REPORT OF THE HEALTH PROFESSIONAL EDUCATION INVESTMENT REVIEW

Call for feedback by Welsh Government

Response from BMA Cymru Wales

25 May 2015

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the call for feedback by Welsh Government on the report of the Health Professional Education Investment Review which was conducted by a panel chaired by Mel Evans.

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 some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales recognises the importance of this review to the future of health professional education in Wales. However, whilst there are points within the report with which we would agree – such as the need to develop a workforce plan that is aligned to a strategic vision for the NHS in Wales – we are nonetheless concerned at the quality of many of the arguments presented in this report. In our view, many conclusions are drawn which are poorly argued and not backed up with sufficient evidence. We would therefore have a number of serious concerns should such recommendations be accepted without more in-depth, and hence considerably better-evidenced, analysis first being undertaken.
In response to the specific questions raised by Welsh Government as part of the survey which was published on its website, we offer the following responses:

**Single body:** The panel have proposed a single body be established for Wales which brings together a number of functions relating to the workforce. The proposal identifies the following functions: Strategic workforce planning; Education commissioning; and Organisation role design.

We are concerned that whilst the report supports the proposal to establish such a single body, the arguments presented to justify this suggestion lack sufficient substance to present it as a compelling conclusion. We express this concern not because we specifically disagree with the creation of such a single body, but because we feel the analysis on which it has been justified within the report is somewhat superficial.

A key part of the rationale presented in the report seems to be that the panel was constantly bemused by the number of bodies that exist in commissioning and providing education, training and development for health professionals. However, that is not in itself sufficient argument for the creation of a single body to undertake this role, and we note that no other models have been assessed within the report by way of comparison.

We do accept that there may be certain advantages to establishing a single body, and would certainly support the view expressed in the report that the current system for the commissioning and delivery of education and training programmes is unduly complex, not well aligned with policy direction and inefficient. We therefore agree there is a need to develop a more collaborative all-Wales approach to commissioning that is based on an improved process of workforce planning.

A single body could be one way of delivering that, but we don’t think the case has been made by this report that it’s the only option. We certainly believe it is important to develop a clear workforce plan for the NHS in Wales against which education and training is then commissioned. However, we feel more justification needs to be given as to why this commissioning has to be undertaken by a single body, or why that single body also has to be the same organisation as that which produces the workforce plan.

We believe that such analysis needs to now be undertaken so that a way forward can be determined by Welsh Government on a properly evidenced basis.

Such analysis should also determine how such a body would have the necessary breadth of expertise to ensure that it can deliver quality education and training for all health professionals, particularly given the suggestion in paragraph 67 that it would be a body with a relatively small board.

We also believe there should be a proper assessment of the resources that are required. It needs to be determined, for instance, to what extent a need to allocate increased resources may be the key issue of concern rather than the structures through which education and training is commissioned and delivered. We note that it can often seem tempting to believe that changing structures is the answer to a problem, when the real issue might in fact be a lack of sufficient funding.

**Are there other key functions relating to the above which would naturally align with these functions in a new body?**

Should it be determined to move ahead with the establishment of a single body, then we believe there should be consideration given to establishing effective links with Careers Wales in order to promote the opportunities of working within the NHS in Wales. This may therefore require the development of a careers function within the new body.
What key opportunities and challenges are there in establishing a single body for Wales?

In terms of opportunities, we recognise that a single body might offer the ability to avoid duplication of both processes and leadership. If established as an arms-length body, as we note is proposed, this could provide an opportunity for greater longer-term planning of the NHS workforce in Wales than shorter-term political considerations might otherwise allow. We have already suggested, however, that there should be further analysis undertaken to justify any decision to move to a single body and that there should also be a proper assessment undertaken of the resources that are required.

We would be concerned about the possibility of funding being diverted from the training of medical staff towards the training of other health professional groups. Indeed there seems to be an implication in the report that this might be an outcome of moving to a single body – something which has been noted with concern by many of our members. However, we also note that the report clearly recognises the recruitment challenges which are becoming increasingly manifest within general practice in certain parts of Wales, as well as within certain specialties at secondary care level. Given these recognised recruitment concerns, we would seek assurance that appropriate safeguards would therefore be put in place to ensure that funding would not be diverted from medical training. Given that it is recognised we have a problem in Wales relating to shortages of certain types of doctors, this would surely highlight the inadvisability of diverting any funding away from the training of doctors.

