

Y Gymdeithas Feddygol Brydeinig  
Pumed Llawr  
2 Pentir Caspian  
Ffordd Caspian  
Bae Caerdydd  
Caerdydd  
CF10 4DQ

British Medical Association  
Fifth Floor  
2 Caspian Point  
Caspian Way  
Cardiff Bay  
Cardiff  
CF10 4DQ

# BMA

Cymru Wales

## A Workforce Strategy for Health and Social Care

Consultation by Healthcare Education and Improvement Wales and Social Care Wales

Response from BMA Cymru Wales

18 September 2019

### INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by Healthcare Education and Improvement Wales and Social Care Wales regarding their joint workforce strategy which follows the publication of *A Healthier Wales*. Representatives of HEIW have previously attended meetings of the BMA Welsh Council to outline initial thoughts in this area, and this response hopes to build on these initial discussions, for which we are grateful. BMA Members were also able to attend several of the engagement workshops which have taken place during 2019.

Whilst we appreciate and support that the strategy is for health and social care in Wales, our response will primarily focus on the medical profession and the NHS Wales, although where appropriate we will make links to the social care system. Likewise, our engagement sits primarily with Healthcare Education and Improvement Wales and this document should be read with that in mind.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care.

### RESPONSE

To begin, we strongly support the fact that the strategy builds on the ambitions set out in *A Healthier Wales* and is guided by the Quadruple Aim. We welcome the positioning of the health and wellbeing of the workforce at the very heart of the strategy. This focus aligns with the core mission of the association, which is “to look after doctors so they can look after you”. We hope to continue our positive relationship with HEIW to ensure this is borne out in reality to the benefit of our members, patients and the wider health and social care system.

**Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):**

Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr  
Swyddfa gofrestrdig: BMA House, Tavistock Square, Llundain, WC1H 9JP.  
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.  
Registered as a Company limited by Guarantee. Registered No. 8848 England.  
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.  
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



We have consistently advocated for an all-Wales workforce strategy to tackle the long-term sustainability challenges facing NHS Wales and social care services. As per our representations to the National Assembly's health, social care and sport committee to their inquiries on recruitment<sup>i</sup> and workforce sustainability<sup>ii</sup>, the capacity of the medical workforce is failing to keep pace with increasing demand and is already therefore under immense strain. This is true across primary and secondary care, and this situation is only likely to intensify given our aging population, particular socio-economic challenges, and the continued uncertainties posed by Brexit.

In addition, the traditional medical career model is changing. Studies have demonstrated the increasing popularity of portfolio-based careers (King's Fund<sup>iii, iv</sup>) and less than full time working and career breaks (BMA<sup>v</sup>). This highlights the increased importance of the wider multidisciplinary team and collaboration between professionals to ensure service provision can be balanced alongside these preferences. Training programmes will require adaption to prepare for this increased multidisciplinary approach at an earlier stage. We therefore support the laudable aspiration to develop a whole system strategy.

However, whilst we agree with the case for change, we have some overall high-level concerns with some of the ambitions and commitments outlined in the document.

- We would agree with the aspirations outlined in the draft strategy, however throughout we feel that it lacks detail on the mechanisms to achieve them and how future success would be measured. The strategy should include reference to evaluation methods and measures near the outset of the document to emphasise the importance of this element.
- The timescale for change is insufficiently ambitious, given the current workforce pressures across the health and care sectors. For instance, the ambition of making health and social care the sector of choice must be realised far earlier than 2025, should we wish to attract and retain professionals to roles in Wales.

Data from the General Medical Council<sup>vi</sup> (GMC)<sup>r</sup> suggests that Wales had almost no increase in doctors aged under 50 years from 2012 to 2017, suggesting a difficulty in retaining or attracting this cohort. Applicant numbers from Wales for Cardiff University's 5-year medical degree is lower per capita compared to the rest of the UK, which is concerning as it is recognised by the GMC and others that students who study in their own region are more likely to work in the same area<sup>vii</sup>. These issues specific to Wales are compounded by the fact that, on a UK-wide basis, the percentage of doctors going into specialty training directly after completing the second year of the Foundation Programme has declined to 37.7% in 2018, from a high of 71.3% in 2011<sup>viii</sup>. Whilst 55.6% do enter clinical roles of some sort in the NHS, many are preferring to opt for career breaks or choose to work overseas (around 8.6%). The reasons behind this increase in breaks from training are no doubt multifactorial (as recognised by the GMC in their *Training Pathways 2* working paper<sup>ix</sup>), but it does suggest that there is something about UK training programmes that deters doctors from entering them. This helps to illustrate the challenge facing the medical workforce

