



MDU

**An Agenda for Change:**

**The MDU's Parliamentary Priorities**

*We can do better for our healthcare system. We can do better for the people who work in it and the patients who rely on it.*

Upon entering the Department of Health and Social Care (DHSC) the Secretary of State, Wes Streeting, faced an in-tray full to bursting with a myriad of challenges. From long term pay considerations to record high waiting lists and the sustainability of social care, the issues the new government must contend with are complex and vast.

At the outset of this parliament, the Medical Defence Union (MDU) is urging MPs to lend their voice to three policy areas which too often get overlooked. If addressed in the right way, they could deliver huge benefits for the morale of the healthcare workforce and the NHS more broadly.

**1** Reform of healthcare professional regulation

**2** Action on clinical negligence costs

**3** Supporting the health and wellbeing of the workforce

## 1. Reform of healthcare professional regulation

Healthcare professional regulation is a patchwork quilt across the UK. No one would design the current system. It is outdated and in desperate need of reform. That is why doctors and dentists especially have been promised change for many years. Indeed, in 2022 a blueprint was published for top-to-bottom reform of healthcare professional regulation. Doctors were promised reform within the year. As we approach the end of 2024, they are still waiting. As for dentists, there is no commitment whatsoever on when their regulator will be reformed.

MDU members tell us that undergoing a General Medical Council (GMC), or General Dental Council (GDC), investigation is one of the most difficult experiences of their professional lives. The stress of being under scrutiny during a lengthy and potentially career-ending fitness to practise process can have a devastating impact. Part of the reason for the difficulties is that fitness to practise procedures are too rigid and governed by outdated legislation. The GDC in particular has some of the oldest governing legislation of any of the seven UK-wide healthcare professional regulators.

The most recent Professional Standards Authority (PSA) report shows that it takes an average of 102 weeks for the GMC to progress fitness to practise referrals from receipt to final hearing.<sup>1</sup> For the GDC, this figure is over 140 weeks.<sup>2</sup> The GDC also failed to meet all standards for fitness to practise investigations as laid out by the PSA in their latest performance review.<sup>3</sup>

A reset is needed and can be implemented in this parliament.

### **What can government do?**

- ✓ Bring forward a Section 60 Order to enable doctors to get the reformed, fairer, more timely and more proportionate model of regulation they have long been promised. This is urgent because other professions regulated by the GMC will get this, whilst doctors will be left stuck with an old regime. This isn't fair.
- ✓ The same legislative steps should immediately follow for dental professionals in respect of the GDC.

### **References**

- <sup>1</sup> Professional Standards Authority, 12-2023. General Medical Council (GMC) Performance Review – Monitoring year 2022/23. Page 5. [https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-gmc-2022-23.pdf?Status=Master&sfvrsn=7e1c4a20\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-gmc-2022-23.pdf?Status=Master&sfvrsn=7e1c4a20_6)
- <sup>2</sup> Professional Standards Authority, 12-2023. General Dental Council (GDC) Performance Review – Monitoring year 2022/23. Page 5. [https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-gdc-2022-23.pdf?Status=Master&sfvrsn=aa0b4a20\\_7](https://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/monitoring-report-gdc-2022-23.pdf?Status=Master&sfvrsn=aa0b4a20_7)
- <sup>3</sup> *Ibid*

## 2. Action on clinical negligence costs

Patients harmed as a result of negligence must receive appropriate compensation. However, the law surrounding clinical negligence in the UK has failed to keep with the times and is now woefully out of date. Legislation enacted before the NHS was founded continues to play a role in determining the amount paid out in clinical negligence claims. This, in turn, is contributing to growing costs and taking money from frontline services. It is a set up that benefits neither staff or patients.

Disproportionate legal costs are also a real problem. Last year, the MDU settled several claims where claimant costs were disproportionately high. In one case, the claimant received £1,000 while legal costs were £30,000, while another claimant received £23,000 and their legal costs were £140,000.

The cost of clinical negligence in the UK is unsustainable. In the NHS Resolution's latest Annual Report and Accounts, a total of £2.8 billion is reported to have been paid out in compensation and associated legal costs.<sup>4</sup> This is money that could be spent on recruiting and training new staff, improving their facilities and helping cut waiting lists.

The status quo cannot carry on. There are tangible legislative actions that the government can take immediately, which will go some way to addressing the costs posed by clinical negligence.

### ***What can government do?***

- ✓ Repeal section 2(4) of the Law Reform (Personal Injuries) Act 1948. It requires the courts to disregard the existence of NHS care when determining compensation awards and instead base it on the cost of private care.
- ✓ Tackle disproportionate legal costs by ensuring fixed recoverable costs in clinical negligence claims up to £25,000 is promptly enacted. This should swiftly be followed by a commitment to extend that regime to claims valued up to £250,000.

#### ***References***

<sup>4</sup> NHS Resolution, 07-2024. Annual report and accounts 2023/24. Page 8. <https://assets.publishing.service.gov.uk/media/66a0c996fc8e12ac3edb0374/nhs-resolution-annual-report-and-accounts-2023-to-2024-web-accessible.pdf>

### 3. Supporting the health and wellbeing of the workforce

At some point in our lives, each and every one of us will be treated by a doctor. We want that doctor to feel well rested, alert and able to provide optimal care. However, the environment that healthcare professionals find themselves in means that this is currently far from certain.

According to a recent survey conducted by the MDU of 331 doctors, only 7% felt able to deliver optimal patient care all of the time.<sup>5</sup> In contrast, 55% said they felt they were only able to deliver optimal care to patients half of the time or less. This leads to lower morale and greater concerns about receiving a complaint from a patient. 44% of respondents in this survey said they planned on reducing their hours because of the pressures and 28% are planning to leave practice or retire early – figures which would have a profound impact on our ability to provide healthcare as a country.

These figures are not a one-off anomaly. A separate survey conducted by the MDU of over 530 doctors found that over a third felt sleep deprived on at least a weekly basis,<sup>6</sup> and over a quarter had been in a position where tiredness had impacted their ability to treat patients.

The government and NHS employers must take action to tackle these figures. Small changes can make a big difference. A survey of doctors by the MDU found that improving workplace facilities, such as access to hot food out of hours and staff rooms, were among the most important issues that they wanted parliament to prioritise.<sup>7</sup> This is not an impossible barrier to overcome, and making these changes early on would be a sign to healthcare workers that the government takes their concerns seriously and is seeking to address them.

#### ***What can government do?***

- ✓ The government should direct NHS employers to ensure that staff catering and rest facilities are provided, including for those working out of hours.
- ✓ NHS employers should be directed to establish key performance indicators for the NHS estate, to ensure that changes are brought in without delay and that initial standards are maintained or improved upon going forward.
- ✓ A commitment should be made to continue funding for programmes and services that ensure support for doctors when they feel at risk of, or experience burnout – such as NHS Practitioner Health.

#### ***References***

- <sup>5</sup> MDU. 06-2024. MDU doctor members want political parties to pledge support for their health and wellbeing. <https://www.themdu.com/press-centre/press-releases/mdu-doctor-members-want-political-parties-to-pledge-support-for-their-health-and-wellbeing>
- <sup>6</sup> MDU. 01-2022. Sleep deprived doctors concerned about patient safety. <https://www.themdu.com/press-centre/press-releases/sleep-deprived-doctors-concerned-about-patient-safety>
- <sup>7</sup> MDU. 06-2024. MDU doctor members want political parties to pledge support for their health and wellbeing.

## How to contact us

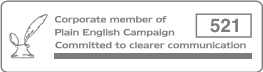


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