ACADEMY OF MEDICAL ROYAL COLLEGES

Academy of Medical Royal Colleges' Specialty Training Committee response to the consultation on Liberating the NHS: Developing the healthcare workforce.

The Academy of Medical Royal Colleges' Specialty Training Committee (ASTC) welcomes the opportunity to comment on the consultation paper on "Developing the healthcare workforce". The Academy of Medical Royal Colleges (AoMRC) comprises of membership from the medical Royal Colleges and Faculties across the United Kingdom and has submitted its own response. The Colleges and Faculties have also submitted their own responses. The ASTC comprises of the education and training leads from each Royal College and Faculty as well as key stakeholders in postgraduate medical education including the General Medical Council, Deans, The Department of Health, the AoMRC Patient/Lay Group and the AoMRC Trainee Doctors' Group.

Rather than responding to each of the questions posed in the consultation paper, we have set out below some assumptions that we would wish to question and summarised the key issues that we believe the government needs to address.

Assumptions to question

There are some basic assumptions in the consultation paper that we question. These are as follows:

- S*eparate planning of the medical workforce and medical education is necessarily a "deficiency".* Whilst medical workforce planning needs to be conducted in the context of overall workforce planning and although a multi-professional approach may well bring benefits; through common threads and economies of scale, there will also be limitations. Postgraduate medical training takes time, is complex and ultimately highly specialised, and doctors in training need access to experience in a range of settings. Patients needing highly specialised treatment would expect no less.

- *Employers are best placed to commission education and training.* There are competing tensions within Trusts, including both service and financial imperatives, and many Trusts are already reluctant to give priority to training. Appropriate time for training in consultant job plans is a particular issue, as is time out for activities benefiting the wider NHS – e.g. curriculum development or quality management. These difficulties may well increase as all trusts seek foundation status and the DH disengages from workforce matters.

- *Decentralisation is the correct approach*. Presently there is a broadly national approach to the delivery of education and training, which helps to ensure equal standards of training across the UK. There are national curricula and national systems for regulation and quality assurance and management. The proposals could introduce further inconsistency among the four countries of the UK, which may inhibit the movement of doctors between them.

Key issues:

Scope and timing of proposed changes

- The proposed changes are large in scale and the timescales are tight. There is no evidence to prove that the proposals will deliver greater efficiency and therefore the ASTC is concerned about the enormous risks being undertaken, especially in the transition period. We are particularly concerned about trainees currently in programmes, who face a period of potential upheaval and uncertainty. It is vital to ensure that their training is not destabilised or disrupted in any way.
- The impact on staff involved will be considerable. The timeframes involved will create real challenges and the ASTC are keen to be involved in all relevant consultations. Challenges of the transition include low morale, concerns that cost cutting is seen as more important than quality improvement and patient safety, change management and change fatigue.
- New systems should only be introduced after careful modelling and piloting.
- The functions and roles currently carried out by the Deaneries in the delivery of training and education as well as areas of quality management are extremely important. There is a lack of evidence that the proposals to replace the current deanery functions are necessary or will be more effective or more efficient than the present system. These functions need to be retained in the new system, although we recognise that this could be achieved in a number of ways.
- There is a lack of detail regarding the Local Provider Skills Networks and the ASTC doubts that replacing Deaneries with these networks will provide sufficient oversight for regional requirements. The networks must publish their figures, justify commissioning decisions and be open to challenge.

Funding and resources

- There must be adequate resources for the planning and delivery of education and training to ensure that the workforce of the future is equipped to meet the changing needs of society. These resources must be ring-fenced and protected.
- As indicated above, the ASTC is concerned by the proposal that healthcare employers will be solely responsible for funding the professional development of their staff, as this may not always take into consideration the long term needs of staff. Study leave budgets have been severely cut or even abolished for many clinicians, SPA time needs to be supported and it is likely that clinicians in the future will need more protected time for training, supervising and assessing than is presently the case. Devolving the provision of education and training to healthcare providers runs the risk of devaluing this activity and losing existing expertise. If healthcare providers are to take on this challenge it will have to be identified as an essential part of their core business. At present training is seen as an unrewarded expense in organisations charged with achieving the most cost effective way of providing healthcare and therefore not best placed to look at longer term needs.
- It follows that the provision of funding for training purposes requires a central strategic overview. Training costs money and delivers long- rather than short-term benefits.
- MPET should provide protected resources for training.
- Education and training tariffs should be established within a separate framework.

- The costs of each individual education and training programme vary depending upon a multitude of factors. We therefore suggest that current providers of these services should be asked to submit their estimates for the real costs of education and training. This will take time to gather reliable and realistic data.
- All organisations providing healthcare and benefiting from the outcome of training should contribute to the cost of that training and, where appropriate, be encouraged to provide training. Money from any training levy must be clearly identified, ring-fenced and ploughed back into training.
- There is real concern that if the funding of Continued Professional Development (CPD) is moved locally, it will suffer at the expense of service delivery. This could potentially have a negative impact on revalidation.

Workforce planning

- Workforce planning should not be left to the market alone because forward and long term planning is required to ensure a workforce that is fit for purpose. If left to the market, there is a risk that planning will be short term in nature, which in the long term will be detrimental to healthcare needs and potentially more expensive.
- Workforce planning should follow the entire continuum of medical education from undergraduate to foundation training, postgraduate training, and post CCT (or equivalent). Recruitment into medical schools needs to be coordinated with postgraduate workforce planning.
- We acknowledge the work and remit of the Centre for Workforce Intelligence; however there are concerns that it is not yet sufficiently established and lacks the accurate data needed to deliver sufficient and proficient workforce planning.

Health Education England (HEE)

- HEE needs to have real power to ensure that employers value training, and that they demonstrate this by supporting those engaged at both local and national level. There is a welcome emphasis in the document on the role of the Royal Colleges and the professions, and we hope that this will be reflected in membership of the new body. Strong clinical representation will be very important in fulfilling the stated commitment to engage clinicians and professions, to promote excellence and to address current concerns with medical training
- We note that the HEE will review curricula as part of its remit. How does this fit in with the remit of the GMC?

Other aspects

- The recent formation of the Faculty of Medical Leadership and Management, which is supported by the medical profession and health service needs, should contribute effectively to providing and supporting leadership training and development amongst professionals
- It is important to obtain and analyse data to provide key quality metrics for education and training. These should continue to include information on attrition rates, exam success, satisfactory progression through training (for example ARCP), curriculum mapping, patient and staff feedback and the continued development of the GMC trainee and trainer surveys. College external advisors

and GMC visits are also necessary to ensure proper quality assurance and quality management.

- The paper is focussed on secondary care and a more balanced approach to include primary care is vital.