

WF 07

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol
Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Coleg Brenhinol y Meddygon (Cymru)

Response from: Royal College of Physicians (Wales)



Inquiry into the sustainability of the health and social care workforce

RCP Wales response

Key points

The RCP has identified several key priorities for the NHS workforce in Wales:

- Develop a national medical workforce and training strategy.
- Show national leadership on the balance between service and training.
- Focus on addressing recruitment and training challenges.
- Increase the number of medical school places offered to Welsh domiciled students.
- Improve the support available to junior doctors in rural areas.
- Encourage health boards to implement the RCP Future Hospital workforce model.
- Legislate on safe staffing levels.
- Ensure that future changes to medical training are reflective of the needs of patients.
- Develop and embed other clinical roles in the NHS workforce.
- Invest in research and innovation, locally and nationally.
- Invest in data collection about the health and social care workforce.
- Make staff health and wellbeing a national priority.

For more information, please contact:

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Inquiry into the sustainability of the health and social care workforce

1. Thank you for the opportunity to respond to your consultation on the National Assembly for Wales committee inquiry into the sustainability of the health and social care workforce. Our response is based on the experiences of our fellows and members.
2. The Royal College of Physicians (RCP) aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 33,000 members worldwide, including 1,100 in Wales, work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. Involving patients and carers at every step, the RCP works to ensure that physicians are educated and trained to provide high-quality care.
3. Good care in the future depends on good training now, and medical education and training must be prioritised when designing health services. The Welsh Government must work with NHS bodies and the Wales Deanery to develop a national medical workforce and training strategy which ensures that staff are deployed and trained effectively, now and in the future.

We need to state what a catastrophic place we are in with regard to workforce in the NHS in Wales at present. Medical staff recruitment problems are threatening the existence of many hospitals and general practices in Wales. We need to train more doctors and nurses in Wales with the aim of retaining them to work in Wales. The tension between service and training needs to be addressed by developing a national workforce strategy.

[Consultant physician in Wales]

4. Workforce planning must be a key priority during the entire process of service reconfiguration. Internal medicine must be valued and urgent action taken to ensure that more physicians contribute to the acute take. Trainee and medical undergraduate numbers must be increased, and junior doctors and medical students must be supported and encouraged to stay in Wales by offering them innovative new training pathways, an improved workload, and more opportunities to take part in clinical leadership and quality improvement programmes.

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5. Wales needs a mature conversation about a future vision and a new way of working for the NHS in Wales. It is important that future investment into the health service does not go towards propping up the old, broken system. The Welsh Government must promote innovative models of integration and introduce shared budgets that establish shared outcomes across the local health and care sector. Spending money on the existing system will not change anything in the long term; health boards must invest in prevention and treatment of chronic conditions and allow clinicians to innovate.
 6. Those living in rural and remote areas must not be forgotten either; it is these areas where the crisis in primary care is hitting hardest, and where a new ambitious model of care has the most potential. All of this will need a drastic change in mind-set, stronger clinical leadership and engagement, and more joined-up thinking between primary, secondary, community and social care teams.
 7. The RCP has identified several key priorities for the NHS workforce in Wales:
 - > **Develop a national medical workforce and training strategy.** Good care in the future depends on good training now. Service planners must make medical education and training a priority when designing health services. Health boards should review existing service planning arrangements to ensure that they do not threaten the sustainability of the medical workforce, especially in rural and remote areas.

I do not think that the Welsh Government has a vision for service or workforce. There are quite a lot of meetings and working parties but no clear vision that everyone can articulate and support. [Consultant physician in Wales]

- > **Show national leadership on the balance between service and training.** The Welsh Government, health boards and the Wales Deanery must acknowledge the delicate balance between service needs and training issues. Every hospital in Wales depends on its trainees and there are huge implications when a unit loses its training status. Physicians working in rural and remote hospitals should be supported by colleagues working in other hospitals, not only with service provision, but also with teaching time. Hospitals across Wales should work as a collection of formal, structured alliances operating hub-and-spoke, or integrated care, networks. Politicians must show national leadership and support innovative solutions to keep these units sustainable.

There is too much pressure on front line staff so people leave. This is currently made worse by increasing demand – population growth, people getting older. The other major problem is fewer staff, due to vacant posts which we cannot fill. It is not exactly lack of funding – more that we lack people coming out of training that we could employ. [Consultant physician in Wales]
- > **Focus on addressing recruitment and training challenges,** particularly in north and west Wales. The number of medical undergraduate and core medical training (CMT) posts in Wales should be increased. Rota changes should allow trainees to work within the same teams for a block of time, to improve continuity of care and enhance training and learning on the job. For those hospitals with poor trainee feedback, CMT roles should be timetabled to ensure clinic time and dedicated teaching time. Health boards must also recognise the risk to the service of losing those consultants who are nearing retirement, and act to retain these senior physicians and their knowledge and experience for as long as possible, especially in more remote hospitals.



