Submission – British Medical Association – 3rd September 2025

Thank you for the opportunity to contribute to the review of the Draft Regulation of Care (Jersey) Amendment Law 2025. I write on behalf of healthcare doctors whose working conditions and professional responsibilities may be impacted by the proposed legislation. This submission draws on best practice guidance from the British Medical Association (BMA) and NHS England (NHSE), I appreciate your follow up with the BMA and your questions contained in the attached document. I have attempted to answer your questions to the best of my ability below. For ease of I have copied the Chair of the Local Negotiating Committee in case he has anything further to add;

Based on the BMAs internal email records, there is no clear evidence that we were directly notified or formally consulted prior to the Sub-Panel's outreach on 3rd September 2025 regarding the review of the Draft Regulations of Care.

Legal Accountability Shift: Chief Officers to Minister for the Environment

This proposed shift raises concerns about clarity in governance and accountability. BMA commentary on similar NHS England restructuring efforts—such as the abolition of NHSE—warns against fragmentation and loss of operational clarity. The BMA stresses the importance of retaining expertise and ensuring that any reorganisation does not compromise service delivery or staff protections.

Registration of Multiple Managers

The proposal to allow multiple managers for large services aligns with BMA best practice in recognising the complexity of healthcare delivery. However, it must be accompanied by clear delineation of responsibilities and accountability frameworks. The BMA's guidance on job planning and governance emphasises the need for formalised roles and mutual agreement in planning structures.

Communication Systems (Article 40, Regulation 8A)

The requirement for timely and clear communication to service users is consistent with BMA principles on patient-centred care. However, implementation must not place undue administrative burden on clinical staff. The BMA has previously flagged concerns where communication expectations conflict with workload protections and safe staffing norms

Duty of Candour

The introduction of a statutory duty of candour is broadly supported by the BMA, provided it is implemented in a way that fosters learning rather than punitive action. BMA policy documents stress the importance of creating a culture of openness and psychological safety for staff to report incidents without fear.

Independent Inspections by Jersey Care Commission

There is concern about preparedness and resourcing for inspections. Internal correspondence reveals that delays in job planning and contract reform have already strained departments.

Without adequate staffing and infrastructure, inspections may exacerbate existing pressures. The BMA recommends phased implementation and support mechanisms to ensure compliance without disruption.

Overall Impact on Staff

The draft law could improve transparency and accountability but risks undermining existing contractual protections if not carefully aligned. Several emails and formal responses highlight gaps between local policies and BMA/NHS contractual standards, especially around sick pay, SPA time, and job planning

a. Transitional Arrangements

Concerns have been raised about the adequacy of transitional arrangements. The BMA has consistently advocated for clear timelines, stakeholder engagement, and protection of existing entitlements during transitions

b. Assurance for Islanders

Independent regulation could enhance public confidence, but only if it is backed by robust systems, adequate staffing, and alignment with national standards. The BMA emphasises the need for systemic clarity and professional excellence to deliver high-quality care.