

WF 09

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 o Caeredin

Response from: Royal College of Physicians of Edinburgh

The National Assembly for Wales

Inquiry into the sustainability of the health and social care workforce

Response from the Royal College of Physicians of Edinburgh

1. The Royal College of Physicians of Edinburgh (RCPE) is an independent clinical standard setting body and professional membership organisation, which continually aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.
2. Workforce planning: The RCPE supports increased availability of consultant-delivered care, including at evenings and weekends, where there is potential to improve quality of care for patients with the appropriate staff and services in place. It is essential that an evidence-based approach to extended working is taken, recognising the importance of a multi-professional approach and an appropriately phased implementation. This cannot be delivered without additional resource, increased medical staffing, clinical time, and increased support from services such as radiology; pathology and allied health professionals (AHPs).
3. Collaboration is vital between the Government and clinicians to build upon the emerging evidence in this area, such as the findings of the RCPE's [expert workshop](#) on extended working. The medical workforce faces a number of challenges and the RCPE recognises the need for safe and sustainable staffing levels throughout the NHS. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care (1). The RCPE is committed to working with the Welsh Government and other allied organisations to address issues around recruitment and retention such as consultant vacancies, rota gaps and trainee attrition rates, as a matter of priority. We are also committed to working with partner organisations to promote innovative ways of working in the NHS. The roles of Physician Associates, Advanced Nurse Practitioners and other examples of physician extenders should be further examined to create a workforce fit for the future.
4. Political parties must commit to developing and implementing minimum staffing levels for all professions within hospital settings, based upon best evidence (2), along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part-time working, extended working, and the needs of an ageing population.
5. The College is committed to promoting the highest clinical standards and implementation of robust, evidence-based medical practice. Standards must be measurable and the associated scrutiny proportionate in order to be effective. Improving patient flow across health and social care remains vital in this regard, both in terms of patient safety and quality improvement (3). Patients must be treated in the right place, and as quickly as possible. This requires the right numbers of staff and mix of skills across health and social care.
6. Training: Excellent training is essential to provide excellent patient care. Doctors in training provide a significant level of core hospital services and care, and are key in identifying concerns in service provision and standards of patient care. Our trainees will become future NHS leaders and the RCPE is committed to supporting them throughout their careers.
7. The RCPE calls for the incoming Government to ensure that: UK wide training standards, as regulated by the GMC, must be met throughout Wales; development of Shape of Training should be conducted in Wales with input from the RCPE and implementation must be appropriately evaluated;

medical Royal Colleges need to be able to devise curricula according to patient need, independent of government involvement; training and service are inherently linked and both must be supported in order to deliver high quality patient care. Full adoption of the RCPE's Charter for Medical Training (4) provides this environment.

8. All medical units admitting acutely ill patients must be staffed by doctors in training at registrar level possessing the MRCP (UK) examination, or equivalent Staff, Associate Specialist and Specialty (SAS) grade doctors, working under the direct supervision of consultant staff, all on robust and sustainable rotas. A healthy working environment must also be ensured by, for example, a zero tolerance approach to bullying, harassment or undermining behaviour.

References

- 1 Academy of Medical Royal Colleges and Faculties in Scotland (Scottish Academy). *Learning from Serious Failings in Care*. May 2015. <http://www.scottishacademy.org.uk/documents/final-learning-from-serious-failings-in-care-execsummary-290615.pdf>
- 2 Bell D, Jarvie A. Preventing 'where next?' Patients, professionals and learning from serious failings in care. *J R Coll Physicians Edinb* 2015; 45: 4–8. <http://dx.doi.org/10.4997/JRCPE.2015.101>
- 3 RCPE UK Consensus Conference statement. "*Acute Medicine: Improving quality of care through effective patient flow – it's everyone's business!*" 15–16 November 2013. http://www.rcpe.ac.uk/sites/default/files/files/final_statement_patient_flow_.pdf
- 4 RCPE Charter for Medical Training. <http://www.rcpe.ac.uk/policy-standards/chartermedical-training>