



Ein cyf/Our ref: SF/MD/0659/15

David Rees AM  
Chair  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

19 March 2015

Dear David,

**Response to the Health and Social Care Committee's short inquiry into the GP workforce in Wales**

I would first of all like to express my thanks to you and all members of the Health and Social Care Committee for considering matters affecting the GP workforce in Wales in such a short time and for providing your recommendations to me by letter so that they may inform the development of the primary care workforce plan. As the committee will be well aware, the GP workforce in Wales and across the UK is confronted with a complex series of challenges which will only be overcome by number of partners working together.

You will be pleased to see therefore that I intend to accept all 9 of the committee's recommendations. I have set out in an annex to this letter a summary of my response to each along with the way in which I expect to see them progressed. I am clear that the significant majority of the recommendations must be progressed to a conclusion in the next 12 months or sooner in recognition of the immediate nature of these pressures. The primary care workforce plan will be a key vehicle for doing this and undertaking further consultation where this needs to happen.

During the course of its work the committee focused on two main areas, GP speciality training and recruitment and retention. I would like to take the opportunity to state my broad position here, ahead of the publication of the workforce plan.

The committee were clear, as were those who brought forward ideas and evidence, that we do not at present fill the 136 GP training places we provide each year. This is, in part, a result of general practice medicine being perceived as less attractive than other specialisms, something that greater exposure to the stimulating and varied work of general practice during training could help address.

With regards to recruitment and retention, you highlighted the need for more work to be done to retain those who do qualify, including through the use of a range of incentives, and to help others who already work here to remain in, or return to, the workforce on a more flexible basis. This is particularly important for those who may be considering early retirement and whose experience we cannot afford to lose.

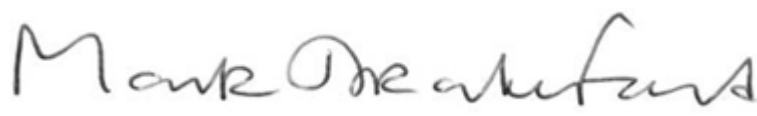
I believe that our primary focus must therefore be to make the case for general practice in Wales with the twin aims of increasing entry into training and improving recruitment, on retaining more of those who train and practice in Wales and also making return to practice as easy as we can safely make it. A number of your recommendations focus precisely on these points and I very much welcome that.

Since you wrote to me on 18 February I have agreed the details of a new two-year GP contract with GPC Wales. Changes to the contract will mean that since 2014-15, around 40% of the total QOF points associated with red tape have been removed. I feel this directly responds to some of the administrative burdens that your committee discussed. The contract is, however, only part of the answer. We must now build upon this by exploring fully the benefits the application of prudent healthcare can bring, not only in relation to access to primary care services, but to GPs themselves.

It is through working as part of multidisciplinary teams that GPs can best be supported by the increased clinical capacity of other professionals (such as pharmacists and physiotherapists working either directly in GP practices or elsewhere in the community). It is this way of working that will deliver the real step change in freeing up time for GPs to care for those who have the most complex needs and for whom the care of a GP will result in the best possible outcomes.

As indicated, my recent announcements on investment for primary care services relate directly to this ambition to help GPs to deliver the care that they feel is needed. This will have the dual impact of improving patient outcomes and creating a much more productive and professionally satisfying working environment. Whilst there is much to do, I am confident that the integrated, patient-centred prudent system of care that we are creating will be increasingly attractive to GPs and to doctors in the training years.

Best wishes,

A handwritten signature in black ink, reading "Mark Drakeford". The signature is written in a cursive style and is enclosed within a thin black rectangular border.

**Mark Drakeford AC / AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

**Short inquiry into the GP workforce in Wales: Summary of responses to the Health and Social Care Committee's Recommendations**

#	Committee Recommendation	Response from the Minister for Health and Social Services	Explanation	
1	Consideration should be given to whether the number of training places on offer should be increased to address concerns expressed to the Committee about an anticipated shortfall of qualified GPs.	<b><i>Accept in principle</i></b>	<p>The number of GP specialty training places funded by the Welsh Government will remain at 136 for 2015-16. As the Committee notes, the supply of places is currently greater than the number of candidates appointed.</p> <p>This position must however be kept under review and further consideration will be given to the overall number of places funded in time for the next intake in 2016/17.</p> <p>Significant progress before then on other recommendations made by the committee, as well as the prudent healthcare agenda, will be necessary in strengthening the case for such a significant financial investment in the training for one profession as any such increase will inevitably have an impact on other areas of education and training at a time of ongoing financial pressures.</p>	To be progressed under recommendation 2 and through the Primary Care Workforce plan and response to Health Professionals Education Investment Review
2	Formal mechanisms should be established to annually review the number of post graduate training places.	<b><i>Accept</i></b>	<p>I am in agreement with the committee that a more formal mechanism for reviewing training places would be beneficial.</p> <p>This would increase transparency around the level of interest in GP speciality training, the uptake of the 136 places currently offered in any year and the number of GPs who receive their Certificate of Completion of Training each year, amongst other factors.</p>	Primary Care Workforce Plan & response to Health Professionals Education Investment Review

