



# A Healthier Wales: A Workforce Strategy for Health and Social Care

## RCP Cymru Wales response

### About us

Our 36,000 members worldwide, including 1,300 in Wales, work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions, including stroke, care of older people, diabetes, cardiology and respiratory disease. We campaign for improvements to healthcare, medical education and public health.

In Wales, we work directly with health boards and other NHS Wales organisations, including Health Education and Improvement Wales; we carry out regular local conversation hospital visits to meet patients and staff; and we collaborate with other organisations to raise awareness of public health challenges.

We organise high-quality conferences, teaching and workshop events that attract hundreds of doctors every year. Our work with the Society of Physicians in Wales aims to showcase best practice through poster competitions and trainee awards. We also host the highly successful biennial RCP membership and fellowship ceremony for Wales.

To help shape the future of medical care in Wales, visit our website:

[www.rcplondon.ac.uk/wales](http://www.rcplondon.ac.uk/wales)

To tell us what you think – or to request more information – email us at:

[wales@rcplondon.ac.uk](mailto:wales@rcplondon.ac.uk)

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## A Workforce Strategy for Health and Social Care

Thank you for the opportunity to respond to your consultation on the workforce strategy for health and social care from Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW). The Royal College of Physicians (RCP) has worked with consultant physicians, trainee and specialty doctors, and members of our patient carer network in Wales to produce this response. We would be happy to organise further written or oral evidence if that would be helpful.

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## Key recommendations

**HEIW and SCW should work with the Welsh government and NHS Wales to:**

- implement an ambitious patient-centred and clinically led national workforce and training strategy
- build strong medical teams and encourage a sense of belonging and identity at hospitals
- take a nationally coordinated and strategic approach to workforce planning and data collection
- guarantee protected time for research, education, quality improvement and leadership schemes
- invest in national programmes such as the [chief registrar scheme](#) and [flexible portfolio training](#)
- develop rural and remote medicine as a training pathway in which Wales is a world leader
- increase the supply of doctors across all parts of the medical workforce
- increase the number of medical student and postgraduate training posts in Wales
- increase the number of medical school places offered to Welsh-domiciled students
- make staff health and wellbeing a national priority
- appoint wellbeing staff to improve induction and support trainees as they move around Wales
- plan fair and flexible rotas and take the pressure off trainee doctors to organise their own cover
- establish a junior doctor forum in every hospital with access to staff support
- support specialty doctors working in non-training jobs to develop their careers
- fill rota gaps by investing unspent trainee money in innovative clinical fellowships
- develop and invest in structured CESR courses with mentoring and support for specialty doctors
- invest in and regulate new healthcare roles such as physician associates (PAs)
- give overseas doctors the chance to train in the NHS using the [Medical Training Initiative](#).



## Our response

This workforce strategy for health and social care is certainly a step in the right direction: it clearly recognises that the NHS in Wales must adapt to being a modern employer, as shown by its commitment to improving skill mix, embracing new roles and promoting new and more flexible ways of working. But the workforce shortages across our health service are stark, and if we don't fix the supply challenges, the plan will fail to address the very real pressures facing the NHS and our social care services.

We strongly welcome the strategy's commitment to placing the health and wellbeing of our workforce at the heart of the strategy. As implementation plans are created and enacted (p5) we expect these to be clinically-led, patient centred and designed using co-production principles. Health boards and NHS organisations in Wales must ensure that change is genuinely led by patients and clinicians, and not presented as a 'done deal' at a late stage in the planning process. There is a real risk that without the genuine involvement of patients and clinicians, any proposed changes will lack ownership, credibility and are unlikely to result in lasting change.

The issue of accountability is also important. Clinicians and healthcare professionals need to know who will be held to account for delivering this strategy and meeting its milestones.

It is also imperative that this workforce strategy is clearly integrated with the proposed Welsh government national clinical plan which is due to be published later in 2019. Delivering patient-centred health and social care services is entirely dependent on a valued, motivated and well-staffed workforce.

### Valuing our workforce

We welcome the strategy's suggested actions on valuing our workforce. We know that Welsh hospitals are understaffed and overstretched. There are a number of reasons for this: an ageing population, an increase in patients with multiple complex health problems, difficulties in recruiting staff, a large number of doctors nearing retirement, and a more flexible approach to work among younger doctors. We simply haven't looked far enough ahead and planned accordingly.


It is essential that staff feel valued and supported so that they can continue to deliver excellent care. The NHS in Wales must support doctors to deliver the best care possible by investing in training, education and career development. Consultants, trainee doctors and medical students must be encouraged to stay in Wales through an improved work-life balance and clinical leadership opportunities.

