HEALTH PROFESSIONAL EDUCATION INVESTMENT REVIEW

Response from BMA Cymru Wales

12 December 2014

INTRODUCTION

BMA Cymru Wales welcomes the opportunity to contribute to the Health Professional Education Investment Review.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents over 7,000 members in Wales from every branch of the medical profession.

OVERVIEW

In addition to the points that were raised when the Review Panel met with members of BMA Welsh Council on 18th November 2014, we have consulted our wider membership in Wales who have made a number of additional points and observations that we now wish to bring to your attention.

These points are summarised in the sections that follow.

This response comes with the following overall observations:

- We have concerns that, as far as we are aware, the views of junior doctors and medical students have not been sufficiently sought as part of this review, and would ask that they are consulted further. BMA Cymru Wales’ Medical Students Committee and Junior Doctor Committee would certainly welcome further engagement.

- The purpose of the Review and the terms of reference are clearly very wide. There is limited information as to what the overall intention is in looking at these areas or where problems exist in the current structures and under the existing arrangements. Consequentially this has impacted upon our ability to respond as comprehensively as we would wish to do so, and we therefore look forward to more fully engaging in the next stages of the review.

- We would ask that the issues identified by the Scott Report (on Service Increment for Teaching) which focused on greater transparency and performance management and also looked at the funding model itself are considered.
Key points:

- Current workforce planning arrangements do not account for future training requirements or future service needs. Sustainable and effective services rely on safe staffing numbers and quality training. Therefore, We would support the development of a robust and holistic national medical workforce and training strategy (informed by the Deanery and Health Boards);
- There is a significant lack of incentives available for doctors to train, work or remain in Wales;
- The number of medical academic posts and academic training opportunities need to increase;
- The absence of flexible career options, especially in general practice (including portfolio careers) should be addressed;
- Financial support for medical education needs to be enhanced and alternative pathways considered for widening access to medicine. We would strongly resist any reduction in the medical education training budget;
- The current educational structure work well on most levels but education and services need to be more effectively joined up, and access to ‘higher-level’ training needs to improve;
- There is a continuing over reliance on trainees to deliver services (at the expense of quality training and patient safety). NHS Wales’ focus on short-term financial and organisationally driven targets is being pursued at the expense of clinical need, quality training requirements and future service delivery. Sheer workload threatens both the attractiveness of medicine as a career choice and the quality of training received;
- Cross-border connections (and the important transferability of skills, training rotations and manpower for example) between Wales and England must be fully considered as part of this review.

WORKFORCE PLANNING

Medical workforce planning arrangements across primary and secondary care in Wales are currently inadequate – epitomised by the limited amount of data that is collected and the fact that data on medical vacancies is not reported. The reliability of existing data used to monitor the medical workforce is highly questionable, this needs rectifying before any meaningful and robust workforce planning and analysis of trainee requirements can fully begin.

There appears to be no local or national workforce modelling based on future training or service needs.

The medical profession is characterised by an ageing workforce where retirement intentions remain largely unknown and unconsidered. This is storing up future problems and severely questions the sustainability of service provision. Staffing levels and training needs should be central to the workforce planning process.

It is important that workforce planning, organisational development and education commissioning is not done in isolation.
**EQUITY OF ACCESS**

The number of Welsh domiciled students entering medical training are falling across the UK. This may be due to the entry requirements not being met (with lower attainment at ‘A levels’ in Wales) or it could indicate that medicine is increasingly being seen as an unattractive career.

Medical students in the UK now graduate with an average debt of £70,000 – a significant deterrent for individuals making career choices. Increased financial support with access to enhanced Bursaries may in Wales address this, it should include access to such support for post-graduate level entry students.

The selection processes for medical schools in Wales must maintain the agreed and necessary standards. However, widening access to medical careers for individuals from a variety of social backgrounds should be a key consideration; and initiatives which support such opportunities or that provide alternative entry pathways should be fully supported and sufficiently funded.

NHS Wales should increase opportunities for students in further education to gain relevant work experience in healthcare settings. Investment in careers support is needed to raise career aspirations and to support students through both the application process and medical school selection. The ‘line of sight’ for students currently at GCSE stage to becoming a doctor is probably not a very clear one.

**WALES AS AN ATTRACTIVE PLACE TO TRAIN AND WORK**

Wales should look to other countries for examples of good practice and successful initiatives in attracting and retaining medical students and doctors. BMA Cymru Wales has consistently called for an incentive scheme to be introduced; we previously put forward a policy proposal to Welsh Government calling for a ‘Junior Doctor Bonding Scheme’ based on a New Zealand model which repays a proportion of student debt in return for a number of years worked in a given speciality or hard-to-staff geographic region following qualification. We have put forward many similar suggestions for incentivising doctors to Wales – the offering of flexible careers and ‘portfolio’ career options are an important part of that package. Our suggestions have not been taken forward.

