinary investigations - through dedicated work with NHS England to improve the application of standards, scrutiny of process and adherence to timelines. ▪ Tackle the rising cost of clinical negligence - by publishing a joint strategy by the health and justice departments. ▪ Stop the criminalisation of medical error - by reviewing how the law on Gross Negligence Manslaughter in England and Wales can be reformed, so that charges are only brought against doctors if an act is proved to be intentional, reckless or grossly careless. 	<ul style="list-style-type: none"> ▪ Local access to mental health support for NHS staff – the government and NHS England working together to ensure long-term, ringfenced funding to integrated care systems to enable equity of access to mental health services. ▪ Continued access to NHS Practitioner Health – a government and NHS England commitment to ensuring funding is made available for the continued provision of this vital service for healthcare professionals in primary and secondary care beyond April 2025. ▪ Encourage NHS organisations to ensure wellbeing support is in place - government and NHS England consideration of a range of measures that would incentivise prioritisation of wellbeing support by NHS organisations to healthcare professionals. 	<ul style="list-style-type: none"> ▪ Maintain and grow the numbers of doctors trained in the UK - implementing the NHS workforce plan to create 15,000 medical school places by 2031. ▪ Retain NHS staff - developing a dedicated NHS retention strategy which grasps at the root the issues that cause healthcare professionals leaving or consider leaving healthcare. ▪ Properly support IMGs from the moment they arrive in the UK – working with NHS England to require that Trusts establish a thorough and standardised approach to induction, based on ‘Welcoming and Valuing International Medical Graduates’. ▪ Value and support SAS and LE doctors, by enabling better access to training opportunities, career development and providing job security.

Accountability

Medical Protection recommends that the government:

- **Reform the General Medical Council** - including the urgent removal of the GMC's right of appeal fitness to practise decisions.
- **Improve the conduct of NHS disciplinaries** - through dedicated work with NHS England to improve the application of standards, scrutiny of process and adherence to timelines.
- **Tackle the rising cost of clinical negligence** - by publishing a joint strategy by the health and justice departments.
- **Stop the criminalisation of medical error** - by reviewing how the law on Gross Negligence Manslaughter in England and Wales can be reformed, so that charges are only brought against doctors if an act is proved to be intentional, reckless or grossly careless.

Doctors expect to be accountable for the healthcare they provide. They also have a right to expect that when they are held to account it is done in a way that is fair, proportionate, efficient and sensitively handled. Sadly, we see first-hand when supporting doctors through various processes that this is not always the case.

There are a wide range of ways in which doctors are held to account ranging from employer disciplinaries, GMC investigations, clinical negligence claims – and in the most extreme of cases - criminal charges. Each of these areas are in need of reform.

We recently surveyed members who had been subject to a **General Medical Council** investigation, which revealed that 91% found the investigation caused them stress and anxiety, 64% said it impacted on their personal life and nearly a third (31%) said they experienced suicidal thoughts. We have set out a range of recommendations and have had constructive discussions with the GMC about how they can improve their processes. They need to continue this work. They do however also need government action to reform their powers. The GMC works within the confines of legislation that is over 40 years old, and which is overly prescriptive and prolongs the process.

As an immediate priority, the next government should act on the long overdue commitment to remove the GMC's right of appeal over decisions made by the Medical Practitioners Tribunal Service (MPTS). This was a central recommendation of the Williams Review¹ – and has been a government commitment since 2018, but the legislative amendments are still yet to be introduced. It is vital this happens without further delay, as it is an important step in rebuilding trust between doctors and their regulator. The next government should also advance reforms to the Medical Act aimed at enabling wider improvements to how investigations are handled.

We also have concerns about the conduct and **impact of disciplinary investigations** within the NHS. Whilst standards are laid out in Maintaining High Professional Standards (MHPS), the application of this is not monitored and is patchy across the country. We find that investigations can run into months or years and that there is very limited standardised reporting of disciplinaries within the NHS. We see first-hand the impact this has on members in these circumstances. There can also be a significant impact on their patients, particularly where the doctor is excluded from some or all forms of clinical practice.