The NHS could do much more to improve the working conditions and the morale of the medical workforce. The RCP Cymru Wales [Doing things differently](#) report suggests a wide variety of recommendations to support doctors. Investing in staff health and wellbeing, improving flexibility in rotas, and balancing time between clinical practice and other activities such as training, research and leadership roles will all help to improve the morale of the workforce and the quality of patient care.

We have submitted our report, [Doing things differently](#) alongside our response to this strategy and we call on HEIW and SCW to consider its recommendations and solutions as part of our evidence.

### Seamless working

We welcome the strategy's suggested actions on seamless working.



The NHS in Wales must support clinicians to develop innovative solutions, especially in rural and remote areas. Overall, the Welsh government must invest in the long-term sustainability of the health and social care system. A renewed focus should be placed on developing integrated models of care and improving the experience of patients with complex needs.

While it is vital that we increase the number of people training to become clinicians, we also need to be honest that how we deliver care is changing. It is good to see that the strategy acknowledges this and recognises that our workforce is not always joined-up, and that we need to ensure good practice models and new ways of working are scaled up (p8). The NHS workforce of the future will deliver care in multi-disciplinary and multi-professional ways across different healthcare settings.


At the RCP we know that physician associates (PA) are a highly valuable growing profession ready to work alongside multi-disciplinary teams to deliver high-quality patient care. Promoting innovative staffing models, with new healthcare roles including PAs, can support medical teams to deliver high-quality care and relieve some of the workforce pressures facing the NHS. PAs work alongside physicians, GPs and surgeons, providing medical care as an integral part of the multidisciplinary team (MDT). Their duties include taking patient stories, carrying out physical examinations, and developing and delivering treatment plans. However, without statutory regulation, there are significant limitations on the level of support that PAs can provide – for example, PAs cannot currently order X-rays or prescribe. Now that the four UK governments have announced the General Medical Council (GMC) as the statutory regulator for PAs, the necessary legislation needs to be brought forward and enacted as soon as possible.

***‘Despite the recent agreement between Cardiff and Bangor universities allowing medical students to train here in north Wales (which is very exciting and promising) it provides no greater opportunity for graduate students in north Wales to pursue a career in medicine due to narrow admission criteria. There is only one recognised feeder course based in north Wales for the graduate entry programme at Cardiff, but there are three recognised courses in south Wales. This only allows a small number of students in north Wales the chance to progress from their undergraduate studies to study medicine, and opportunities are being missed to train people who wish to pursue a career in medicine in north Wales.***

***‘For some physician associates, who might wish to pursue a career in medicine later in their career, this narrow admission criteria also excludes other healthcare professionals. However, it is exciting to see that advances are being made to address this in Scotland with the development of the [new medical degree \(HCP-Med\) for healthcare professionals](#). So fingers crossed that in years to come this idea will expand to the rest of the UK, including Wales.’*** – Physician associate, NHS Wales

It will be no surprise that aside from rota gaps, the single biggest concern reported by our doctors is the lack of capacity in the system to transfer patients home or into community care. As more hospitals find themselves under extreme pressure, patients are waiting longer for treatment at the front door. Many of those who are well enough to leave hospital remain trapped in the system, unable to go home or move into community care because of a lack of capacity and staff.

Investing in social and community care is vital to the long-term sustainability of the NHS. The focus shouldn't be on primary care vs secondary care – it's about changing the whole system. More GPs are working at the front door of hospitals in Wales, and hospital specialists are increasingly running clinics in the community. In addition to encouraging and supporting doctors and other healthcare professionals to lead change, we need to share this learning between health boards to increase the pace of service



transformation. It is time for a whole-system approach across primary, community, secondary and social care to deal with the impact of the growing pressure on unscheduled care.

Health boards and HEIW should commit to investing and promoting Wales as a world leader in rural and community-based medicine. Many trainees tell us that they would like to gain a consultant post where they have undertaken specialist training. Developing a specialist rural health training pathway which splits time between the hospital and the community could boost medical recruitment in Wales in the future. We have a real opportunity to lead the way on innovative community health service design.

The NHS needs to include patients and their families in early discussions about care planning, and acknowledging what can be changed about their choices, and what cannot. People who live in nursing or residential care and often have multiple health conditions and complex medical needs should have access to enhanced primary care teams, with specialist physicians who have an interest in the care of older people. Primary care should no longer be synonymous with general practice – community healthcare must include a wide variety of different professions, specialties and therapies.

MDTs should be working in the community to prevent admissions ([the virtual ward concept](#)). All hospitals in Wales should adopt a [discharge to assess approach](#). Emergency departments should have social workers, occupational therapists and other allied health professionals on staff to assess and develop care plans for frail and complex patients; social services, clinicians and frailty teams should be working together from the point of admission to ensure that plans are put in place as soon as possible to allow for safe, earlier discharge.

