5 April 2013

Health Education England consultation on ‘Our Strategic Intent’

I write with regard to the Health Education England (HEE) consultation on ‘Our Strategic Intent’.

The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 46,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

The College welcomes the opportunity to respond to this consultation; we have outlined our feedback on HEE’s strategic intent document below. We look forward to further dialogue with HEE as it takes forward its plans for developing the healthcare workforce in England.

We gratefully acknowledge the contributions of members of the RCGP Quality and Training Board and the General Practice Foundation in formulating this response.
Q1 – Is our purpose clear? Do you understand our roles and remit, and how it fits with yours?

The RCGP broadly understands HEE’s roles and remit, and welcomes the commitment to promote high quality education and training. As the guardian of standards for family doctors in the UK, we look forward to working with HEE as it develops its strategy for the next year and beyond.

We are pleased to see the pledge to involve both patients and the professions in the decision making process, and we look forward to being consulted further about HEE’s advisory structures (as mentioned on p.12 of ‘Our Strategic Intent’).

We wish to emphasise the importance of ensuring that primary care is adequately reflected in HEE’s new structures. For example, it is vital that the primary care voice is well represented on LETBs, and we believe that ensuring this is the case must be an area of ongoing review and focus for HEE. Equally, it is important that HEE’s new advisory structures are not secondary and specialist care dominated. This is not just about a voice for GPs, but is about ensuring adequate representation and involvement from the whole general practice and primary care family.

Looking ahead, we would like to understand further how HEE and its LETBs will work together with NHS England, Monitor and CCGs in order to embed the importance of training and education throughout the NHS.

We would also welcome clarification of HEE’s role in delivering its aims in relation to other stakeholders, including the medical royal colleges. For example, HEE’s EOF domain ‘Excellent Education’ includes the aim to ensure that education curricula are up to date. In many areas, bodies such as the medical royal colleges and the regulator (such as the GMC) are responsible for standard setting and updating curricula. The RCGP, for example, defines standards for general practice through the GP Curriculum. We would therefore like to clarify HEE’s role both in working with the RCGP/GMC on curricula updates, and in supporting the implementation and delivery of curricula and training. In our view, it is the implementation, rather than the development, of curricula that will pose the greater challenge.

We welcome the ambition to ensure a workforce with the right numbers, skills and behaviours and, in particular, the aim to secure future supply in the primary care workforce. A high-quality primary care service is essential to maintain and improve population health and thus save healthcare costs, control access to secondary care services, tailor services to
local population needs, and help patients navigate an increasingly complex healthcare system.

We are, therefore, keen to understand further how the RCGP will be able to work with HEE and LETBs in delivering what we see as the three main areas for action in workforce planning for general practice:

- Increasing the number of new GPs who enter the profession, by promoting general practice as a career amongst medical students and improving the way in which it is viewed and valued;

- Retaining the existing workforce, by increasing levels of support and resource, particularly in areas where GPs are under most pressure, and providing better support for returners;

- Advancing the development of high quality community based services for patients, by extending postgraduate training from three to four years, equipping GPs with new skills and supporting research and innovation.

We understand that HEE will review its strategic priorities in the light of the Francis Report and the Government’s response to this. We would welcome clarification of how HEE intends work with other stakeholders in taking forward the recommendations made in the report, particularly recommendations 152 – 172 on medical training and education, and recommendations around nursing training (chapter 23). We would welcome further details about how the RCGP and HEE can work together in this area.

Finally, we understand that HEE will provide national leadership for the education and training system in England, and we welcome this role. However, we are keen to understand how HEE will interact with the devolved nations in areas where a UK-wide perspective is needed. Some sector organisations, such as the GMC, have a UK-wide focus, so it will be important to ensure that workforce planning and training in England are not addressed in isolation.

Q2 How can we align our planning processes with the commissioning, provision, regulatory, professional or educational cycle to get the most benefit?

HEE should be aware of existing recruitment and regulatory cycles. With regard to ensuring that education curricula are up to date, it would be helpful for HEE to liaise with both the royal medical colleges, including the RCGP, and the relevant regulators (such as the GMC),
so that HEE is able to feed into plans for improving standards at the appropriate period in the annual regulatory cycle.

Q3 Do you agree with our values and principles, and how we intend to work with the system?

We endorse HEE’s values and principles. In particular, we are pleased to see that HEE places the needs of the patient at the heart of its way of working. Similarly, we welcome the emphasis on ensuring that the NHS has a workforce with the right values and behaviours, as well as the necessary knowledge and skills, to deliver high quality care - particularly in light of the recent Francis Report. We would like to see further details about how HEE intends to deliver this aim in practice, both through recruitment processes, and education and training.

We welcome the commitment to local needs and decision making, through LETBs. However, we wish to sound a cautionary note about the potential for geographic variations if different LETBs choose to emphasise different areas of education and training. We understand that LETBs will be accountable to a national strategic framework, but we would like further clarification of how local flexibility will interact with national strategy.

Q4 What are your views on our proposed priorities? Are there areas that we can work together on to amplify our efforts?

(i) We welcome the commitment to develop role models in practice education. We would also like to emphasise the importance of trainee safety within NHS organisations, for example the need to ensure that trainees are supported by senior staff, feel free to raise concerns (as per recommendation 156 of the Francis Report), and are not exposed to clinical situations beyond their level of competence. We suggest that role models could help to ensure that trainees are able to work in a safe, supportive and open environment.