A cross government strategy is also needed in relation to **clinical negligence claims**. The cost of claims to the NHS in England came to £2.64 billion between 2022-2023², which was 9.4% up on the previous year and if recent trends continue this is set to double in the next decade, rising to £4.6 billion³. This impacts on the amount of funding that could be otherwise available to provide NHS care. This also

¹ Gross negligence manslaughter in healthcare. The report of a rapid policy review. June 2018. Pg.8

² NHS Resolution Annual Report 2022/23

³ House of Commons Health and Social Care Select Committee, 'NHS litigation reform', April 2022

impacts on healthcare professionals who are not covered by a state-backed indemnity scheme and who bear the cost of protecting themselves from clinical negligence claims.

A balance must be struck between compensation that is reasonable but also affordable. Legal reforms are required that would ensure that the systems in place work for healthcare professionals and patients alike. A joint Department of Health and Social Care and Ministry of Justice strategy is long overdue. Amongst other things, we believe such a strategy should advance the case for a fixed recoverable costs scheme for clinical negligence claims up to a value of £100,000 to stop disproportionate legal fees being charged, as well as reforms to avoid patients who are higher earners receiving more from the NHS in compensation than lower earners for a similar claim.

Finally, we believe an in-depth review is needed to **stop the criminalisation of medical error**. The legal bar for conviction in England and Wales – which does not require intent or recklessness or a public interest test – is too low and is resulting in good doctors being criminalised for unintentional and often system-wide mistakes. Whilst it is rare for a doctor to face criminal charges in relation to their treatment of a patient who dies, when it happens it is hard to see who benefits. The family have lost a loved one through tragic circumstances, a doctor may lose their career and face a jail sentence, the wider medical profession becomes greatly concerned and fear of personal recrimination becomes increasingly embedded across healthcare. Action is needed to address this.

Wellbeing

Medical Protection recommends that the government works with NHS England and a range of other stakeholders to ensure:

- **Local access to mental health support for NHS staff** - working with NHS England to secure long-term, ringfenced funding to integrated care systems to enable equity of access to mental health services.
- **Continued access to NHS Practitioner Health** – we urge that funding is made available for the continued provision of this vital service for healthcare professionals in primary and secondary care beyond April 2025.
- **Encourage NHS organisations to ensure wellbeing support is in place** - we recommend that the government and NHS England consider a range of measures that that would incentivise prioritisation of wellbeing support by NHS organisations to healthcare professionals.

It is a paradox that while modern medicine allows doctors to do more for to improve their patient’s lives than ever before, mounting evidence shows that doctors feel stressed, burnt out and unable to cope in ever greater numbers.

In a recent survey of MPS members in the UK⁴, nearly half of healthcare professionals (46%) told us their mental health was worse at that point than it was during the pandemic. 43% said not being able to do the right thing for patients, or ‘moral injury’, is impacting their mental health, and others pointed to the impact of exhaustion on patient safety (47%).

The recent NHS Staff Survey⁵ also found that 42% of staff reported feeling unwell because of work-related stress over the last 12 months, while 30% often or always felt burnt out.

When mental health is poor, it is of course worrying for the individual. Poor mental health can also affect how healthcare teams operate and can jeopardise patient care. Without support, healthcare staff can need extended periods of time off work which can disrupt the provision of safe patient care.

⁴ The Medical Protection survey was completed by 861 doctors in the UK. The survey was in the field during April 2023.

⁵ NHS Staff Survey 2023. Available at: <https://www.nhsstaffsurveys.com/results/interactive-results/>

In 2022, 6 million NHS working days were lost in total to mental health and wellbeing reasons⁶. Mental health as a reason for all sickness absence also rose from 23.3% in January 2023 to 27.4 per cent in June 2023, accounting for nearly 3 million full time equivalent days lost.

There is also a relationship between mental wellbeing support and staff retention, as was acknowledged in the recent NHS workforce plan. Worryingly, in MPS's survey 43% of respondents said they are considering their future in healthcare due to mental health concerns.

Skilled, passionate healthcare workers all over the country, who have a long career in healthcare ahead of them, report being on the verge of quitting due to mental wellbeing issues.

It is ethically right that society invests in caring for those who care for us, however, sustained investment in mental health support for NHS staff is also a fundamental pillar of retention and it should be treated as such. Research shows that for every £1 spent⁷ on workplace mental health interventions, £5 is saved. It is critical that policy makers across all parties start thinking long term on this issue.