Another opportunity that could be given consideration would be to address recognised inequalities, as well as a lack of transparency, in the current SIFT funding arrangements for student placements. At the same time, we would be significantly concerned if the move to a single body led to an even lesser level of transparency in how this funding is spent. This is therefore another area over which we would seek reassurance should a decision be taken to move to a single body. We need to be assured that SIFT funding actually delivers the training it is intended to provide, rather than simply being absorbed into general health service provision.

We have concerns that there may be an assumption in various places within this report that Wales can plan its medical workforce independently of the rest of the UK, but such an assumption would not in our view take account of the reality of global mobility. We need to recognise that workforce planning in Wales needs to be linked to any workforce planning that is undertaken in the rest of the UK. There is a need to accept that there will always be an extent to which doctors trained in Wales will choose not to remain in Wales, whilst doctors trained outside of Wales will subsequently choose to work here. It also needs to be recognised that Wales does not provide all the necessary experience and opportunities to train the full range of doctors it requires. For some specialties, it relies on doctors being trained outside Wales in order for them to be able complete their training to the appropriate standard through access to an appropriate curriculum for their accreditation.

A further consideration is that curricula for both foundation and specialty training are standardised across the UK and we believe this should remain to be the case. There should not therefore be any opportunity for the potential single body to exert influence on the post-graduate curricula for doctors in training. On a similar note, we note that whilst the curricula followed by medical schools may vary, they are agreed with the GMC.

For which aspects of strategic workforce planning should the single body take responsibility?

We recognise that there is a need to effectively identify the overall workforce requirements of the NHS in Wales, whilst linking in with workforce planning in the rest of the UK to ensure that the required overall numbers of different staff groups can be achieved.

At present, we feel Wales lacks a vision based on the acknowledgment that there may be diverse solutions to clinical care depending on the setting in which it is provided (i.e. urban or rural) or fluctuations in relation to where particular members of the workforce may wish to work. For example, there is a need to consider that impact of individuals’ perceptions regarding how working in a particular
location might affect their longer term career. Similarly, there is a need to consider the impact of Wales’ north-south geography. We are aware, for instance, that some doctors may be deterred from undertaking their training in Wales because of concerns they might have to undertake placements or rotations several hours’ travel distance from where they or their families might be based. As a result of the impact of such factors, we feel it is essential that any workforce plan that is developed has sufficient fluidity, adaptability and flexibility.

**Multi Professional Education and Training:** The report proposes that health professional education and training should be provided on the basis of common programmes wherever possible.

**What are the barriers and opportunities of moving to this approach in Wales?**

In our view, the establishment of common programmes should be welcomed as this should encourage inter-professional learning. However, we would note that undergraduate and postgraduate education curricula, leading to examinations and qualifications, are approved by the relevant UK regulatory bodies (e.g. GMC, GDC, GNC etc.) Also, education programmes have been developed with defined learning outcomes and assessments which vary between different professions. Agreement would therefore have to be reached with these regulatory bodies before such common programmes could be established. It would also be important to ensure that medical training can continue to provide clinicians with the particular skills and expertise they require.

We note that there are many references within the report to ways in which training might be changed, including looking at multi-disciplinary training, but would again question how this might impact on ensuring training continues to meet existing recognised standards set by appropriate regulatory bodies such as the GMC and Royal colleges. We would therefore seek assurances that there would not be a dilution of training experience, or the creation of qualifications which might not then be recognised outside of Wales.

**The report highlights the fact that much of the workforce of tomorrow are already contributing as part of the existing workforce. It stresses the need for more emphasis to be placed on supporting existing staff to extend their skills and / or work in different ways.**

The support expressed within the report regarding the importance of on-going training and development of the NHS workforce is something that BMA Cymru Wales would most certainly endorse. In our view, it should be seen as a core feature of all healthcare professionals’ job plans and not as something that can be deemed to be expendable. We therefore welcome the emphasis the report places on supporting existing staff to extend their skills and/or work in different ways. Steps should be taken to ensure that this principle is upheld for all NHS staff as part of the annual appraisal cycle.