- The strategy suggests that multidisciplinary education and training will be the default. As we mentioned previously, the changing landscape of the health and care system means that training programmes must adapt to the realities of increasing multi-professional and multi-agency working in order to best prepare professionals to work in these settings. However, there is a clear and defined need to retain the important structures, networks and standards of current professional training programmes. For medicine, this is necessary to meet the training outcomes set across the UK by the GMC<sup>x</sup> and the requirements outlined in specialty curricula by Royal Colleges. Divergence from these in favour of MDT training as the default mode could risk trainee doctors having to undertake training in their own time to ensure requirements were met, or ultimately to create an under skilled, underprepared medical workforce.

Additionally, medical training in Wales benefits from strong well-established training networks that should be maintained, with general practice training being a particular example. We would be concerned that training quality across these networks could be compromised should the current defined budgets be reallocated to MDT training.

We will now continue to comment on the emerging themes outlined in the strategy. Please note that we will only provide comment on questions we consider relevant.

### **Valuing and retaining our workforce**

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

We welcome the priority given to retention and valuing the workforce, which we agree is the most valuable asset within the health and social care sectors. We are pleased to see the strong commitment to work in partnership with trades union colleagues for the benefit of our members.

We are pleased that the harmonisation of practices across employers has been recognised as something that requires streamlining and harmonisation. Our members report substantial variance in working practices, policies and procedures across different health boards.

We suggest that there needs to be recognition of the immense pressures within the health service at the moment, which is one of the primary factors affecting staff morale and wellbeing.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

We welcome the proposal to introduce staff charters provided this does not cut across or compromise the individual needs of each staff group. This work should build on existing work going forward, such as the BMA's Fatigue and Facilities Charter, which we are working with employers to roll out across Wales for the benefit of junior doctors.

Likewise, we would support the intention to improve and standardise inductions provided individual requirements are maintained and promoted.

The introduction of robust evaluation tools alongside a greater focus on understanding staff concerns and reasons for wanting to leave aligns with some of our long-term aspirations such as the universal roll-out of exit interviews. We would therefore support this good practice being prioritised.

The prominence given to ensuring sustainability and effectiveness of occupational health services as a proposed action is laudable, given its vital importance to staff wellbeing. However, we know that this service is significantly under-staffed and resourced at present, meaning that appointments are not available to those that need it. This requires immediate attention and investment to ensure a viable service exists in the present, let alone in the near future.

We note that enhancing the flexibility of training is considered a longer-term action for 2028-30. This should be featured with greater immediacy given ongoing work by the Academy of Medical Royal Colleges and GMC<sup>xi</sup>.

Effective communication with staff is vital to ensure that staff are engaged. This has been a long-term BMA priority through our work on medical engagement<sup>xii</sup>, which is defined as '*the active and positive contribution of doctors...to maintain and enhance the performance of the organisation...in supporting and encouraging high-quality care*' (Spurgeon, 2008). Enhancing communication should be a continuous and immediate priority rather than being considered a medium-term aspiration.

### Seamless Working

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

As previously described, we acknowledge that increased collaboration across sectors and professions is a necessity given current pressures in many parts of the health and care service. The Frailty service is a particularly positive example of an integrated program delivered with multidisciplinary input, preventing unnecessary secondary care admissions.

*A Healthier Wales* gave some prominence to regional partnership boards as a means of co-ordinating priorities across several agencies. However, we continue to question representation on these boards by front line staff or their representatives, in order to ensure the staff voice is heard within this new and increasingly influential arena.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

We would question the feasibility of several of the priorities. For example, the co-location of multi-disciplinary teams will not be possible in many parts of the health service, without significant investment in the estate. This is particularly true of primary care. Services dispersed across rural areas will also find this aspiration difficult.

The increased focus on multi-agency primary care cluster working over the last 5 or so years, now enshrined in the Primary Care Model for Wales, is something that BMA Cymru Wales has long supported as a means of relieving the pressure within general practice. Continually, we

hear from our members that while the rhetoric is sound, true multidisciplinary working is hampered by bureaucracy and red tape which can delay progress or prevent successful initiatives from continuing into the next budgetary year.

We support the intention to deliver a quality improvement and positive risk approach.