			<p>It would also facilitate better alignment between medical and non-medical commissioning processes which I consider necessary in order to take a system wide view on education and training in line with the principles of prudent healthcare.</p>	
3	<p>The Committee would welcome further information about what consideration has been given to extending GP training from three to four years, and what discussions have taken place with counterparts across the UK on this issue.</p>	<p><b>Accept</b></p>	<p>Consideration of the extension of GP speciality training to four years is being taken forward as part of the Welsh Government's response to the Shape of Training Review.</p> <p>I am keen for this work to be progressed on the basis of a consensus between the four UK nations under the governance of the Shape of Training Steering Group (STSG). A joint announcement on this group's approach to taking forward the wider recommendations of the Review was made on 19 February. I will supplement this with a letter to the committee.</p>	<p>By letter to Committee</p>
4	<p>The Deanery and Welsh medical schools should be encouraged to collaborate in the development of a programme that will increase exposure to general practice during undergraduate and foundation training.</p>	<p><b>Accept</b></p>	<p>I expect this recommendation to be responded to through actions to be taken under the primary care workforce plan and for the partners listed in the recommendation to work together with each other and with the Welsh Government to deliver it.</p> <p>The issues raised by the Committee are reflective of the more general approach to education and training which results in a greater proportion of the training available being delivered in hospital settings. The emphasis of training overall must therefore be refocused to ensure a wider number of care settings are included and that students and trainees are exposed to the significant challenges of providing care in the community.</p>	<p>Primary Care Workforce Plan and response to Health Professionals Education Investment Review</p>

			<p>The implementation of the innovative C21 curriculum by Cardiff University for medical students is a new approach, with greater emphasis on theoretical learning combined with hands-on experience of a wide range of care settings. It is aimed at ensuring students are clear about the need to treat the whole person rather than simply considering a specific condition.</p> <p>The new £2.8m academic centre at Kier Hardy University Health Park will support students from Cardiff University's School of Medicine and other education providers and has a strong emphasis on community medicine and direct patient contact through exposure to the care settings around Merthyr Tydfil and the Cynon Valley, including GP practices.</p> <p>Any such programme will need to be further supported by the development of a national recruitment campaign that highlights the essential contribution made by general practice and the opportunities a career in Wales provides.</p>	
5	<p>As part of the wider offer for GPs, consideration should be given to providing incentives to attract trainees, targeted at areas where recruitment problems are most acute, and conditional upon a reasonable length of service in the target area.</p>	<b>Accept</b>	<p>The role of incentives in the education and training of the workforce in Wales is a matter I asked the Health Professional Education Investment Review, chaired by Mel Evans, to consider during the course of its work. I will shortly be responding to that review.</p> <p>Where these are used they need to be more than a short term fix and must lead to those in receipt of them providing a service to that community for a reasonable length of time, as the committee have suggested.</p> <p>Similarly we should not see incentives as just financial and the response to this recommendation will need to take into account a wide range of</p>	<p>Primary Care Workforce Plan &amp; response to Health Professionals Education Investment Review</p>

			educational and employment incentives that do not result in additional payment being made directly to individuals.	
6	An analysis of the likely impact on Wales of the recent announcement of financial and training incentives for trainee GPs in England should be undertaken.	<b>Accept</b>	This analysis is already underway and will be shared and further developed with key delivery partners so that it may inform the position to be taken in respect of recommendation 5.	Welsh Government research with links to Primary Care Workforce Plan
7	Working with the medical schools, a strategy to encourage more Welsh-domiciled students to train and work in Wales should be established.	<b>Accept</b>	<p>Encouraging Welsh students to pursue a career in general medicine is important in addressing some of the negative perceptions of general practice that the committee heard about and in addressing a lack of trainees in rural areas.</p> <p>Outreach programmes targeted at students in secondary education, which are already within the remit of the Wales Deanery and medical schools, are also key to achieving this and I will be looking to this mechanism to form the basis for a focused rural practice training or accreditation schemes that considers the additional support and training that is needed to encourage students from rural areas in the first instance.</p> <p>It is however only part of a wider effort that must be made to make Wales a more attractive proposition for training and practice for those who meet the standards necessary, irrespective of their place of domicile upon application for medical training or prior to taking up practice.</p>	As part of the Primary Care Workforce Plan and the development of a 10 year strategy for the NHS Workforce.
8	Pre-exit interviews should be introduced to ensure that GPs	<b>Accept</b>	Exit interviews of the type recommended by the committee ought to become part of a wider local	Primary Care Workforce Plan

	approaching retirement are aware of options for continuing to work in the Welsh NHS on a more flexible basis.		health boards led employment offer to practices. It should also be broadened so that it applies to any GP who is considering leaving general practice in order for viable options for retention on a basis other than full time can be considered by local health boards.	
9	Consideration should be given to what support the Welsh Government can offer to GPs who are approaching retirement that could enable more to retain their licence to practise and continue to be an active member of the primary care workforce.	<b>Accept</b>	<p>In meeting this recommendation, the existing retainer scheme which aims to support GPs who have family or other commitments that restrict their working patterns must be reviewed to make it more supportive of GPs who are approaching retirement.</p> <p>In considering how this can be done I expect officials to explore with local health boards and other delivery partners, the potential for the experience and expertise of this group to be used in supporting the out of hours service provision, making a contribution to the work of Primary Care Support Teams, working with primary care clusters as they develop or becoming part of a salaried service where that is appropriate to local need.</p>	Primary Care Workforce Plan