Additionally, we would like to draw attention to recommendation 163 of the Francis Report, which highlights the need to ensure that there are sufficient available staff, with the right skills, to provide training and to ensure patient safety in the course of training.

HEE may also wish to work with stakeholders to develop training and accreditation programmes for trainers and clinical supervisors, so that quality standards for trainers, supervisors and role models are defined and developed.

(ii) We endorse HEE’s commitment to greater investment in Continuing Professional Development (CPD) and we would welcome the opportunity to work together in this area. The RCGP has had an important role to play in the implementation of the new revalidation
system for GPs, and we offer considerable support to GPs both in the revalidation process and with other resources for CPD.

(iii) We believe that general practice is extremely well placed to support and foster a dementia aware workforce and we support this aim. However, we would strongly emphasise that healthcare professionals, including GPs, must become increasingly adept at managing patients with multiple co-morbidities and long-term conditions, of which dementia may be one of several. (Please see also our response to Q5 below).

(iv) We support HEE’s commitment to make healthcare the career of choice. We are concerned that the current growth in general practice is not strong enough to meet the predicted need. A key ambition of the RCGP is, therefore, to increase the number of new GPs who enter the profession, by promoting general practice as a career amongst medical students and improving the way in which general practice is viewed and valued. In order to retain the existing workforce, we are also seeking to make it easier for GPs to return to the workforce after a career break. We would welcome opportunities to work together in this area.

We would also like to emphasise the importance of planning ahead to ensure trainer capacity and teaching premises for a widening workforce.

(v) We recognise the importance of a workforce that is responsive to research and innovation, and we welcome the emphasis on the use of technology in education.

(vi) As mentioned above (1), we strongly welcome HEE’s commitment to secure future supply of the primary care workforce. This is a key concern of the RCGP and we would welcome cooperation in this area between the RCGP and HEE.

The RCGP believes that patients, families and carers, of all backgrounds and ages, deserve access to high quality, safe and comprehensive NHS care. To deliver this, we need a workforce of highly trained GPs, with the expertise, skill and time to care for patients in their homes and communities.

As a result, the RCGP is campaigning for extending and enhancing GP training from three to four years. Many of the drivers for change outlined by the HEE in ‘Our Strategic Intent’ are also presented within the educational case for enhanced and extended GP training. This educational case has been approved by MEE; the RCGP and its partners are now working on producing workable implementation proposals. We look forward to further dialogue with HEE on this issue.
The RCGP is also committed to the development of the broader primary care team, including practice managers, nurses and physician assistants, who are supported by the RCGP’s General Practice Foundation. We are concerned that there are currently no statutory national training standards for general practice nurses (GPNs); as a result, we have developed guidance on nursing standards and a competency frameworks for practice nurses, which are intended to be used as a benchmark by employers, GPNs, commissioning groups and primary care organisations. We are keen to work closely with HEE on further initiatives to support the development of nursing excellence in general practice across England and the UK.

(vii) We endorse the aim to develop and introduce best practice in the testing of values in the recruitment of staff. As mentioned above (3), we believe that ensuring that NHS staff have the right values and behaviours is crucial to delivering high quality care. We would also welcome an emphasis on the ability of individuals to work as part of an effective, integrated healthcare team, with staff understanding how their individual role fits into the bigger picture of patient care.

Q5 What should be our strategy going forward beyond transition? How can we ensure alignment where appropriate with other strategies in the health and education system?

Firstly, we believe that HEE should focus on promoting and developing the vital role of medical generalism in today’s healthcare system, while seeking the right balance between generalism and specialism in the NHS.

As ‘Our Strategic Intent’ recognises, the NHS is facing two crucial drivers of change: the UK’s ageing population and the increasing number of people living with more than one long-term, complex medical condition. The RCGP believes that medical generalism provides some of the key tools that will be needed to overcome these problems, including: dealing with patients suffering from multiple morbidities; experience of working in an interdisciplinary team across professional and organisational boundaries; and assessing the individual patient in the context of his or her family and social setting.

In our view, generalist skills will become increasingly important not only to community based healthcare workers, such as GPs, but also across several sectors and disciplines, including pharmacists, hospital doctors, and nurses.

We have identified this growing need for generalist skills in the NHS through wide-ranging consultation both within the College and externally, as part of our work developing General
Practice 2022, the RCGP’s ten year vision for general practice in the NHS. The importance of generalists to the NHS was also highlighted by the independent Commission on Generalism. We welcome further dialogue on this issue and would be pleased to provide assistance to HEE on developing a strategy for the role of medical generalism in the NHS.

Secondly, we would like to see an increased emphasis on improving opportunities for evidence-based interdisciplinary training, in order to facilitate more integration across the health system (for example, between GPs and pharmacists, or between primary and secondary care workers). As a leader of workforce development across the healthcare and public health workforce, HEE appears to be uniquely placed to bridge the gap between different groups of healthcare professionals and to foster an understanding of how multidisciplinary teams can work together.

We thank you again for the opportunity to respond to this consultation and look forward to ongoing dialogue with HEE on this topic.

Yours faithfully,

Professor Amanda Howe MA Med MD FRCGP
Honorary Secretary of Council