

Legacy of the Crown for the NHS?

A Perfect Justice & A Promise to Serve

The sixth of May 2023 marked the first Coronation in the United Kingdom after seventy years since Queen Elizabeth was coronated on 2 June 1953. King Charles III took oath for service and perfect justice. During his crowning ceremony, the Coronation Oath Act of 1688 required the King to declare that he would maintain the established Anglican Protestant Church, rule according to laws agreed upon in Parliament, and case law, with justice and mercy to be executed in his judgment. However, for the first time, a preface was added to the coronation oath in which the Archbishop said the Church of England “will seek to foster an environment where people of all faiths and beliefs may live freely”. King Charles III has enormous responsibilities as Head of State for the United Kingdom of 19 countries and the Commonwealth of Nations. What does his legacy mean for the diversity of people of the UK and the Commonwealth? What can the National Health Service expect from his legacy and vision?

Key words

NHS, King Charles III, Healthcare workforce, Wellbeing

The George Cross

Queen Elizabeth II bestowed upon all staff in the UK National Health Service the George Cross in 2022, the highest civil honour. [1] She was particular about specifying all staff, past and present. The George Cross was instituted in 1940 by King George VI for “acts of the greatest heroism or of the most courage in circumstances of extreme danger”. This was a great honour and recognition for the selfless service during the COVID-19 pandemic and for over seven decades of service to the nation. Queen Elizabeth, through this action, also bestowed the honour on over 22% of the staff from over 200 countries to serve in the NHS, including over 40% of doctors who have qualified overseas. [2]

EDITORIAL

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NHS People

During the pandemic, what became abundantly clear is the fact that the UK NHS was dependent on the service of staff sourced from overseas and if staff were not nurtured and cared for, there was the likelihood that the NHS would cease to be able to deliver on its ambition of universal healthcare for all. Healthcare professionals from India, the Philippines, Nigeria, Ireland and Polish staff comprise most of the overseas staff. The average cost of training a doctor in the UK to the taxpayer is to the tune of £80-250,000. So each professional trained overseas and working in the NHS saves the UK government a large sum of money. In 2017, Health Secretary Jeremy Hunt funded the increase of UK medical training places by 25% to an annual intake of 7500. The cost of 1500 extra places was estimated at around £400 million. In 2022, 12,148 doctors with a foreign nationality joined the NHS in England, compared with 13,516 British doctors. This is 73 per cent more than the number of British students who enrolled to train as doctors in English medical schools in the 2022-23 academic year.

Migration

International health worker migration is a long-standing and growing phenomenon, driven by fundamental labour market forces relating to different elements such as education, working conditions and remuneration across countries, and which has further accelerated during the COVID-19 pandemic. While substantial migration and mobility also occur among countries in the same region or context, increasing international recruitment from low- and middle-income countries to meet domestic shortages in high-income countries can exacerbate shortages in the former. If adequately managed, international mobility and migration of health workers from countries facing health worker shortages can strengthen their health systems and widen inequities.

To improve the governance of international health worker migration, the WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the World Health Assembly in 2010. The Code seeks to minimise the negative consequences of health worker migration and promote workforce sustainability. The recommendations of the Global Code of Practice on the International Recruitment of Health Personnel and the associated WHO health workforce support and safeguards list 2023 link international health worker migration with investments in health system strengthening in all countries. [3] Through practical bilateral work - such as memorandums of understanding with the governments of India, Kenya, Malaysia, Nepal, the Philippines and Sri Lanka - the NHS is working in partnership to support well-managed migration pathways that deliver benefits to the NHS, the health or care professionals, and the sending country. [4]

Challenges

However, there are challenges, and the UK NHS remains in an escalating position of a workforce crisis. The recruitment and retention of healthcare professionals are yet to turn the corner, although there have been specific policies to support staff well-being, such as the NHS People Plan.[5] Post-pandemic, the rates of post-traumatic stress disorder and major depressive disorder among frontline healthcare workers have been the highest ever recorded. [6] The consequences devastate individuals, their careers and their families, and fallout on health service sustainability. The impact of healthcare staff sickness, unplanned absences and resignations are felt by those who remain, compounding the challenge of providing a safe service. When the NHS faces its worst crisis in substantial waiting lists for life-threatening cancer diagnosis or treatment, fewer professionals can offer the vital capacity.

