

# **HEALTHCOMMITTEE INQUIRY INTO EDUCATION, TRAINING AND WORKFORCE PLANNING**

**Submission by the Academy of Medical Royal Colleges Patient Liaison Group**

## **INTRODUCTION**

1. The Academy Patient Lay Group (APLG) is a committee within the Academy of Medical Royal Colleges, whose membership is made up of the lay Chairs/Vice Chairs of the individual Royal Colleges and Faculty Patient Groups. The College/Faculty Patient Groups are forums where patients/carers work directly with the different types of clinicians to contribute a patients/lay/carer point of view on a range of issues including standards within the specific medical profession, the training and education of doctors and the provision of services to patients throughout their treatment pathway.

## **MEDICAL EDUCATION & TRAINING – PATIENT AND PUBLIC INVOLVEMENT**

2. The APLG welcomes the Health Committee's inquiry into the different areas of Education, Training and Workforce Planning, but is disappointed that the Committee has not included in the key themes the important role that patients and the public play in medical training. We hope, therefore, that in making this submission that omission will be remedied and that consideration will be given to the patient and public role, alongside all the other participants in the medical education system.

## **PATIENTS & PUBLIC – CURRENT INVOLVEMENT**

3. There already exists direct public and patient involvement in the training and education of clinicians at many different levels, ranging from Medical Schools, within Royal Colleges/Faculties, GMC, DH, MEE and within the six different Academy Education and Training Committees. The GMC document "Patient and Public Involvement in undergraduate medical training" [http://www.gmc-uk.org/Patient\\_and\\_public\\_web.pdf](http://www.gmc-uk.org/Patient_and_public_web.pdf) 40939 provides good examples of involvement in different educational activities, as does a recent Academy's Patient Liaison Group internal survey of patient involvement in Colleges/Faculties in July 2011.

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4. The GMC document spells out clearly why there should be public/patient involvement in the training & education of clinicians and the benefits it brings. It also lists the different areas of current involvement (both graduate and postgraduate level) such as

- the selection of medical students,
- teaching,
- assessment and feedback,
- development of curricula and training materials,
- assessments and examinations,
- quality assurance processes,
- governance.

5. Research shows that patient/public involvement does make a beneficial difference (to trainee doctors and patients) as highlighted in paragraphs 23 to 25 of the report, which showed that

*"Involving patients in medical education can be beneficial to learners: not only does it facilitate acquisition of skills such as communication, but it can also change professional attitudes positively and develop empathy and clinical reasoning"*

*"It provides context to the learning material and motivates learners".*

*"Patient feedback on encounters with students, if carefully designed and used formatively, is largely welcomed by students and appears to improve their performance, as measured by exam results".*

*"Some learners prefer the teaching they receive from trained patients to that from doctors".*

*"Many students comment on gaining new insights and confidence when practising examination skills on patients who give constructive feedback, and claim that such training increases their respect for patients and deepens their understanding of the experience of disease".*

*"Patients and members of the public involved in education have also described it as a largely positive process. Their motives range from the wish to improve services or 'give something back' to the satisfaction of helping, catharsis, increased knowledge, confidence and self-esteem."*

*"Patients appreciate sharing their knowledge, using their condition to facilitate learning and contribute to doctors' training. Some patients feel empowered by their experience."*

*"For some people, involvement may provide a starting point towards ongoing employment."*

*"It has been noted by faculty and the medical school that when patients are given adequate support, training and remuneration, they can become colleagues in medical training rather than just a teaching resource, and offer experiences unavailable through other methods of learning."*

*"Different perspectives can inject new life into the course content; teaching staff may gain new knowledge and update their skills, for example if they are no longer actively practising."*

## **PATIENTS & PUBLIC – FUTURE INVOLVEMENT**

6. The APLG believes that as we enter the period of major change in the Health Service, it is crucial that existing patient/public involvement in the training and education of clinicians not only needs to be maintained at the current levels but further embedded into the training system. The aim should be to ensure improvements in current participation arrangements. Where no patient/public involvement exists there should be a requirement on such education/training bodies to change their policies to include such involvement in their activities.

7. The APLG believes that to bring about meaningful patient/public involvement in the creation of new training and education structures it is essential there is patient representation on the new Local Education & Training bodies and on Health Education England. The aim should be to have mechanisms in place for ensuring that patient perspectives are built into all levels of training and education including the direct involvement of “real” patients and carers. This will support the patient centred approach to service provision, based on using patient experiences as a major influencing factor.

8. Patient/public involvement in training must be seen as a crucial element in ensuring clinicians and other healthcare staff are given the skills and the ability not only to interact with their colleagues but also with patients and carers. Too often many clinicians and other health care employees are still patronising in the way they deal with patients and fail to recognise that patients want to be respected. Often patients feel “this is being done to us”, rather than it is about us”. It is therefore important that this issue is addressed during training.

9. Together with communication skills, teamwork and leadership training should be essential parts of every curriculum. There needs to be recognition of the positive and direct contribution patients and the public can make to education and training, promoting understanding of what people want from healthcare staff, in terms of the service and the quality of their care including empathy and compassion and the need to treat people with dignity. Involving “real” patients in training can help doctors to start to think that patients are people with a range of illnesses and conditions which have to be addressed holistically.

10. The involvement of the patients/public must be seen as constructive engagement, particularly in developing understanding of different cultures and non-discriminatory behaviours. This approach should be at the core of all curricula and training and has the potential to fundamentally change how healthcare workers view their relationships with patients.

11. It is also important to recognise that patient and public representatives, patients, and carers who are asked to be involved will need training and support. Consideration should be given to the most appropriate ways to recognise and reward their involvement. This must not be seen as tokenistic involvement for the sake of involvement, but as an essential element of training and education and resourced as such.

### **PATIENT & PUBLIC – WIDER WORKFORCE ISSUES**

12. It should be recognised that patients and the public can make a contribution to the wider healthcare workforce topics, not just education. A clear distinction needs to be drawn between the involvement of patients and carers as users of the service and the public in their role as the moral owners of the service. In this capacity, the public may have a different perspective on service design and delivery to that of patients and education and training needs to recognise this difference as it affects the way in which the medical professions relate to different groups and individuals.

13. The involvement of patients and the public needs to be at all levels within the new healthcare system. Both groups, in different ways, should be an

essential part in the clinical commissioning of services and within provision of services. They must have a very strong voice as part of safety and quality processes and in designing and in any reconfiguration of health and social care services.

### **SUMMARY**

14. The Academy Patient Liaison Group strongly believes that, as a consequence of the cultural shift to the recognition of the needs of patients and carers, patient and public involvement in training is now an essential contribution to medical education. At the beginning of a medical career and throughout, patients and carers should be directly involved in Doctor's training. It is also important that if the Government's stated policy of "No decision about me, without me" is to mean anything, then the patients' voice and experiences have to be strongly embedded in the training processes.

15. Given that this was a topic not listed the APLG urges the Committee allocate an amount of time to consider this important patient/public issue.

16. The Group is happy to elaborate on any of the points covered in this submission.