

Fighting for our rights, fighting for our future

Northern Ireland council report to ARM

Dr Tom Black was re-elected as Northern Ireland council chair for the 2021 – 2024 session; Dr Alan Stout was elected as deputy chair for 2021-2022. Following elections for all seats, Northern Ireland council was newly constituted for 2021-2024. There was a significant increase in the number of women elected to Northern Ireland council, increasing from 23% to 52%. This was achieved without applying gender maxima constraints to the seats. Work continues to increase the representation of women on BMA Northern Ireland committees in line with the recommendations of the Romney review.

Over the course of the year, BMA Northern Ireland council continued to lobby for caution in the lifting of COVID-19 restrictions in Northern Ireland, particularly during the spread of the Omicron variant. It continued to lobby for appropriate PPE and remuneration for doctors working throughout the COVID-19 pandemic.

During the session, regular communication was maintained between the chair of Northern Ireland council and the Northern Ireland Minister for Health, Robin Swann MLA. Communication was also ongoing with representatives from all other executive political parties and members of the Northern Ireland Assembly Health committee.

The implementation of a pay award for doctors in a timely manner was regularly discussed by Northern Ireland council, with consistent lobbying for the payment of an award to be within the correct tax year to minimise the risk of doctors incurring additional pensions tax charges. The pay award for 2021-2022 was made in March 2022.

Pensions remained a top priority issue for Northern Ireland council. To facilitate the required level of discussion, a new Pensions Sub-Committee of Northern Ireland council was established in January 2022. This has been dealing with Northern Ireland-specific issues including the impact of the administration of two pay awards in one tax year and the absence of any pensions tax mitigations for doctors in Northern Ireland. It has also been dealing with wider pensions issues affecting Northern Ireland with input from the BMA Pensions Committee.

In the early part of the session, COVID-19 winter pressures was a significant theme for Northern Ireland council, with a BMJ publication by Professor Dubhfeasa Slattery and Dr Julian Sheather *'The Great Resignation – how do we support and retain staff already stretched to their limit?'* providing a basis for discussion. A BMA Northern Ireland Joint Divisional meeting was held in November 2021, addressed by Professor Slattery and Dr Sheather. Points raised by the wider membership were noted for reflection. Members focused on five key areas:

Individual; stress management, self-care, communication skills and mindfulness. **Organisational;** interventions to improve processes, promote team-based care and reduce clinical burden. **Staff Training;** successful teamwork, communication and leadership skills in complex situations. **Effective pathways;** address unprofessional behaviours; ongoing data analysis of clinical incidents and peer support for adverse incidents. **Senior professionals/leadership;** transition from full time clinical work to leadership, training, mentoring and quality and process improvement work. A discussion paper *'BMA Northern Ireland - Supporting doctors: COVID 19 and winter pressures,'* was developed with input from Northern Ireland council which outlined the areas where action was needed to enable doctors to continue to provide safe care to patients.

The wellbeing of doctors remained a key theme for Northern Ireland council, with government lobbying on the provision of immediate support for doctors and the need for increased training numbers for occupational health physicians.

The Northern Ireland Assembly election was held on 5 May 2022, and a manifesto document was developed with input from Northern Ireland council members. The Assembly has not been sitting since the election and BMA Northern Ireland released a joint statement with medical and nursing royal colleges calling for the immediate restoration of the Executive and Assembly to allow decisions about health and social care in Northern Ireland to be taken forward.

BMA Northern Ireland council has undertaken ongoing work in response to proposals for an individual duty of candour with criminal sanctions recommended by the O'Hara Inquiry report in 2018. Our response to the formal consultation document was submitted during 2021. The response is based on evidence from key patient safety experts, the themes from our BMA Better Culture Better Care conference (Dec 2019) and importantly, through directly engaging with our membership. BMA Northern Ireland believes that:

- the statutory organisational duty of candour to embed a culture of openness and honesty will be a welcome addition to the long-established existing professional duties. We do not agree with the addition of criminal sanctions to this duty
- we do not support the additional individual statutory duty of candour as doctors are already subject to a duty of candour, criminal and civil sanctions and other regulatory and employment sanctions
- the evidence suggests that criminalising healthcare and staff will not enable the creation of the culture needed for openness and honesty
- implementing this in isolation of the current processes, procedures and the lack of understanding of clinical practice will cause irreparable damage
- there is now need in Northern Ireland to position this within a wider patient safety framework that reflects BMA Northern Ireland's model of cultural change to include: freedom to speak up guardians; extending the work of the HSSIB to Northern Ireland; fit and proper person's test; regulation of medical managers.

In June 2022, a Northern Ireland council discussion paper on issues and priorities going forward was developed by the chair and Northern Ireland secretariat. This paper identified interlinking issues pertinent to BMA Northern Ireland members and builds on the previous discussion papers this session.

The paper identified draft priorities with the underlying principle a commitment to the NHS alongside a fully funded reform programme based on an updated *'Health and Wellbeing 2026; Delivering Together'* with clear timescales and leadership that has workforce at the core:

- honesty about the challenges with the public
- decisions based on clinical outcomes and not political posturing (ICS, Service Reviews, Urgent and Elective Care, Expansion of MDTs in primary care etc)
- retaining existing workforce (to include appropriate pay awards and pension reform)
- expansion of the workforce; increasing medical school places (Workforce Strategy)
- ensuring safe staffing levels in the health system (Safe Staffing Legislation)
- clear lines of communication and accountability at interface between primary and secondary care
- action plan for waiting lists with clear targets for reductions and providing patients with access to information directly about their delayed care, the length of time etc
- upgrading outdated infrastructure in primary and secondary care (capital investment) investing in the wider determinants of health beyond healthcare (ICS, health inequalities, making life better, Programme for Government)

Dr Tom Black
Chair, BMA Northern Ireland

www.bma.org.uk/what-we-do/uk-national-and-regional-councils/uk-and-national/northern-ireland-council