Royal College of Physicians | Northern Ireland

The time is now: 6 months on

Findings from the RCP president's 2022 Northern Ireland roundtable

Background

The Royal College of Physicians (RCP) represents 30 medical specialties and works to **educate** and support physicians; **improve** health and care and lead the prevention of ill health; and **influence** the way that healthcare is designed and delivered. More than 650 of our fellows and members work in Northern Ireland. This paper sets out the findings of a stakeholder roundtable discussion hosted by the RCP in Northern Ireland in September 2022.

In April 2022, we published *The time is now: an action plan to rebuild the health and care system in Northern Ireland* in collaboration with the royal colleges of physicians in Edinburgh and Glasgow.

Following the Stormont election on 5 May, we called on assembly members to work together to deliver a much-needed multi-year budget for Northern Ireland.

Findings from our roundtable

On 14 September 2022 more than 100 consultant physicians, staff, associate specialist and specialty (SAS) doctors, trainee physicians and medical students came together face to face for the first time in 3 years at our RCP Update in medicine in Belfast.

During the visit, RCP president Dr Sarah Clarke and RCP registrar Professor Cathryn Edwards hosted a private stakeholder roundtable with senior consultant physicians, HSCNI executives, academic sector leaders and government officials to discuss the challenges and solutions facing the Northern Ireland health and care system.

> ‘ We can move on things that are already in train. As long as it’s not something new, we can try to move things along. But [without a functioning executive] we are hamstrung in terms of what we can and can’t do, both politically and from a funding perspective.’
>
> – HSCNI leader

The biggest challenge in the short term

A functioning Northern Ireland executive is crucial for managing public services and passing a multi-year budget. Without a functioning government, there is no political stability and public services cannot plan for the long term: health and social care currently accounts for almost 50 % of the Northern Ireland budget. Patient demand is rising and healthcare reform is slow. Without a multi-year budget, HSCNI cannot expand the medical workforce, invest in new models of integrated care or tackle growing poverty and inequality (which itself puts huge pressure on the health service).

Over the course of the 2-hour private roundtable, we heard that:

- the lack of a functioning executive is the overarching issue facing HSCNI
- without a multi-year budget, HSCNI cannot invest in people, places or performance.

Recommendations

To support the HSCNI workforce, ministers should work with HSCNI to:

- act to resolve the pensions issue and boost consultant morale as an urgent priority
- develop an NI-wide updated workforce plan for health and social care that looks not only at education and training numbers, but also at the recruitment and retention of locally employed staff across the whole sector
- consider how workforce planning should account for not only projected demand, but also changes in working practices (eg flexible and less-than-full-time working)
- consider how to expand medical training places in a more coherent fashion
- understand why locum working is so popular in Northern Ireland and consider how to promote substantive consultant and nursing posts
- renew efforts to take an NI approach to sequencing the advertising of consultant posts to reduce and slow the movement of workforce between different HSC trusts
- consider incentive schemes for doctors-in-training to work in under-served areas
- work directly with clinicians to make training schemes more attractive
- evaluate the success of the single lead employer scheme over the coming months and use this learning to improve marketing and engagement with trainees
- improve the quality of foundation training and expand the number of medical school places at universities in Northern Ireland
- increase the exposure of trainees to a wider variety of specialties, especially smaller, undersubscribed specialties
- review bursary and higher education funding schemes for medicine, ensuring financial support for those in need and tying the argument to workforce retention
- consider how best to use the medical training initiative (MTI) scheme to develop and support the HSCNI workforce
- expand the use of other roles including physician associates and advanced nursing practitioners.