Patients who regularly attend emergency departments should have a care plan agreed between clinicians, the patient and their advocate (if relevant). The [Cardiff and Vale frequent attender service](#) is an excellent example of what can be achieved when health professionals take ownership and integrate their work with that of other agencies. Staff working in unscheduled care should have universal access to all medical records for each specialty, health board and primary care in Wales.

**HEIW, SCW, NHS Wales and the Welsh government need to:**


- deliver more specialist medical care in the community
- focus on supporting and developing new models of care for rural and remote communities
- develop the role of community physician
- address nurse, specialist healthcare professional and wider clinical team workforce shortages

## Digital

We welcome the strategy's suggested actions on digital technology. However, we'd like to see this theme talk more about research, innovation and quality improvement as part of everyday clinical life.

The RCP recently called for every clinician working in the NHS to become research active. The RCP Cymru Wales report, [Time for research](#), calls on health boards, trusts and HEIW to support research activity in our hospitals and communities by protecting clinician time for research, showcasing project findings and involving patients.

We have submitted our report, [Time for research](#) alongside our response to this strategy and we call on HEIW and SCW to consider its recommendations and solutions as part of our evidence.



It is important that every clinician working in the NHS is research-active: this can mean identifying opportunities for new research, recruiting patients, supporting colleagues or leading trials themselves. Research and innovation should be part of health boards' core activity and understood to be a key indicator of improving patient care. Hospitals and community settings should increase their research activity and doctors should be supported to pursue research activity, allowing more patients than ever before to be involved with or benefit from clinical research.

Too many clinicians fit in their research commitments around the rest of their job. With an increasing number of rota gaps in many hospitals, 43% of [consultant physicians in Wales tell us](#) that their research is one of the first things to be dropped when the service is under pressure.

All NHS bodies in Wales should receive a regular report of research activity. An executive director on each health board or NHS trust should be made responsible for promoting research across the wider organisation, coordinating activity across primary, secondary and community care, and reporting on research activity and its impact on a regular basis. Patients should be made aware of ongoing research activity and given the opportunity to participate where appropriate. This includes observational studies, clinical trials and the use of data from patient records. The results of studies should be disseminated to patients who have participated.

All medical and allied health professionals should be encouraged and supported to learn more about research methodology and participation during their undergraduate training so that it becomes embedded in their education and training as they move forward in their careers. Staff working less-than-full-time should be given equal support and access to research training and development.

**HEIW, SCW, NHS Wales and the Welsh government need to:**

- provide clear national leadership on the importance of medical research
- tackle the growing skills gap in science, technology, engineering and mathematics (STEM) subjects
- work with the medical community to ensure NHS staff have protected research time
- ensure research and development departments are able to provide leadership, support and advice.


On digital healthcare more generally, the RCP has also recently appointed our first UK clinical director for digital health who will lead on developing a digital health strategy for the RCP. We fully support the ambitious proposals contained within this workforce strategy, but look forward to receiving more detail about how exactly these will be implemented. NHS IT and technology infrastructure is often notoriously patchy, unreliable and outdated and substantial investment and excellent project management will be needed if any of these proposals are to make a difference to everyday working life.

## Recruitment

We welcome the strategy's suggested actions on recruitment, and we recognise and agreed with the finding that 'there is still a lack of knowledge of the Wales offer, which hampers recruitment', and 'recruitment processes can be slow and difficult to navigate' (p12).

***'I applaud the fact the strategy recognises we have problems recruiting and retaining staff in Wales and that we must ensure we have a contented and well-motivated workforce. It doesn't mention one of the biggest deterrents to recruiting medical staff in Wales and that is the fear of having to rotate or travel between the south and the north of Wales. We will never function as a nation until communications between the north and the south of Wales are improved.'*** – Consultant physician, NHS Wales





Health boards, NHS trusts and HEIW must work together to consider innovative solutions to the recruitment crisis – advertising the same old roles time and time again is not working. We need to make jobs more attractive, and look after our existing workforce by offering support and wellbeing to health and social care professionals across Wales. We would especially welcome a national approach to recruitment: ‘a national health and social care careers service’ (p13) which we believe should be made available to support all clinicians and health professionals at every stage in their career.

RCP Cymru Wales has identified a number of solutions to the recruitment crisis in our [Doing things differently](#) report. This is attached as part of our evidence to this consultation.

### **Education and learning**

We welcome the strategy’s suggested actions on education and learning, and agree that ‘delivery of education in primary and community settings must increase’ and that ‘existing education provision is often delivered in silos’ (p15). However, the strategy does not address the very real challenge of supply into medicine. We urgently need to increase the current number of medical student places to account for the drop off in trainee places that takes place after graduation from medical school, and at subsequent pressure points during postgraduate medical training.