A major barrier to recruiting and retaining doctors in training is the sheer workload faced by medical professionals on a daily basis. Service demands are growing rapidly and yet there are not enough trainees to cover the existing workload, let alone to replace those who are about to retire or to manage the future demands produced by an ageing population.

Work needs to be undertaken to obtain greater understanding of the perception of Wales as a place to study or practice medicine. We also need to better understand the career aspirations of medical students and ascertain why doctors are leaving Wales – more structured exit interviews could be conducted for the latter for example, with aggregate data shared widely. Wales must keep track of where graduates are going post qualification, and the reason for those choices. Equally, we need to know more about why those doctors who qualify outside Wales then actively choose Wales for their postgraduate training.

Whilst doctors are able to transfer their skills to many other countries following qualification, and many view their training as providing entry into a global market, anything which can make Wales attractive in an increasingly competitive world will have an impact on those making career choices.
‘Made in Wales’ policies, that differentiate Wales from elsewhere and which makes Wales stand out for the right reasons, would be very powerful in attracting doctors and medical students to Wales.

Free accommodation for FY1 doctors is one such policy and a welcome initiative. This could be extended to other grades and specialties, particularly as an incentive for those allocated to training programmes in West and North Wales. In addition to the incentives mentioned above, other policy areas that should be enhanced to act to attract trainees and doctors to Wales include: study leave, study budgets, relocation policies, GP performers list, training rotations, flexible working, stress wellbeing and occupational health policies.

Other ways in which Wales could be made a positive choice to both undertake training and work include:

- Creation of more academic posts. These are highly competitive and attractive posts for doctors in training. The success and popularity of the Welsh Clinical Academic Track (WCAT) scheme is testament to this and should be extended.

- Ensure there is the opportunity for career progression from the early stages of training to higher level training, which requires a balancing of early years post numbers with higher training posts so trainees will want to come to Wales and feel they can stay and progress.

- Offering ‘taster’ courses would allow foundation trainees to have insight into specialities they had previously not considered.

- As there are more women in medicine who often have caring responsibilities Wales needs more flexibility in training programmes with investment in access to part time training. The evidence from the Wales deanery is that 97% of those who train LTFT (less than full time) remain in Wales after obtaining a CCT.

- Investment in both retainer and returner training programmes for those who have taken career breaks will increase the number of doctors in Wales. These programmes should be fully funded and available for all branches of practice, GP, hospital and public health.

- Rurality needs a specialised approach with programmes designed to support those who wish to train for rural practice. Wales should look to other countries as to how the rural healthcare profession and rural health economy is supported in those countries.

- Investment in GP training practices is crucial if more young doctors are to be retained in general practice. Wales currently funds 136 GP training places per year, not all of which are filled. We estimate that this needs to rise to nearer 200 places to match health need requirements. More widely, Wales urgently needs a primary care workforce strategy as increasing the number of training places will have limited value if Wales then exports these doctors for want of identified career opportunities in Wales.

- Improved working between the Welsh Government, Health Boards, Universities and the Deanery, should be encouraged with an ongoing and strategic approach to workforce planning.

- The geography of Wales needs considering in relation to training rotations and the importance of Liverpool in the North Wales Health economy for example.

Medical education is lifelong and highly valued by the profession, it must be supported by employers with time for research, teaching and learning. Investment in clinical and educational supervisors, improves the training experience and leads to retention of doctors in Wales. The tension between service and training remains and funding of training posts split between NHS and Deanery continues to cause concerns, as does the allocation of time in consultant job plans to training and education.
Wales has traditionally relied upon a high number of doctors from overseas, it is increasingly evident that this remains vitally important for the sustainability of service provision. BMA Cymru Wales has consistently called for the Medical Advisory Committee to create a separate shortage occupation list for Wales which makes it easier for suitable international medical graduates to fill shortage posts (currently Wales’ shortages are grouped in with England’s in a joint shortage occupation list, while Scotland has its own).

ASSESSMENT OF RETURN ON INVESTMENT IN MEDICAL EDUCATION

We have concerns that the establishment of a single body to oversee all health education in Wales creates a significant risk that funds and expertise to support medical training might be subverted to support other areas within health education which would be a catastrophe as Wales would lose expertise and services to patients. Medicine, and medical education and training, remains a very complex and distinct career choice.

We would welcome clarity and further details on the proposal for a single body to bring exiting functions of overall health education together – at this stage, and for the reasons already cited, we do not regard such a proposal as a positive development.