To support high-quality patient care, ministers should work with HSCNI to:

- implement the various reviews of health and social care that have been published
- conduct a bed stock review across HSC trusts based on up-to-date population modelling and patient demand
- take a whole-system approach and paint a regional case for change by collaborating on shared messaging around service change and system redesign
- ensure change is genuinely clinically led and clearly communicated
- move funding away from crisis management to proactive service development
- consider how intermediate care services, frailty front-door units, primary care and same day emergency care (SDEC) could contribute to reduced admissions and speedier discharge, especially among frail, older patients
- share good practice more effectively on innovative solutions to these issues eg proactive working with nursing homes to reduce ambulance callouts
- work with primary care to improve access to GP out-of-hours services.

To tackle the impact of inequalities, ministers should work with HSCNI to:

- use the proposed integrated care system to allocate funding according to population health needs in a local population
- take a cross-government approach to tackling health inequalities by bringing all commitments, targets and measures on reducing poverty into one overarching central delivery plan to ensure that everyone is working to the same end goal and improve accountability and performance.

Key findings

Supporting the HSCNI workforce

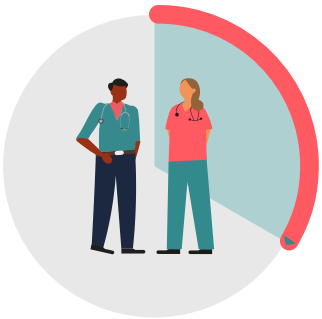
- It is now extremely difficult to recruit and retain staff, and there are big rota gaps for consultants and trainees in every hospital in Northern Ireland.

Headline figures from the RCP 2008–2021 AACs data toolkit

In 2021, only

27%

of advertised consultant physician posts in Northern Ireland were filled



with

33%

of unsuccessful appointments being down to a total lack of applicants

This is a frightening drop from 2008, when 83% of advertised posts were filled, or even just a few years ago in 2018, when the figure for Northern Ireland was 73%.

- Concerns about pay and pensions are cited as a major contributory factor.

‘ Physicians here feel very undervalued. We’re trying our best, but it’s extremely challenging. It’s taking a huge effort on our part to keep everything going.’

– consultant physician

- HSCNI relies excessively on a locum workforce, which is expensive and inefficient.

‘ We need to sit together [across the whole of NI] to find out what gaps are there, at what level, and then try to find a multi-pronged approach. We need long-term and short-term solutions – otherwise, we can’t do our clinics. We can’t do our jobs.’

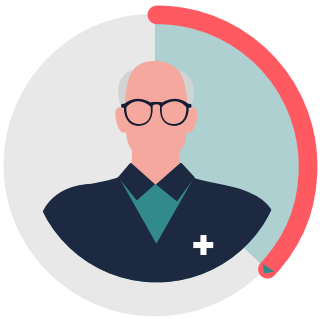
– consultant physician

- Without a reduction in workload, trainees won’t enter the medical specialties.
- Only around a quarter of foundation trainees in NI are continuing into higher training. The rest leave medical training (eg to become locums or work abroad).
- There is high satisfaction among undergraduate medical students in NI, but there are not enough medical school places to accommodate all the applicants. Around 190 students leave NI to go to medical school elsewhere, and only around a quarter ever return.
- The proportion of Queen’s University Belfast graduates who stay in NI for foundation training is dropping due to the quality of training, which has a very low satisfaction scoring.

‘ We have the opportunity and the capacity to provide a very high-quality educational experience for our students, but it becomes a leaky pipeline because nobody wants to stay in Northern Ireland now. That’s a huge change from 5 years ago, where we had the highest match in terms of graduates for our local medical schools staying locally. I think we do need to work out what can we do to enhance the foundation experience, because people do not want to move into specialty training. They feel that they’re completely burned out.’

– university leader

Headline figures from the 2021 consultant census for Northern Ireland



37%

of consultants in Northern Ireland will reach average retirement age in the next 10 years.

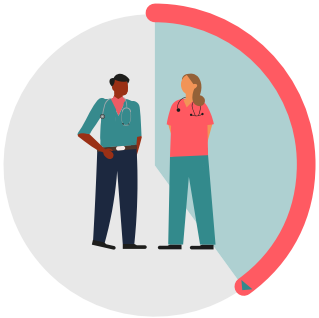
Only

42%

of consultants in took their full amount of annual leave in 2021.