Given that much existing training and education is currently focused on programmes for staff early in their careers, we are pleased to see the report advocate a more strategic approach to their development throughout their careers.

**Which priority areas would you identify for the extension of the skills of current staff to increase the flexibility of service provision?**

One area which we think should be given priority is in supporting staff in the ten years leading up to retirement age. Focus should therefore be placed on identifying education and skills development, as well as on working patterns, that can lead to increased retention amongst this staff group.

**What priority areas for new ways of working would you identify in order to accelerate the creation of the workforce needed for the future?**

We suggest there should be clear identification undertaken of what services and training can actually be delivered within community settings. A potential move to more community-based learning could be
welcome, but any proposals for e-learning to replace face-to-face learning would need to be appropriately developed to ensure such training would be effective.

The panel propose a greater package of opportunities should be created across Wales for young people to gain exposure to the wide range of career opportunities within the health care system in Wales. The panel envisage greater opportunities for work experience across a wide range of setting and sectors together with a greater range of apprenticeships.

What are the barriers to providing wider work experience and apprenticeship opportunities and how can they be addressed?

In more deprived areas, local children may be more likely to lack personal links to health professionals. Another barrier that needs to be considered is how to identify the time for students to take up any work experience opportunities. We would suggest that consideration could be given to developing local NHS careers services with local NHS careers champions. Departments could also be established in each health board and university with a remit to promote NHS careers.

These suggestions could enable Wales to build upon the work that is currently undertaken by many hospitals and GP practices that already offer work experience opportunities through both formal schemes and informal arrangements, thereby providing scope to formalise and extend the links which already exist between the NHS and local schools in order to ensure wider access to such opportunities. They could also enable the NHS to go into schools at a stage much earlier than that at which pupils might be allowed into clinical areas, but early enough for them to consider aspiring to work in healthcare before their career choices have been narrowed by subject choices and exam results.

We would also suggest that work needs to be undertaken with schools to ensure opportunities can be provided for students to take up work experience opportunities in ways that will not disrupt teaching schedules. Some students may be willing to take time out of their holidays to undertake placements, but for others there may be a requirement to work with schools and colleges to ensure such opportunities can be taken up within term-time.

How can experience in the health care system be made more attractive to young people?

We would support greater opportunities for young people to gain work experience in all NHS settings, improved career information and guidance to be provided in schools from local NHS staff and organisations, and the development of stronger links between schools/colleges and local NHS establishments. Career days for students could be provided through which the benefits of working in healthcare can be advocated.

Consideration should also be given to the benefit of using role models to promote the merits of a career within the NHS. Health boards and universities should identify staff who can facilitate work experience, as well as visiting local schools to talk about their roles in healthcare.

We note the suggestion in paragraph 84 for a targeted approach to increase the quota of Welsh-domiciled students. This is something we would support but we also note the concerns raised in paragraph 80 regarding legal constraints which might preclude certain financial incentives being offered. This may similarly be the case in relation to the suggestion in paragraph 107 of the need to incentivise children from Welsh medium education to consider careers within NHS Wales. The suggestion of increasing the quota of students from lower socio-economic groups referred to in paragraph 84 is also something we would certainly support.

The report proposes a greater degree of collaboration between HEIs to ensure Wales is able to provide education and training opportunities which align with the requirements of the health care system in Wales. This includes opportunities for individuals to undertake education and training in all parts of Wales. The report also proposes pathfinder sites for the learning ward approach to be translated into a
primary care setting which could provide opportunities for individuals to train in a multi professional environment.

How could this best be achieved?

We note that there is often a disparity between what the NHS in Wales needs, and what potential employees want. In particular, we would note the need for greater promotion of clinical practice in more rural and deprived areas of Wales where there are particular difficulties with both recruitment and retention.

Some options for addressing this could include providing trainees with greater experience in rural practice, establishing longer placements for students, and utilising financial incentives such as golden hellos and handcuffs.