The main [problem] is the lack of training places in nursing and medicine.

[Consultant physician in Wales]

- > **Increase the number of undergraduate medical school places offered to Welsh domiciled students.** It is also crucial that Wales makes a more concerted effort to attract its own students to medical school in Cardiff and Swansea. These students are more likely to stay in Wales for their postgraduate training, and if they do leave, they are more likely to return home afterwards. Only 30% of students in Welsh medical schools are Welsh domiciled. This compares to 55% in Scotland, 80% in England and 85% in Northern Ireland.¹ Medical schools must offer more undergraduate places to Welsh domiciled students in order to grow and retain a home-grown workforce, and they should invest in outreach programmes which encourage applications from rural, remote and Welsh speaking communities.
- > **Improve the support available to junior doctors in rural areas.** The rota gaps in many smaller, rural hospitals in Wales can result in isolated working for junior doctors. They also mean that there is not enough face-to-face consultant teaching time for some trainees. Training pathways specialising in rural and remote healthcare should be developed in Wales and advertised across the UK to encourage the best trainees to apply. To recognise how healthcare will change in the coming years, these rural training jobs should be built around the integrated patient journey, and made more attractive through new opportunities to gain postgraduate qualifications or formal experience in service improvement or leadership roles.
- > **Encourage health boards to implement the RCP Future Hospital workforce model.** Hospitals should move towards a 7-day consultant presence – this will require a more even distribution of the acute take between the medical specialties, as well as an increase in the number of internal and acute physicians working in Wales. Integrated working and shared outcomes with health and social care partners should be the norm; physicians and medical teams should spend part of their time working in the community in order to deliver more specialist care in, or close to, the patient's home.
- > **Legislate on safe staffing levels.** The RCP has supported safe nursing staffing legislation in the National Assembly for Wales, and we would support this legislation being extended to other health professionals, where appropriate. Nursing and medical staffing data must be made publicly available and easily accessible, and should be displayed in every ward on a daily basis.
- > **Ensure that future changes to medical training are reflective of the needs of patients.** In the future, we will need more doctors with general medical skills to care for the increasing numbers of patients coming to hospital with multiple medical conditions, particularly frail older patients. However, training a good doctor who can provide generalist care as well as specialist expertise will require adequate time. This is why the RCP supports the expansion of general medicine, the dual accreditation of physicians at Certificate of Specialty Training (CST) level, and an increase of flexibility in training, and we urge action in these areas. We will oppose any shortening of training time for physicians, which would compromise both the quality and the safety of care.
- > **Develop and embed other clinical roles in the NHS workforce.** Excellent patient care depends on cohesive, organised and well-resourced team working. Staff and associate specialist grade posts in Welsh hospitals should be encouraged, and these doctors should be supported in their career progression. The roles of advanced nurse practitioner and physician associate should be

¹ NHS Education for Scotland. [Domicile of UK undergraduate medical students](#). March 2013

developed as core members of the clinical team. However, any increase in staffing numbers for these posts should not be at the expense of consultant expansion.

- > **Invest in research and innovation, locally and nationally.** There should be national investment in innovation and new technologies, which have the potential to revolutionise care and to position Wales as a world leader. Academic research should be considered when planning and delivering health services. All health boards should receive a regular report of research activity, and hospitals should be publicly supported to build a culture of research and allow their staff time out of service for research. Mandatory reporting of research findings should be established to share intelligence. Patients should be given the opportunity to participate in ongoing research activity and should also be involved in setting research priorities.

We do not have any accurate picture of the NHS workforce in Wales. Whatever data there is does not seem to be shared. [Consultant physician in Wales]

- > **Invest in data collection about the health and social care workforce** which would provide a robust evidence base for future medical recruitment strategies and campaigns. We need to better understand the drivers for recruitment and retention. Not enough research has been done so far, and too many decisions are based solely on anecdotal evidence about why we cannot recruit trainees and consultants to work in the Welsh NHS.

As for having enough data about the workforce – despite making lots of assumptions and interventions, I don't feel we know both why trainees make decisions about specialty and location in Wales, plus why the perceived morale among junior doctors is so low. [Trainee physician in Wales]

- > **Make staff health and wellbeing a national priority.** The Welsh Government should invest in the health and wellbeing of its NHS workforce by implementing National Institute for Health and Care Excellence (NICE) public health guidance for employers on obesity, smoking cessation, physical activity, mental wellbeing and the management of long-term sickness. Staff engagement and wellbeing are associated with improved patient care and better patient experience.¹⁶⁻¹⁹ The Welsh Government should consider staff health and wellbeing as part of the proposed national medical workforce and training strategy, and promote national sharing of good practice on staff health and wellbeing.

If you have any questions about this response, or the work of the RCP in Wales, please contact Lowri Jackson, RCP senior policy and public affairs adviser for Wales, at [REDACTED].

With best wishes,



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