

# END OF THE CLASS

## ROUNDTABLE

NHS professionals must start learning together, experts heard at a roundtable on the future of training. Alison Moore on a lively discussion that also included the non-clinical skills medics need – and the radical idea that we have too many doctors and nurses

The NHS and the demands it faces are changing rapidly and will continue to change over the next few years: but what will this mean for the education and training of healthcare staff?

That was the fascinating question posed at a debate on “shaping the workforce of the future; putting the patient first”, sponsored by Plymouth University and chaired by *HSJ* editor Alastair McLellan.

Lisa Rodrigues, independent trustee of the NHS Confederation and chief executive of Sussex Partnership Foundation Trust, told the panel that recruitment to the NHS needed to change. “We used to ask questions about skills but these days we are concentrating much more on attitude and aptitude,” she said.

### Right values

The point was taken up by NHS Employers director Dean Royles who added: “We end up with people who are highly academically qualified but don’t have the right values.” But Paul Buckley, director of education and standards at the General Medical Council, said most people in the NHS were well intentioned – it was the environment that they worked in that led to problems.

Professor Robert Sneyd, dean of Plymouth University Peninsula Schools of Medicine and Dentistry, said he was confident that those selected for his medical school had great potential and were well intentioned. His role was to amplify their enthusiasm.

It was important to offer a students broad “real life” experience early in their training – as was offered in Plymouth, where students worked across a range of clinical settings and in

an area with widespread healthcare inequalities.

Mr Buckley pointed out that, each year, 200 to 300 foundation level doctors across the UK left the profession, after years of expensive education. Often this was down to their resilience when exposed to the realities of working life, he said. Further on, clinicians sometimes fell down because they lacked insight and the capacity for self reflection, he said.

Professor Sneyd said students at Plymouth felt prepared for the realities of working life at an earlier stage. “If we want people to do the right stuff, we need to start them doing the right stuff,” he said. For example, the outreach activities of his dentistry students had included working with the homeless.

The progress of women in medicine and the need to get them into leadership roles was highlighted by Dr Penny Newman, an executive member of the National Association of Primary Care. “We need to track people through their careers and find out where the gaps are and why we are losing them,” she said. “It’s important to make better use of the talent that is available.”

But there was no dispute that students would be working in a very different environment in the future. Partly this would be driven by the change in patient needs and the emphasis that would need to be put on those with one or more long term conditions: Dr Newman pointed to the rising numbers of patients with co-morbidities and the demands this would put on the NHS while Dr Alex Mayor, medical director at Plymouth Hospitals Trust, stressed the impact of a growing number of frail elderly and an increased

number of dementia patients.

The prevalence of people living with chronic conditions would change the structure of healthcare. Mr Royles added that the NHS was also on the cusp of a move from district general hospitals towards home-based care.

Several speakers highlighted looming tough decisions over reconfiguration and closure of hospital services – and the importance of preparing clinicians to take a leadership role in this change. Lord Kakkar, professor of surgery at University College London, said that it would be wrong for clinicians to try to derail consolidation of services where there was evidence it would deliver better care.

What will be the impact on these future healthcare workers of these changes? Dr Mayor said students needed to be prepared for the shift towards a 24 hours a day, seven days a week model, and barriers between primary and secondary care needed to be broken down.

### Multidisciplinary training

An issue for the future is whether the education of healthcare professionals needs to be more integrated, rather than different professions being taught separately. Professor Ray Playford, deputy vice-chancellor at Plymouth University, said that multidisciplinary healthcare delivery was undoubtedly the future. Caroline Langley, director of the academic department at the Royal Society of Medicine, said that interprofessional training was not just “sitting in a room together”, a point supported by Professor Playford who highlighted the true interdisciplinary working that was strongly reflected in



