



Royal College
of Physicians



ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Talking with trainees

An evening of conversation with the three presidents
of the UK royal colleges of physicians

April 2023



Our call to action

We need a functioning Northern Ireland executive to deliver a multi-year budget.

A functioning Northern Ireland executive is crucial for managing public services and passing a multi-year budget. Without a multi-year budget, Health and Social Care Northern Ireland (HSCNI) cannot expand the medical workforce, invest in new models of integrated care or tackle growing poverty and inequality (which puts huge pressure on the health service). The lack of a functioning executive is the overarching issue facing HSCNI, because we cannot invest in people, places or performance without a multi-year budget.

Overview and background

In April 2022, the three UK royal colleges of physicians – the Royal College of Physicians (RCP), Royal College of Physicians of Edinburgh (RCPE) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG) – came together to publish *The time is now: an action plan to rebuild the health and care system in Northern Ireland* in which the colleges called for:

- > an updated health and social care workforce strategy for Northern Ireland, focused on recruitment and retention
- > a cross-government plan to tackle ill health and inequalities
- > a pandemic recovery plan that tackles growing waiting lists and diagnostic delays.

This was followed by *The time is now: Six months on*, which was published following a private stakeholder roundtable in Belfast hosted by RCP president Dr Sarah Clarke in September 2022.

Patient demand is rising; healthcare reform is slow. Doctors in Northern Ireland are warning that the HSCNI workforce is exhausted and reaching burnout. A year after the 2022 election, we have come together again to publish this updated call for action.

‘The biggest problem caused by having no functioning executive is the lack of budget planning. There is no chance for long-term thinking. We can’t discuss long-term workforce planning. We can’t implement any of the [Bengoa recommendations](#) without a multi-year budget.’

– trainee physician

Talking with trainees

On 1 March 2023, the three presidents of the UK royal colleges of physicians hosted an online event for doctors-in-training and specialty doctors across Northern Ireland. Chaired by Dr Aidan O'Neill, consultant in rheumatology and acute medicine and the current Academy of Medical Royal Colleges observer for Northern Ireland, it was attended by more than 30 people who shared their thoughts on topics as wide-ranging as the workforce crisis, medical education, waiting times and the pandemic backlog and the impact of health inequalities on the health and care system in Northern Ireland.

Dr Sarah Clarke is president of the Royal College of Physicians. She is a consultant cardiologist.

Professor Andrew Elder is president of the Royal College of Physicians of Edinburgh. He is a consultant geriatrician and the current chair of the Federation of the Royal Colleges of Physicians of the UK.

Mr Mike McKirdy is president of the Royal College of Physicians and Surgeons of Glasgow. He is a consultant surgeon.

Our top three priorities

- 1 Retention of the current workforce:** HSCNI should focus on improving staff wellbeing and keeping people in the workforce alongside expanding medical school places and recruiting staff from outside Northern Ireland.
- 2 Implementation of existing strategies:** it is time for strong leadership to drive forward and implement existing transformation strategies and regional working plans. HSCNI leaders across Northern Ireland must acknowledge the issues and work together towards a solution.
- 3 Share best practice and knowledge:** improving communication and building networks would inform a more positive message about Northern Ireland and would encourage more people to join the HSCNI workforce. There are huge benefits to living and working in Northern Ireland.

What are doctors in Northern Ireland telling us?

53% of consultant physicians report daily or weekly trainee rota gaps.

40% of consultant physicians say there are substantive consultant vacancies in their department.

28% of higher specialty trainees (HSTs) say they almost never feel in control of their workload.

41% of HSTs say they feel emotionally drained at work almost all or most of the time.

58% of HSTs say they work excessive hours and 55% have an excessive workload.

75% of HSTs report daily or weekly rota gaps.

Figures taken from the UK 2021 census of consultant, higher specialty trainee and SAS physicians.



Workforce and medical education

‘The tension between service provision and protected time for training has always been there, but it’s obviously much worse at the moment. If we don’t prioritise medical education, there will be no future HSCNI workforce. We need to step back from service pressures and consider staff wellbeing.’

– RCPSPG president Mr Mike McKirdy

A year ago, we said:

- > the next executive should work with HSCNI trusts to update and implement the health and social care workforce strategy. By listening to staff and prioritising their wellbeing, the executive should develop a shared purpose and vision for health and care that considers the recruitment and retention of doctors, nurses and allied health professionals in an integrated way.
- > the next executive should work with HSCNI trusts to take a nationally coordinated and strategic approach to workforce planning and data collection. The regular publication of independent assessments of current and future health and care workforce numbers, set against an understanding of changing population demographics, would help to close the data gap and strengthen accountability and transparency on workforce planning.
- > the next executive should expand the number of medical students in Northern Ireland to increase the long-term supply of doctors. In the short term, the executive should work with HSCNI trusts to invest in support for staff, associate specialist and specialty (SAS) doctors, recruit and regulate physician associates and give overseas doctors to chance to train in Northern Ireland using the Medical Training Initiative.

‘Outpatient clinics have changed so much since the pandemic, especially with the move to more virtual clinics. It should be a priority to ensure trainees can get to clinics. There are lots of other professional groups who can help to free up our time – advanced nurse practitioners, physician associates, pharmacists – but of course, we need more staff across the board. That’s not just about extending medical student numbers, but also retaining the consultant workforce.’

– RCP president Dr Sarah Clarke

Talking with trainees today, we heard that:

- > clinicians are short of time for both patient care and medical education; morale is low
- > trainees need protected time for teaching and outpatient clinics
- > rotations can be too frequent, and the system seems unbalanced and unfair to some trainees
- > job planning for consultants is not as robust as it was before the pandemic
- > the pensions issue has caused senior consultants to leave the profession
- > the pandemic has caused many trainees to take time out and reflect on what matters to them
- > Northern Ireland is small, friendly and affordable
- > physician associates play an important role; we need more dialogue and mutual understanding.

