



Department of  
**Health**

An Roinn Sláinte

Máinnystrie O Poustie

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# **Medical Student Places in Northern Ireland Review 2018 Response from the Department of Health**

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## 1. Introduction

1. In May 2018, the Department published the health and social care Workforce Strategy 2026. This document outlined the workforce-related actions needed to secure the objective of World-class health and social care set out in “Health and Well Being 2026 – Delivering Together” – the analysis of the Expert Panel on transforming Northern Ireland’s health and social care system.
2. An early action under the Strategy was the completion of a review of required undergraduate medical student places. Professor Keith Gardiner, Dean and Chief Executive of the Northern Ireland Medical and Dental Training Agency, was accordingly commissioned by the Department of Health (DoH) to undertake a review to determine the optimum number of medical student places that Northern Ireland requires per year to meet the medical component of healthcare. The review was overseen by a Steering Group, which included representation from QUB and UU who have been developing proposals at each institution that would expand the number of medical training places provided in Northern Ireland.
3. Professor Gardiner submitted the final draft of the report to the Department on 2 July 2018, following which it was subjected to a final detailed review by the Steering Group and DoH. This report has now been published <https://www.health-ni.gov.uk/sites/default/files/publications/health/Medical-School-Places-Review.pdf>
4. The review utilised data provided by the QUB Medical School, supplemented by analysis shared by the Medical Education Team of the General Medical Council (GMC). It examined the relevant statistics from commencement of undergraduate medical education up to acquisition of the Certificate of Completion of Training (CCT). This has enabled the review to provide a very clear picture, looking back over a period up to 10 years, of the flow of individuals, either domiciled in Northern Ireland or trained here, through the various stages of the medical education and training journey.

5. The review also engaged with an extensive range of stakeholders, including Medical Directors across the HSC Trusts, HSC Board, British Medical Association (BMA) and the Royal College of General Practitioners (RGCP), to make some assessment of the main factors expected to impact on the future demand for medics in NI. Issues addressed include the ambitious agenda of service transformation and reconfiguration set out in Delivering Together 2026; new and enhanced healthcare roles; the impact of new technologies and treatments; the introduction of new professional standards; the potential implications of public inquiries; and the potential impact of the UK's departure from the EU.
  
6. Normally a report of this significance would have been published by the Departmental Minister and the very challenging questions it raised regarding future investment in medical education considered by Executive Ministers. In the absence of an Executive the Department has decided to publish, by way of this commentary, its initial response to the review's recommendations, and an outline of how it intends to proceed. This does not represent settled Departmental policy, and will be subject to consideration by incoming Ministers, given that the issues cut across the responsibilities of DoH, the Department for the Economy and the Department of Finance.

## **2. Review recommendations and initial DoH responses**

### **Recommendation 1**

DoH should not rely on increasing the number of medical school places in NI as the only mechanism to deal with the shortfall in the medical contribution to the workforce in NI. Other options that should be considered including attracting NI Domiciles working in the rest of the UK back to NI to work in the HSC; increasing the attractiveness of NI to doctors who are GB, EEA or international domiciles; improving the retention of medical staff; and attracting back into the HSC doctors who are undertaking locums, career breaks or who have retired early.

### **Initial Departmental response to recommendation 1**

The Department agrees that an expansion to medical student places should not be the sole consideration in addressing the anticipated increased future medical workforce need. Medical education is extremely expensive and it can take many years to produce fully autonomous clinical practitioners. Given the significant pressure on available finance it is essential that maximum use is made of lower cost measures likely to increase the supply of medics over the short to medium term. As envisaged in the Workforce Strategy, the Department will develop measures to increase the attractiveness of Northern Ireland as a destination of choice for medical training and careers.

## **Recommendation 2**

DoH should increase funding for Clinical Academic Training Pathways in NI to facilitate an increase in the pool of applicants for senior clinical academic positions in NI and to enable an expansion in medical school places without compromising the quality of undergraduate medical education.

### **Initial Departmental response to recommendation 2**

The Department recognises the need to secure a local supply of Clinical Academics who can lead delivery of medical training that will equip students for the transformed HSC of the future. Any expansion of Clinical Academic training pathways will be subject to available funding; however the Department is already taking forward proposals to increase the supply of Clinical Academics from the field of General Practice. These will be incorporated in a formal Departmental business case.

### **Recommendation 3**

DoH should commission an assessment of teaching and training capacity in primary and secondary care for healthcare professionals in NI and develop a plan for how that teaching and training capacity can be maximised and utilised efficiently.

### **Initial Departmental response to recommendation 3**

The Department recognises the significant additional demands for training across general practices arising from a greater orientation of the under-graduate medical curriculum towards Primary Care combined with the increasing need to train the multi-disciplinary teams of the future. The Department is already taking these issues forward: it is working in conjunction with GP Federations to scope the capacity of Primary Care to deliver enhanced levels of teaching and training. Proposals are also being developed for pilot schemes to test new models of training.