## ROUNDTABLE PARTICIPANTS

**Alastair McLellan (chair)** editor, *Health Service Journal*

**Lisa Rodrigues** independent trustee, NHS Confederation, and chief executive, Sussex Partnership Foundation Trust

**Dean Royles** director, NHS Employers

**Paul Buckley** director of education and standards, General Medical Council

**Professor Robert Sneyd** dean, Plymouth University Peninsula Schools of Medicine and Dentistry

**Dr Penny Newman** executive member, National Association of Primary Care

**Dr Alex Mayor** medical director, Plymouth Hospitals Trust

**Lord Kakkar** professor of surgery, University College London

**Professor Ray Playford** deputy vice-chancellor, Plymouth University

**Caroline Langley** director of the academic department, Royal Society of Medicine

**Sibby Buckle** English Pharmacy Board

**Oliver Colville** MP for Plymouth Sutton and Devonport

**Alison Seabeck** MP for Plymouth Moor View

**Professor Jane Dacre** chair, GMC education and training committee

# DIVIDE

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The panel (clockwise from top right): Penny Newman, Caroline Langley (right) and Jane Dacre, Sibby Buckle, Oliver Colvile, Alison Seabeck, Ray Playford, Alex Mayor, Lord Kakkar, Robert Sneyd, Alastair McLellan, Lisa Rodrigues, Dean Royles, and Paul Buckley



Plymouth University's teaching. Sibby Buckle, of the English Pharmacy Board, agreed that the potential of multidisciplinary working needed to be harnessed. Looking at how the patient could most appropriately be treated would drive savings and better outcomes, she said.

Oliver Colvile, MP for Plymouth Sutton and Devonport, raised the issue of mental health which was rising "steadily but grimly" up the agenda. Representing a naval town, he was particularly conscious of the burden of combat stress.

Meanwhile, his parliamentary colleague and MP for Plymouth Moor View Alison Seabeck said public scrutiny of doctors would increase and "that's not necessarily a wholly comfortable place to be".

Professor Jane Dacre, chair of the GMC education and training committee, spoke of the difficult financial environment in which changes – such as to the NHS's culture – would have to be achieved. Professor Playford made a plea for a focus on areas of poor health with inequalities and discrepancies in service delivery. This might need a change in the primary care model, he suggested.

The need for doctors to be

"taught" leadership skills was also discussed. Dr Newman argued clinical leadership should not be seen as an addition to the main job and that medical students should be taught some of the basics such as writing business cases.

Medics would also need the skills to help people self manage and prevent chronic diseases – an important issue for the future that would not always involve clinical skills, Dr Newman said. Dr Mayor added that leaders had traditionally been those with fantastic clinical skills but this did not need to be the case and doctors might in future choose a more leadership-based path earlier in their careers.

Mr McLellan wondered what should be dropped from doctors' training to free up time to develop these other skills.

Professor Dacre said some "esoteric" subjects could be dropped from the curriculum: though a barrier to change was the opacity around funding. "We don't know where the money is and we don't know what it is being used for," she said.

## Delegating doctors' work

There was general agreement that some work done by doctors could be done by other professionals, allowing doctors to focus on key tasks such as diagnosis. But did doctors need to concentrate more on generalist knowledge or on specialist? Mr Buckley pointed to the difficulty of moving between specialties and the lack of flexibility but others pointed to the dangers of not having enough specialists or having generalists who thought they

were specialists. Quality of training within the service was also important – Dr Mayor suggested not every GP practice and hospital should be involved in training, while Ms Langley suggested postgraduate training did not have to be hospital-based. But this would be a challenge to the current model where junior doctors in training provided much of the care. And reducing in-hospital training would mean many NHS providers would be unable to offer care around the clock, Lord Kakkar said.

Lord Kakkar went on to stress the need to be honest with those beginning training. "We don't tell them that most people will spend most of their time managing chronic diseases in the community and they will be co-ordinating health and social care," he said. "People need to understand what they are going into."

More radically, speakers felt that the distribution of healthcare workers would need to change to meet the needs for healthcare in the future.

Mr Royles suggested fewer doctors and nurses but potentially increasing numbers of other staff to provide a holistic approach to care. Mr Colvile pointed out some of the difficulties of this for any government – fewer doctors and nurses would "scare the horses". Lisa Rodrigues said that, as a chief executive, she wanted to be in a buyers' market for clinicians where oversupply allowed her to employ the staff she wanted.

In summary, there was recognition that the NHS was changing to a 24/7 model where patients needed to be empowered to play a key role in their care. The training of healthcare professionals needed to respond to this with increased emphasis on a multidisciplinary approach and leadership skills, with universities acting as enablers of change, ensuring the NHS is able to adapt to architectural changes and public expectations. ●