Bringing on self-sufficiency in healthcare professional education and training is a long-

haul project with a minimum of fifteen years to deliver from the point of investment. The UK government is unwilling to invest more in the health service, as the political life-cycle still needs to grow. Recently, there has been so much churn in government that there needs to be a vision for a healthy NHS for the next decade. The incumbent in 10 Downing Street has a five-point manifesto that includes reducing waiting lists (unclear by how much and when), but he finishes his sentence by 'turning back the boats'. While it is abundantly clear that the leader of the ruling party has to appease his constituents and his party to successfully cling to power, there is no appetite amongst the public for higher taxes and higher investment in the health service. If the anti-immigrant rhetoric continues, there will be less support for bolstering the NHS with overseas recruitment. To be fair, the 'turn back the boats' policy does not apply to the managed migration of highly trained professionals. However, it certainly does not make it easy for the average member of the great British society to distinguish between the 'boat people' and the invited professionals. On the face of it, only the outward appearance can help one distinguish who is genuinely British and who is not. So for those with any type of pigment on the countenance or skin, there is little hope of being genuine.

The NHS also loses young recruits to better pay and conditions in the antipodes. More than 50% of doctors completing foundation training opt to only progress their careers after taking breaks or locum work. Professionals are choosing family, personal health and well-being before accepting a position that is paid poorly and conditions that are less than conducive. The cost of living crisis prompted many workers to stage industrial action. Healthcare professionals were prominent among them. There is no solution in sight as the current government refuses to negotiate. Industrial relations remain at the lowest it has been since 2010.

Solutions?

So are there any solutions to offer? Many professional organisations representing overseas healthcare workers work tirelessly with the NHS and government agencies to shape policy, provide workable solutions and advocate for their members and the government to reach them. The British Association of Physicians of Indian Origin is one such organisation and has just turned 25 years in the nation's service. It advocates, advises and challenges where necessary for equality and justice for all overseas healthcare professionals and fairness to patients who access the NHS. Are any of the policies demonstrating the changes needed for equity and justice?

The answers are elusive. The NHS staff survey, the workforce race equality standards[7] and the more recent Medical Workforce Equality Standards[8] show little progress in bridging the differential attainment gap in recruitment and career progression and being unfairly dealt with or referred to the regulator when something goes wrong. [9] Before the pandemic, the NHS Constitution and the People Plan prompted NHS England to appoint equality and diversity champions in all organisations. The NHS Race and Health Observatory was also commissioned to explore the impact of racism and bias on the nation's health. The NHS invested in the Levelling up plan to tackle the geo-political deprivation between the prosperous south and the northern or coastal regions. On paper, these are excellent policies, but the experience on the grounds suggests that the political will to implement brave decisions needs to be improved.

Thinking of overseas staff and handling the Windrush immigrants[10] has led to much unhappiness and injustice. Recently, in parliament, the UK Prime Minister Rishi Sunak was asked whether he would acknowledge, apologise for the colonial wrongs and consider reparations. He cleverly avoided the question, as had many of his predecessors. Many had hoped

that being a son of immigrants, he would demonstrate the magnanimity and vision to make peace with Britain's colonial injustices. That opportunity was lost, yet again.

Now is the time to turn to the new monarch, King Charles III. He is known to believe in fairness and justice above all. His charities bring hope to many from deprived backgrounds. He has a worldwide reputation for speaking up for the environment and sustainability. Will he make it right by acknowledging Britain's role in slavery, indenture and the injustices across the world during the Empire? He is known to speak his mind and only sometimes adhere strictly to tradition. Will he lead Britain to be a world leader, speak up for fairness and justice, and serve all the subjects of the Commonwealth? He said,

"I come not to be served, but to serve," Charles said in his first remarks of the ceremony.

The newly installed King assured the British public of his commitment to govern with justice and mercy and be a blessing to all faiths. We will wait and see...

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