53%

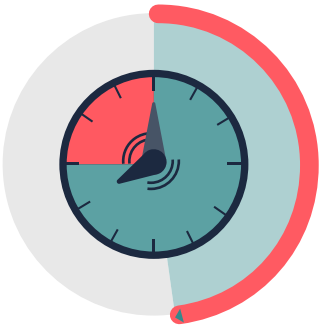
of consultants report daily or weekly trainee rota gaps.



40%

say they have substantive consultant vacancies in their department.

Headline figures from the 2021 higher specialty trainee census for Northern Ireland



48%

of higher specialty trainees (HST) in Northern Ireland would like to work less than full time. **52%** took their full amount of annual leave in the past year.

41%

say they almost never feel valued by their trust or hospital management and **28%** say they almost never feel in control of their workload.

41%

say they feel emotionally drained at work almost all or most of the time, **62%** are tired in the mornings before starting work, **58%** say they work excessive hours and **55%** have an excessive workload.

75%

report daily or weekly rota gaps. **82%** say they've missed out on training opportunities because of the COVID-19 pandemic.

Delivering high quality patient care

- Waiting lists are growing. Urgent slots are impossible to secure within 6 weeks.
- Ward rounds are routinely taking place in the emergency department (ED).

‘ The health service is under severe pressure with long waiting times because there are not enough people to do the work. There is definitely an impact on patient care; we are stumbling towards disaster.’

– consultant physician

- HSCNI is working to reduce waiting lists and improve capacity through:
  - buying as much additionality as possible
  - working with GIRFT to improve the system and share good practice
  - reorganising the system to deliver effectively and improve sustainability.

‘ We need to plan services and our workforce at a Northern Ireland level, not at an individual trust level. That’s what seems to be missing.’

– consultant physician

- The funding system is historical and overly complicated. Struggling services often receive more money, which is leading to problems with patient care. There is not enough strategic thinking about where investment should go.

‘ You to have to fail to actually get the Department of Health to take notice of you.’

– consultant physician

- Like elsewhere across the UK, there are major capacity issues in social care and the community. The number of frail older people in hospital is growing, which reduces the bed numbers available for new admissions, and leads to a backlog in the ED.

‘ We all know that the outcomes for outliers are much poorer than for those in the correct area. Patients are literally cheek by jowl in the emergency department – there’s no dignity. You can’t examine someone properly on your ward round because they’re stuck in the middle of the corridor.’

– consultant physician

‘ Because of the workforce challenges, we’re trying to do more with advanced nurse practitioners (ANPs) and physicians associates – anything to take the burden off our really strained consultant medical workforce.’

– HSCNI leader

- Social care workers are leaving the health and care system for jobs in other sectors, with low pay a key driver. NI could lead the way with a different model. Increasingly trusts are employing their own social care workers as part of a rapid response team.

Tackling the impact of inequalities

- Inequalities are a serious and growing problem in NI. In some areas, two-thirds of people are living with overweight or obesity, with the corresponding impact on diabetes and cancer rates. But the investment in services isn’t proportional to population health, especially where there are older people with additional needs.

Next steps

As a royal college, we will consider how we can support colleagues in Northern Ireland with evidence, data and best practice tailored to the region.

For example, our invited reviews service offers independent, expert and external consultancy to healthcare providers across the UK, giving organisations an opportunity to deal with issues and concerns at an early stage. Our Medical Workforce Unit collects data through the annual census of consultant physicians and higher specialty trainees in the UK and other membership surveys. The census is conducted on behalf of the Federation of the Royal Colleges of Physicians of the UK.

In the meantime, we will continue to engage with HSCNI, the civil service and members of the Northern Ireland Assembly, as well as our colleagues in other royal colleges and third sector organisations. The more we work together in partnership, the easier it will be to find collaborative solutions.

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