Access to mental health support for NHS staff is vital, wherever they are in the country, and we urge the government to work with NHS England to ensure long-term, ringfenced funding to integrated care systems to provide equity of access to mental health support for all NHS and social care staff and to help safeguard the mental health of the workforce.

We also urge them to work together to ensure sustained funding for **NHS Practitioner Health**, which provides a vital NHS mental health and addiction service with expertise in treating health and care professionals. NHS England confirmed in April 2024 that the service would continue to be available for existing and new patients working in primary and secondary care while it carries out a wider review of the staff support offer for mental health. We urge that funding for this vital service continues.

We recommend that the government and NHS England consider a further range of measures that would **incentivise NHS organisations to prioritise wellbeing support**. This could include legislation to ensure that CQC investigations assess the extent to which healthcare providers look after the wellbeing of their doctors and other healthcare professionals, and mandating that all NHS Trusts have KPIs or corporate objectives linked to staff wellbeing.

Workforce

Medical Protection recommends that the government works with NHS England and other stakeholders to achieve the following:

- **Maintain and grow the numbers of doctors trained in the UK** - implementing the NHS workforce plan to create 15,000 medical school places by 2031.
- **Retain NHS staff** - developing a dedicated NHS retention strategy which grasps at the root of the issues that cause healthcare professionals to leave or consider leaving healthcare.
- **Properly support IMGs from the moment they arrive in the UK** – working with NHS England to require that Trusts establish a thorough and standardised approach to induction, based on 'Welcoming and Valuing International Medical Graduates'.
- **Value and support SAS and LE doctors**, by enabling better access to training opportunities, career development and providing job security.

⁶ Nuffield Trust, June 2023. Available at: <https://www.nuffieldtrust.org.uk/news-item/nhs-in-england-grappling-with-difficult-new-normal-as-staff-sickness-soars-post-pandemic>

⁷ Deloitte, Mental Health and Employers. January 2020. Available at: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>

Supporting and developing the medical workforce is key to the delivery of timely and effective care to patients. This should include increasing the number of doctors we train, supporting those who come to the UK, retaining valued members of our medical workforce, and creating opportunities for development.

The NHS England long-term workforce strategy published in 2023 confirmed a welcome intention to significantly **increase the number of medical school places in the UK**. With recent reports suggesting there will be significant challenges with increasing this number to 15,000 by 2031⁸, it is important that increases in the number of doctors, dentists and other healthcare professionals entering the profession are prioritised throughout the next Parliament.

Significant action is also needed to address the **retention of healthcare professionals** working in the UK. The NHS England long-term workforce plan was light on detail regarding the actions needed to retain much of our current workforce, and a clear plan is needed. This should include comprehensive mental wellbeing support for staff as detailed above.

International Medical Graduates are a vital part of our workforce; in 2022, more than half (52%) of the doctors who joined the workforce were overseas graduates⁹. The support they receive when they arrive in the UK is however very variable. Medical Protection supported the development of 'Welcoming and Valuing International Medical Graduates: A guide to induction for IMGs recruited to the NHS', which was published in 2022. We encourage the government to work with NHS England to ensure that Trusts establish a thorough and standardised approach to induction based on this programme.

Action is needed to recognise and support the development of **Specialist, Associate Specialist and Specialty (SAS) Doctors and locally employed (LE) doctors**. These doctors make up almost a quarter (24%) of the total UK medical workforce¹⁰ and are the fastest growing group. Despite their prevalence and skilled expertise, they face variable levels of support, job security training opportunities and career development. We support the 'SAS Six' proposals developed by the SAS Collective. These are:

- Early career SAS doctors should have access to educational supervisors.
- SAS doctors should have opportunities to become educators.
- All extended roles in leadership and management should be open to SAS doctors.
- Specialty doctors who meet the specifications should have the opportunity to become Specialists.
- All SAS doctors should have equity of access to professional development opportunities; and
- All locally-employed doctors employed for more than two years should be offered a SAS contract.

⁸ The Observer, February 2024. Available at: <https://www.theguardian.com/society/2024/feb/25/government-u-turn-on-plans-to-double-number-of-medical-students-in-england>

⁹ GMC Workforce Report 2023

¹⁰ Ibid