INQUIRY INTO WELSH LANGUAGE PRIMARY CARE SERVICES

Consultation by the Welsh Language Commissioner

Response from BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Welsh Language Commissioner’s inquiry into Welsh language primary care services.

The British Medical Association represents doctors from all branches of medicine all over the UK, and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

As a general principle, BMA Cymru Wales believes that we must support the use of the Welsh language within primary care settings for the benefit of Welsh-speaking patients. We very much recognise that it benefits patients to have the ability to communicate with medical practitioners in their first language. Where possible, we believe that staff who are not bilingual but are working in Welsh-speaking areas should receive encouragement and support to learn Welsh free of charge.

BMA Cymru Wales believes that fluency in the Welsh language should be seen as an additional qualification for doctors. However, we also consider that it should only be seen as a deciding factor in an appointment between candidates that are otherwise of equal clinical ability and qualification. We believe that appointing the best possible candidate for a job needs to take priority, in order to ensure that patients in Wales are able to be provided with excellence in health care.

As some of our members have pointed out, being able to communicate directly with a patient in their first language can be helpful in reaching a better diagnosis whatever language is involved. We would note that a major factor for a doctor in arriving at a diagnosis is determining the history conveyed by a patient, and such history can be best relayed by patients in the language in which they are most fluent. As such, being able to provide a consultation through the medium of Welsh to patients who are first language Welsh speakers can lead to better diagnoses and care, and may also prevent increased costs for diagnostics and secondary care referrals.

One Welsh-speaking doctor has noted that he has often had consultations with patients that have initially been undertaken in English but he has then observed some patients having difficulty in effectively communicating their symptoms. After explaining to such patients that he speaks Welsh, he has noted that those who are Welsh-speaking may then become more relaxed and able to talk more freely about their
symptoms. They may also be more confident in interrupting and asking questions when diagnoses and treatments are being explained. Other members have pointed out that being able to communicate in Welsh to Welsh-speaking patients may be of greater importance for doctors when dealing with children or more elderly patients, including those with dementia.

A corollary to this is that some Welsh-speaking GPs, even if fluent in conversational Welsh, may lack sufficient confidence to conduct patient consultations using the Welsh language and may be concerned they may not have the capability to meet GMC standards if attempting to do so. One Welsh-speaking GP has pointed out that despite undertaking his GP training in North Wales, he received no formal training in consultation skills through the medium of Welsh. BMA Cymru Wales believes that addressing a lack of such specific training could have a positive influence on the willingness of GPs with Welsh-language skills to undertake consultations through the medium of Welsh. It may well be the case that some Welsh-speaking practitioners may refrain from undertaking consultations in the Welsh language because they may not feel they possess a sufficient lexicon of medical terminology. Such training may also be of benefit to GPs who have learned Welsh as a second language who might otherwise not feel sufficiently competent to undertake consultations using Welsh.

Some of our members have suggested that consideration should be given to the provision of improved access to Welsh language learning that is specifically aimed at the medical profession. For instance, offering inbuilt and on-going Welsh courses within medical training programmes may help in attracting more applicants to some parts of Wales where some medical professionals may be put off from considering applying to work in the first place, because they may be under a misconception that they cannot work in a Welsh-speaking area without any prior Welsh language skills.

Indeed, we note that there is a general shortage of GPs developing in Wales and this appears to be affecting the rural, predominantly Welsh-speaking heartlands in particular. As a result, General Practice is now under considerable threat, with a complete absence of candidates for some posts regardless of whether they are Welsh-speaking or not. We understand, for instance, that in practices across the Llyn Peninsula, 9 out of 19 GP posts are presently unfilled, and some of those have been unfilled for long as two years. As such, BMA Cymru Wales recognises that a huge barrier to the provision of Welsh-language GP consultations for those patients who would wish them is a general problem of GP recruitment, aside from the linguistic capability of applicants. Whilst we appreciate that the Welsh Language Commissioner is not yet at the stage of proposing recommendations following on from this inquiry, we do feel it is important that the impact of any such recommendations upon such recruitment difficulties is fully understood and taken into account. For instance a blanket requirement for GP practices to have at least one GP who can provide consultations through the medium of Welsh could significantly worsen what already appears to be a growing problem of GP recruitment in Wales, and such a standard could prove unattainable.

At the same time, we also note that a considerable number of Welsh-speaking doctors (across all specialities) are choosing to work outside Wales. We would therefore suggest that the Commissioner might be minded to investigate why a significant proportion of Welsh-speaking doctors are choosing not to return to Wales to practice, and, if deficiencies or anxieties are identified, how they might be rectified. Such action, if successful, might then help alleviate the current dearth of candidates that is being observed for some posts in certain more rural parts of Wales. We would suggest that approaching the Welsh Medical Association (Y Gymdeithas Feddygol) might be a useful avenue for the Welsh Language Commissioner to pursue, as many of these non-resident Welsh doctors are members of that association.

We would also note that in the experience of GPs amongst our membership, demand amongst patients to receive services from them through the medium of Welsh is variable across different parts of Wales. Some GPs have reported that even though they work in practices that possess Welsh-speaking partners, the call on those partners to provide consultations through the medium of Welsh may be minimal because they work in areas of Wales where there is a much lesser predominance of Welsh-speaking. Indeed in various parts of Wales, GPs have more dealings with patients who speak a plethora of languages other than Welsh but who may also have little or no English. Similar difficulties may exist for GPs in not being able to communicate with such patients through their first language as those we have previously described, and in such cases GPs

\[http://www.ygf.swan.ac.uk/\]
rely on the facilities offered by Language Line. GPs would report that whilst such consultations may be difficult, access to the facilities of Language Line does make them possible. In contrast to this, those working in Welsh-speaking heartlands may experience a high level of preference from amongst those of their patients who are first language Welsh speakers for consultations with Welsh-speaking doctors. It may therefore be the case that any measures the Welsh Language Commissioner might consider advocating, may need to be tailored to suit differential needs and demand for Welsh-language services in different parts of Wales.

BMA Cymru Wales believes that the Welsh Language Commissioner might also give consideration to the current ease of access by patients to information regarding the linguistic capabilities of doctors, including those working in the sphere of primary care. It may for instance need to be made easier for patients to determine where there might be a Welsh-speaking GP working in their locality if they would prefer to receive consultations through the medium of Welsh. Similarly it may also be beneficial to improve the availability of such information in relation to doctors working in secondary care, as this may assist GPs in referring such patients on to specialists who may be Welsh-speaking.

In conclusion, BMA Cymru Wales recognises the benefits that may be derived for Welsh-speaking patients in having greater access to primary care services through the medium of Welsh where that is their first language. We would support the Welsh Language Commissioner in recommending measures, such as those we have described, which might improve such access where there is a demand for it. However, we also believe that the Welsh Language Commissioner needs to be aware of recruitment difficulties that are increasingly emerging within General Practice in Wales, particularly in some rural areas including those recognised as Welsh-speaking heartlands, and therefore needs to be mindful of the impact of any measures under consideration to ensure they would not worsen this situation to the detriment of patients, or the wider NHS in Wales.

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