Harmonisation of governance is again a laudable aim, but in practice has already proven difficult, with primary care cluster working as an example. Additionally, we would not wish to see a one-size fits all approach that could lose focus on the individual needs of particular professions or sectors, or to eliminate good practice and innovation in some areas.

## **Digital**

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

This theme adequately captures the high-level aspirations and goals necessary to bring about change within an evolving digital landscape.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

We have major concerns that the priorities and actions, whilst positive and laudable, are simply unachievable in the short to medium term given the perilous state of the IT estate within NHS Wales. To realise the priorities, firstly we must address the basics: ensuring all grades of doctor have access to appropriate devices; enabling cloud working as standard; and having true integration between primary, secondary and tertiary systems.

We support enhancing digital literacy of the workforce, but this would be to no end if we do not urgently upgrade the current system architecture and digitalise working processes.

Additionally, this increased focus on digital as a means of delivering education should not be to the detriment of other more resource or people-focused forms of educational delivery, which remain vital to the learning process.

## **Attraction & recruitment**

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

Establishing Wales as an attractive place to work and train is fundamentally important, particularly given the aforementioned recruitment and retention challenges. BMA Cymru Wales has launched initiatives to widen access to medicine amongst Welsh schools<sup>xiii</sup> and has consistently supported other nationwide activities through membership of the Ministerial Taskforce for Primary Care and the All Wales Medical Workforce Strategy Group.

Regarding values-based recruitment, we would question how the recruitment system could be transformed from the standardised UK selection system which is based on meritocracy. This

would create a differential in Wales and possibly discourage applicants from applying within a system with which they are unfamiliar. Recruitment must also adhere to UK-wide professional regulatory systems, with their associated safeguards; variance from this could be detrimental to the service and public safety, should a different system be implemented in Wales.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

The impact of Train.Work.Live has been felt within primary care through the incentive scheme, and we would support measures to continue this work. However, the campaign will only be truly effective if the training and working conditions within NHS Wales are comparable, if not better than, the rest of the UK.

We would welcome explicit recognition of the importance of promoting the development of the healthcare workforce from within Wales, which would be supplemented by the overseas recruitment activities that are referenced.

Incentives and bursaries need to be considered more widely than in financial terms. This should include reference to career opportunities, staff engagement, opportunities for partners/spouses, and other practical support.

## Education & Learning

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

In general, we are supportive of the vision and ambitions stated within this theme. We would suggest that the word ‘competent’ is not used in light of the GMC move toward professional ‘capabilities’<sup>xiv</sup>.

As stated earlier, BMA Cymru Wales is very supportive of widening access initiatives<sup>xii</sup> and would welcome continued efforts in this area to reverse the trend of fewer Welsh domiciled students applying to study medicine in Welsh universities. The commitment toward greater flexibility within education, making best use of digital technologies, is to be particularly welcomed as this in itself is a measure that can make education and training more accessible.

‘Grow your own schemes’ should be encouraged and continued, but with appropriate quality management and assurance in place to ensure UK-wide requirements and outcomes are met.

We are concerned at the assertion that ‘*Undergraduate programmes must align to the needs of the service*’. We accept that undergraduate education must prepare graduates of any professional group for the working world and ensure preparedness for practice. It would be preferable were this to be framed as ‘*Undergraduate programmes must align to the needs of the patient*’ as this follows the aspirations of A Healthier Wales to reshape the paradigm towards health, wellbeing and prevention. Undergraduate education should also focus on innovation, for instance to bring forward clinical leadership earlier on in doctors’ careers.

The vision of promoting multi-display education at every opportunity may prove impossible to attain for medical education and training, given GMC and Royal College requirements for

curricula. As previously mentioned, we agree with the rationale that professionals must be trained to work in an increasingly MDT-focused environment which should be shaped around the best clinical outcomes for patients, but this cannot be at the expense of the individual specific needs of medical training.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

We support the priorities relating to enhancing strategic educational partnerships and mapping common educational requirements, which is a proportionate step toward identifying multidisciplinary training opportunities. The prioritisation of ensuring flexibility and promoting innovation is also welcome, as is the embedding of quality improvement throughout curricula.

We cautiously welcome the priority given to reviewing the funding of professional education and training. At the outset, we would emphasise the importance of maintaining profession specific education and training budgets to ensure that outcomes for individual professional groups can continue to be met in accordance with UK-wide standards, and in recognition of the competitive global market. There could be scope as part of this review to consider improving the study budget system to provide another tangible benefit of choosing to train in Wales.