‘Wellbeing initiatives work best when people are in one place long enough to form connections with their colleagues, when people have the time to teach and get to know their students.’

– RCPE president Professor Andrew Elder

‘I had to rotate through four hospitals in the span of one year, and I was never in the same hospital for more than a few weeks. Constantly transitioning from one hospital to another meant that there was never an opportunity to solve any problems. As soon as an issue was raised, it was time to move on, so we never get to see any follow-up actions and hold anyone to account. It left people unsettled and isolated, especially if they couldn’t drive, and many trainees left Northern Ireland because of it.’

– trainee physician

‘We are sent some fantastic opportunities from NIMDTA eg the clinical academic training programme, the [RCP Chief Registrar Programme](#). Years ago, we ran a mentorship scheme in Antrim that paired foundation doctors with specialist registrars. That really boosted morale. Keeping trainees in one place for at least a year would allow continuity and support for junior doctors.’

– trainee physician

‘No matter how hard we lobby, we can’t get our ideas over the line – we don’t really need new ideas, we just need to find ways to put existing ideas into practice.’

– trainee physician

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

- > 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)

- > develop career pathways and new opportunities for SAS doctors
- > 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 HSCNI 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 in a more coherent fashion
- > 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 scheme to develop and support the HSCNI workforce
- > expand the use of other roles including physician associates and advanced nursing practitioners
- > carefully monitor the impact of new UK government pensions tax rules and support senior consultants to stay in the workforce.

‘Physician associates are such a valuable asset. We should encourage discussion with junior doctors about their role and develop mutual understanding. PAs can enhance medical training rather than take opportunities away.’

– consultant physician

Pandemic recovery and the backlog

‘Waiting lists are considerable, but this is not a new problem; it predates the pandemic. The underlying problem is much more deep-seated, and the waiting times are much longer than other parts of the UK. There are pockets of innovation and some targeted initiatives, but we need to spread the learning at scale and pace.’

– RCPSG president Mr Mike McKirdy

A year ago, we said:

- > all political parties should work together to deliver a multi-year budget to transform the health service and expand multidisciplinary team working. This should be an immediate priority.
- > the next executive should prioritise the introduction of the integrated care system (ICS) for Northern Ireland. This should involve closely monitoring the introduction of ICSs in England, noting lessons learned and adapting and rolling out best practice more widely through Northern Ireland. Clinically led innovation and change should be encouraged and supported.
- > existing strategies, transformation plans and recommendations eg Systems, not structures: changing health and social care (2016) should be implemented at pace. The next executive should prioritise data collection, digital technology and regional working to drive up standards.

‘The number of people on cardiology waiting lists in Northern Ireland has nearly quadrupled in the past 15 years. This has a huge impact on trainees’ wellbeing because we are not able to provide appropriate high-quality patient care, which leads to moral injury.’

– trainee physician

‘Where trusts work hard to get their waiting lists down, they can be negatively penalised. Services that fail get more budget. It’s almost rewarding failure in the current system.’

– consultant physician

Talking with trainees today, we heard:

- > many issues are not unique to Northern Ireland, but they are amplified here
- > HSCNI must invest in prevention, measuring deprivation and tackling health inequalities
- > value-based healthcare (or ‘realistic medicine’) should be developed for Northern Ireland
- > trainees would be interested in being part of a NI-wide junior doctor forum to share ideas
- > clinicians should receive more support and training in telemedicine and holding virtual clinics.

‘We need to make sure that everybody on a waiting list needs to be there. Do patients understand why they are taking their prescribed medication, or waiting for a procedure? This is realistic medicine at work. Lots of people haven’t had an in-depth conversation with their consultant about the investigation or procedure they’re waiting for. Patients are often referred for things that aren’t necessary and we need to get a better handle on that.’

– RCPE president Professor Andrew Elder

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 HSCNI 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.

‘ Most people on a waiting list are aware of health service pressures, but they still want to be seen now. Managing public expectations is very political, and elected representatives must show leadership.’

– trainee physician

Conclusions and next steps

A huge thank you to all the clinicians who joined us, including the three presidents of the royal colleges of physicians, college officers and most importantly, trainees and their colleagues.

‘ We’d like to hear from you. We’d like to hear solutions. We’d like to hear your examples of good practice so we can share what’s going on and highlight innovation in Northern Ireland.’

– RCP new consultant lead for Northern Ireland
Dr Aidan O’Neill

We heard that clinicians value protected time for teaching, learning and patient care. The large number of hospitals in Northern Ireland has serious implications for the quality of life for some trainees. Clinicians would welcome more opportunities to share best practice and learn about what is being done well elsewhere. More communication and networking with other specialties, career grades and professions would be a positive step forward.

Above all, we heard that while morale may be low, people are still optimistic about the future: it is time for political leaders to give clinicians the tools to make change.

Above all, we need a functioning Northern Ireland executive to deliver a multi-year budget.

Resources and further reading

- > [Foundation doctor 2023 guide to Northern Ireland | Messly](#)
- > [Resources for doctors in difficulty | NIMDTA](#)
- > [Professional Support Unit | NIMDTA](#)

About the three UK royal colleges of physicians

The Royal College of Physicians, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow are charities committed to the development and delivery of the highest possible standards of patient care in the UK and beyond.

The three colleges work collaboratively to deliver postgraduate training, assessment and continuing medical education in the UK. We advocate on behalf of patients and our fellows and members, campaigning for improvements in patient care and public health.

Each college has fellows and members in Northern Ireland and this briefing paper reflects their views. This collaborative approach reflects shared concerns about the challenges facing healthcare in Northern Ireland.

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