**Recommendation 4**

DoH should publicise medicine (and other health and social care career options) to young people from the age of 14 and provide positive messages about careers in medicine in NI in the news media to balance the current focus of the media almost exclusively on negative messages about healthcare in NI. (This recommendation aligns with Objective 1, Theme 1, Action 1 of the HSC Health and Social Care Workforce Strategy 2026).

**Initial Departmental response to recommendation 4**

The Department agrees with this recommendation which is being addressed through the creation of a regional Health and Social Care Careers Service as envisaged in the Workforce Strategy.



## **Recommendation 5**

DoH should expand the number of funded medical school places in NI from the current 236 per year by at least an additional 100 places per year. This increase to come into effect as soon as possible, preferably September 2019.

## **Initial Departmental response to recommendation 5**

An expansion of student numbers of this magnitude would represent a very significant long-term strategic and cross-cutting decision, with major financial implications, that would fall to Executive Ministers. The Department estimates that, once fully implemented, an expansion of student numbers by c100 places per annum would cost in the region of £30m each year, which would have to be found from reductions in existing areas of spend. Affordability and long-term value for money considerations must be fully assessed and addressed in a Departmental business case. In the meantime, the Department will consider measures which could be taken to enhance and maximise the significant investment currently being made in undergraduate medical education. As mentioned in recommendation 1, consideration will also be given to attracting into the Northern Ireland medical training system, NI-domiciled graduates who have attained their primary medical degree in GB.

**Recommendation 6**

DoH should consider linking a “return of service” bursary to the additional funded medical school places - recommended to encourage the medical students taking up these additionally funded medical school places to commit to working for up to 4 years in the HSC after they graduate from medical school in NI.

**Initial Departmental response to recommendation 6**

The Department will develop detailed policy options for urgent consideration on applying a “Return on Service Obligation”; for all training places across all healthcare professions.

## **Recommendation 7**

The DoH should set up a short-life working group to examine the continuum of medical careers and make recommendations on how to actively manage medical careers so that doctors will remain motivated to continue in their role and will feel supported by the HSC to do so. The group should consider workload, out-of hours' commitments for older doctors, opportunities to develop roles and options for partial retirement. This recommendation aligns to Objective 2, Theme 8, Action 17 of the HSC Health and Social Care Workforce Strategy.

### **Initial Departmental response to recommendation 7**

The Department accepts this recommendation.

**Recommendation 8**

The expansion of the funded medical school places in NI should provide an opportunity for students who have already completed an undergraduate degree to enter an accelerated Graduate Entry Medicine programme. It is recommended that 70 places of the proposed increase by 100 places/year in the provision of medical school places in NI are made available for graduate entry students on an accelerated programme.

**Initial Departmental response to recommendation 8**

This issue will require decision by Executive Ministers. Current Regulations preclude students from Northern Ireland who already hold a degree from accessing further student finance. There are also cost implications which would need to be explored. Any change to this position will require public consultation, new legislation and additional resource.

### **Recommendation 9**

In the commissioning of additional medical school places, the DoH should describe its expectations with regard to the values and behaviours of those selected into medical school, attraction of NI domiciles from underserved areas and organisation of the course so that students will be exposed to medical practice in underserved areas and to medical practice in specialties where the service will have its greatest need. This recommendation aligns to the HSC Collective Leadership Strategy.

### **Initial Departmental response to recommendation 9**

The Department accepts the principles of this recommendation. Work will be taken forward under the Workforce Strategy to promote medical careers and to seek to increase the proportion of NI domiciles from under-served areas. Evidence shows that positive experience in clinical placements greatly influences the choices made by young doctors in selecting their preferred medical specialty. The Department will continue to take forward measures to increase and enhance the student experience in Primary Care.

### **Recommendation 10**

Due to the rapidity of change within the HSC and the range of challenges and uncertainties that it is facing, there should be a further review, within 5 years, of the number of medical school places that should be funded in NI. In order to facilitate that, there should be a prospective, systematic and consistent approach to the collection of medical workforce data (including applications to medical school, medical school progression, trainee progression, career progression data for GPs, NCCGs and consultants) facilitated by collaborations with organisations outside the HSC who hold valuable information (eg UCAS, UKMED, GMC). This recommendation aligns with Objective 3, Theme 10, Action 21 of the HSC Workforce Strategy 2026.

### **Initial Departmental response to recommendation 10**

The Department accepts that there should be a further review in future but will keep the timeframe under review. In the meantime, the Department will work with stakeholders to improve information on the progression of doctors through the various stages of their medical training pathway.