### **Leadership**

We welcome the strategy’s suggested actions on leadership, and we agree that ‘seamless provision of care needs flexible and adaptive leaders to work together’ (p17). We support the development of a ‘collective leadership strategy’ and we strongly support ‘increased clinical leadership through effective use of rostering and job plans’ (p18).


Leadership has a very real impact on how we feel about our work. We need leaders who are focused on quality improvement and creating the space for us to deliver improved care for our patients – we know it can be done, and our [chief registrars](#) are a great example of doctors balancing clinical and leadership responsibilities. However, we have historically struggled to recruit to these trainee leadership posts, and more work needs to be done to set out the clear advantages of taking on these roles.

In September 2019, we will be publishing our **#WalesFutureLeaders** report, which sets out the findings and recommendations from a recent RCP Cymru Wales evening workshop on leadership and networking. An embargoed copy is attached, and we call on HEIW and SCW to consider the examples and recommendations within the report as part of our evidence.

### **Workforce supply and shape**

We welcome the strategy’s suggested actions on workforce supply and shape. We especially agree with the finding that ‘joint workforce planning is required at a regional level’ and that ‘workforce data is incomplete across the sector’ (p20). A major priority should be proper long-term workforce planning based on the best available evidence which is continually monitored, evaluated and updated.

In fact, workforce data is patchy and unreliable across the board, making it almost impossible to plan ahead. The Welsh government, NHS Wales and HEIW must commit to working together to gather reliable evidence on staffing, career pathways and working patterns, and they should commit to working with outside organisations including royal colleges to make these data readily accessible, transparent and easy to understand for patients, families and the general public.



We need HEIW and NHS Wales to develop a single, reliable source of data about the workforce. This would enable the strategy's commitment to 'accelerating cross sector workforce intelligence, to inform scenario planning and workforce modelling' (p5). Currently there is no agreed national understanding of how many nurses, doctors and other clinicians exist, and without that our projections are only educated guesswork. Many of the royal colleges regularly collect detailed workforce data from their members, and we would welcome the opportunity to work with HEIW, Healthcare Inspectorate Wales, the GMC, the British Medical Association and other stakeholders to feed this information into workforce planning. We strongly welcome a commitment to 'a single specification for current workforce data collection' and a 'standardised minimum data set'. This work should include intelligence gathered by external stakeholders, including the royal colleges and specialty societies.

We support the development of a multi-disciplinary, multi-agency workforce. However, making a real difference on this will require innovative thinking, clear leadership and substantial investment if we are going to achieve a 'common approach to addressing gaps in workforce intelligence and using sophisticated modelling' (p21). As well as detailed workforce plans in primary and community care, we need a national approach to detailed workforce planning across hospital and specialist care. This should be led by clinicians in conjunction with the royal colleges, specialty societies and other key stakeholders.

### The Welsh language

The health and social care workforce in Wales should be encouraged to use the Welsh language in all settings, and given support to learn the language if desired. The RCP has called for an increase in medical school places for Welsh-domiciled students.

***'The other thing the strategy doesn't really address is culture and language both of the diverse population of Wales and potentially of the NHS workforce. I do think that it plays a part in recruitment.'*** – Consultant physician, NHS Wales

The number of students from Wales applying to study medicine in Cardiff and Swansea is rising – this is excellent news, and should be welcomed. However, progress is slow, and we need to do more by working with schools to promote careers in medicine, healthcare and medical research. We need to encourage children from all backgrounds and all parts of Wales to consider becoming doctors.

### Further evidence

As part of our evidence, we are also submitting the following RCP Cymru Wales reports and recommendations for consideration. All of them can be accessed below or on our website.

- [#WalesFutureLeaders: Developing the confidence to get ahead \(2019\)](#) (link to follow)
- [Breaking down barriers: Our action plan for the next Welsh government](#) (2019)
- [Time for research: Delivering innovative patient care in Wales](#) (2019)
- [Doing things differently: Supporting junior doctors in Wales](#) (2019)
- [Feeling the pressure: Patient care in an overstretched NHS in Wales](#) (2017)
- [Physicians on the front line: The medical workforce in Wales in 2016](#) (2016)
- [Focus on the future: Our action plan for the next Welsh government](#) (2015)
- [Rising to the challenge: Improving acute care, meeting patients' needs in Wales](#) (2014)

Our manifesto calls for a 2021 Senedd election – [Breaking down barriers](#) – have now been published alongside a case studies booklet. A copy is attached, and we call on HEIW and SCW to consider the examples and recommendations within this report as part of our evidence.