We would be very interested in hearing more about the intention to align CPD across professions and agencies by 2030, which would presumably follow the extensive mapping exercise. Many postgraduate specialty curricula in medicine, and no doubt other professions, have very specific and detailed outcomes that would fail to easily map across to other staff groups. Expansion of aligned MDT training therefore cannot come with the consequence of requiring doctors to undertake more training in their own time in order to meet these specific requirements.

We feel that this emerging theme would benefit from reference to enhanced, expanded or advanced practice roles for different staff groups. It is widely recognised, in primary care in particular, that these advanced roles do have a place in daily practice as a means of lessening the burden on already stretched GPs, and thereby increasing public access.

A common issue raised by members is over-scrutiny, by education/training supervisors, of their choice of educational course, should it sit outside of their current scope of practice. This can hamper their development and expansion of their capabilities, leading to disengagement. Whilst we agree that education opportunities have to be relevant, the current system could be reviewed, and we would like to see this considered.

### **Leadership**

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

We agree with the high-level goal of producing quality-focused, compassionate leaders. The vision of a safe and open environment whereby individuals can suggest improvements and raise concerns without fear of recrimination is something BMA Cymru Wales would wholeheartedly support. Rather than a long-term aspiration, this should be reality in the present day, but it is

apparent from our members that this currently is not the case in many parts of the health service.

The aspirations to develop the leadership competence of all staff with a focus on the wellbeing of the workforce is particularly welcome. This shared leadership approach was identified during the BMA's work on medical engagement<sup>xv</sup>, as a means of creating a learning culture.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

We feel that this section could benefit from a clearer demarcation between leadership and management, as there is some conflation. This potentially cuts across the wider vision to develop leadership from amongst all staff groups.

Innovation and dynamic leadership should feature within the emerging priorities list, and we feel this section could be further improved by reference to values-based recruitment for leaders.

Undergraduate leadership development is referenced; postgraduate leadership development should likewise be acknowledged explicitly.

The intention to develop multi-disciplinary graduate learning programmes is a laudable aim, but one that needs to be thoroughly worked through prior to launch. There are nuances inherent within different professions, and a one-size fits all approach could lose some of the benefits that the current system can provide. Additionally, there are existing medical leadership development programmes, such as the Clinical Fellow schemes offered by the Faculty of Medical Leadership and Management, which are well-recognised, well-evidenced and well-used.

### **Workforce Supply & Shape**

1. *Does this theme support the workforce transformation needed to deliver A Healthier Wales?*
2. *If not – what is missing?*

The emerging theme reiterates the rhetoric and direction of travel expressed within *A Healthier Wales* and taken forward in other plans such as the Strategic Programme for Primary Care. It recognises the deficiencies in workforce data. In primary care, this will partly be resolved by the launch of the Wales National Workforce Reporting System (WNWRS). It also acknowledges the current issues in workforce planning, which we believe would be aided by the publication of reliable secondary care vacancy data.

The theme does not however, in our opinion, tangibly describe how the service can move forward to make the whole system transformation a reality.

3. *Are the emerging priorities and potential actions sufficient?*
4. *If not what else would you like to see?*

The reference to improved investment in the workforce as a means to reduce locum and agency dependence is welcome. However, it does not propose any solutions for how this can be achieved: for instance, by making substantive roles more attractive, widening the pool of individuals to whom shifts are offered on a pan-health board basis, and offering internal locums

swifter pay. It should also acknowledge that greater locum working in primary care is often due to the greater desire across the board for a more varied portfolio career.

The creation of a reliable and standardised workforce data set is a necessary priority. This should build on the recently launched workforce reporting system for primary care, by making secondary care workforce vacancy data available in the public domain.

Investment in workforce planning capacity is vital to create the necessary in-house expertise within the health and social care system, to enable the delivery of integrated workforce plans. This will need clinical input to ensure the plans are focused on the best clinical outcomes, and not purely service throughput.

Social partnership working with workforce representatives will be of fundamental importance to realise the ambitions of this theme: in order to have an informed understanding of day-to-day issues; to encourage evaluation; and to ensure roles are made more attractive through improved working conditions.

Finally, this section could benefit from acknowledging the current existence of the All Wales Primary Secondary Care Communication Standards, issued as a Welsh Health Circular in 2018<sup>xvi</sup>. Embedding the principles of this document within workforce development will help to realise the goal of an integrated, flexible and sustainable workforce.

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<sup>x</sup> General Medical Council (2015) 'Promoting Excellence' [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence)

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