It could also be considered whether it might be feasible for higher education institutions to work more closely and more flexibly by allowing students to undertake different modules at different institutions, facilitated through the establishment of a transferable credit system.

General comments

We would wish to make the following additional observations for the Welsh Government’s consideration:

- Whilst we note the review panel’s support for adopting Scotland’s NES as a model to emulate rather than England’s HEE, we are deeply concerned that the rationale for this support is not at all clearly evidenced within the report. We would therefore wish to see much a more detailed assessment undertaken before any decision might be taken on which model might be followed in Wales, should a decision be taken to move to a single body. We would, however, note that colleagues from BMA Scotland report to us that they do not feel NES has so far achieved the level of influence on joined-up, whole-system workforce planning that the review panel is advocating.

- We are deeply concerned by the unfavourable assessment of the WCAT scheme which our members consider has been successful in attracting high quality doctors to Wales. Indeed we are alarmed at the statement in the report that ‘the opportunity cost to the health system in developing clinical academics was viewed as excessive by some discussion participants’. Such a statement takes a very narrow view of the value of medical academics, only seeming to judge their value on their potential contribution to health service provision. This grossly undervalues the contribution of medical academics and fails to recognise that Wales could lose the opportunity to attract many high quality doctors if such schemes are no longer supported. If we have a concern about WCAT, it’s that the numbers benefitting from the scheme have been steadily eroded. In our view this should be reversed and we see no justification for the views expressed by the panel. We believe there is an opportunity for the NHS to fund academic clinicians in partnership with higher education institutions in Wales in a manner that can support their career progression. Such an approach could help retain those who complete their academic training here, and place Wales in a unique position through becoming an attractive place for medical academics to work that is also appreciated for high quality scientific work, research and innovation.

- Paragraph 46 of the report calls for further work to establish whether centrally funded programmes can be delivered effectively within shorter time-scales. We are concerned this could duplicate work already in train as a result of the Shape of Training review, the findings of which are still under consideration. Whilst acknowledging that we do have documented concerns with the Shape of Training review proposals, we would also be concerned about any move to remove Wales from the UK planning of postgraduate medical education that might be implied within the wording of this paragraph. We would be further concerned at any potential dilution of the quality of training that might result from such an approach.
• BMA Cymru Wales members are concerned at the suggestion in paragraph 81 of the report that health boards could be released from their obligation to provide accommodation for F1 trainees. We consider this to be an attractive measure for recruitment of trainees to Wales, particularly given the fact that medical students tend to graduate with a much higher level of debt that other healthcare students. We would therefore strongly oppose any suggestion it should be removed. In previous discussions with Welsh Government, we have been made aware that officials may not be aware of the extent to which this offer of free accommodation is in fact taken up and therefore do not know how much funding might potentially be released if the obligation was removed. As such, we would be deeply concerned that this funding might disappear to a greater or lesser degree if the recommendation in this report was to be adopted.

• We also find the arguments against further adoption of financial incentives somewhat simplistic. Such incentives have been recognised to have worked well in relation to the armed forces, and we would take issue with the conclusion that we should avoid their usage because they might incentivise less able staff. We believe there should be a more evidenced consideration of the use of such incentives, rather than moving forward on the basis of what may be little more than prejudicial statements.

• Whilst we would not oppose the suggestion of developing a refreshed strategic vision for the NHS in Wales, we would nonetheless note that there have been a number of such strategic visions adopted in the past which have not been acted on in terms of workforce planning.

• We welcome the recognition in the report of the challenge presented by the increasing proportion of current GPs in Wales who are aged 55 or over, but consideration also needs to be given to other changes which pose challenges within general practice – such as the shift towards a more equal gender balance within the workforce, the impact of changes in the pension scheme, the increasing number of GPs in their forties who are leaving the profession and the increased desire for more flexible working and portfolio working.

• Whilst we note that the panel dismissed the view that the Welsh language may act as a potential deterrent to recruitment, we need to be sure that this can in fact be evidenced – which is different from saying that the panel may not be aware of evidence to the contrary. There may well be a need for clear guidance to be made available to potential employees that they can work in Wales without having Welsh language skills. We also see clear benefits in promoting opportunities for NHS staff to develop Welsh language skills.