



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)



Breaking down barriers

Our action plan
for the next Welsh
government

September 2019

Foreword

As the Royal College of Physicians' team in Wales, our role is to listen to our members, fellows and physician associates working day in and day out in our NHS, and to highlight the key issues they raise to ensure excellence in the standards of training and working which delivers the best patient care.

The multidisciplinary medical team exists in an ever-changing and increasingly challenging environment, and our goals are to innovate and develop new healthcare delivery models that are sustainable for decades to come.

The concept of prudent and value-based healthcare is sound and we encourage its reinforcement by clinicians. We welcomed the Welsh government's 2018 publication *A healthier Wales: our plan for health and social care*. It is a plan that requires actions that are measurable, and to achieve this, the change needs to be led by patients and clinicians.

Our themes are familiar, challenging and deliverable: ensuring that people from all social sectors live in a healthy environment and are able look after their own health; that the health and social care systems are fully integrated to make the patient's journey within that system as easy as possible; that improved patient care is most likely to be achieved in units where clinicians are participating in research, the time for which needs to be protected; and that there needs to be a commitment to invest in increasing medical student numbers in Wales, and to expanding training opportunities for doctors and allowing for flexible career development, all with the ultimate aim of expanding and creating the modern workforce that will deliver uniformly high-quality care across Wales.

It is an honour to work in the Welsh NHS for our patients. We need to ensure that the principles of shared decision making extend not only to the doctor–patient relationship but also to the interaction between patient, doctor and policy makers.

Dr Gareth Llewelyn
RCP vice president for Wales

Recommendations

The RCP calls on all political parties in Wales to commit to our four-point action plan for the next Welsh government. The next Welsh government should:

1 **Develop, support and value the NHS workforce.**

The next Welsh government 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. Promoting new roles such as physician associates (PAs) will deliver high-quality multidisciplinary patient care and relieve NHS workforce pressures.

2 **Break down the barriers to patient-centred care.**

The next Welsh government must support clinicians to develop innovative solutions to the NHS crisis, especially in rural and remote areas. The next Welsh government should 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.

3 **Make time for patient-facing research and innovation.**

The next Welsh government must work with NHS Wales to support research activity in our hospitals and communities by protecting clinician time for research, showcasing project findings and involving patients. The NHS and patient care should be placed at the centre of Brexit negotiations.

4 **Reduce health inequalities and help people to healthy lives.**

The next Welsh government must show national leadership on public health by focusing on the importance of supporting people to live healthier lives, reducing avoidable illness and helping to keep people out of hospital. This includes effective action to tackle obesity, air pollution, smoking and alcohol abuse.



The Welsh NHS of the future

Our doctors work in hospitals and the community across 30 different medical specialties. More than 1,300 of our members work in Wales, diagnosing and treating thousands of patients every year with a huge range of conditions, including stroke, heart disease, diabetes and care of older people.

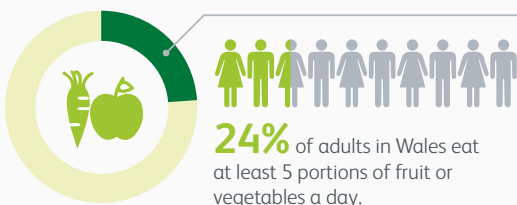
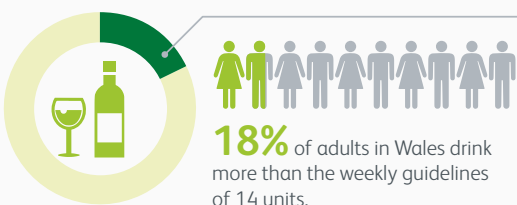
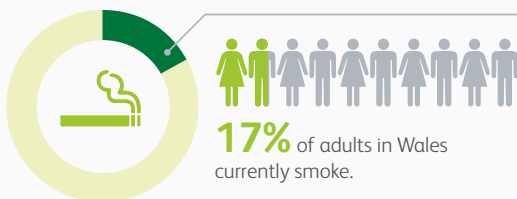
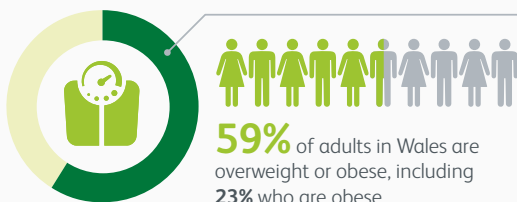
In fact, RCP consultants, trainees and specialty doctors are treating more patients than ever before. As people live longer, with more complex conditions, this increase in patient numbers is threatening to overwhelm our health and social care system – and Wales has an ageing population. In 2008, 18% of the population was over 65; by 2033 this is expected to rise to almost 26%.¹

The proportion of adults in Wales with longstanding illnesses increases with age and in areas of social and economic deprivation. Musculoskeletal disorders (17%) and heart and circulatory illness (13%) are the most commonly reported complaints.³

‘The number of patients attending the emergency and medical admissions units has steadily increased over the years, especially over the past 5 years. There has been an increase in the number of staff, but not enough to meet the requirements.’

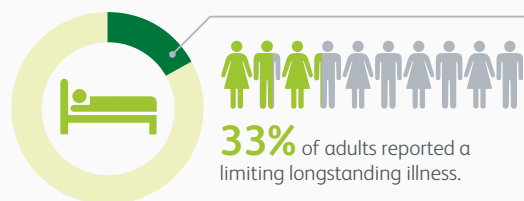
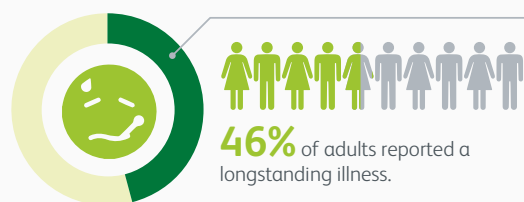
Consultant physician, NHS Wales

At a glance²



We need a workforce that meets the needs of our ageing population.

At a glance³



Empowering clinicians to lead the way

Politicians in all parties have a responsibility to support clinically led, evidence-based change that will deliver better care for patients. Health boards and the Welsh government 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.

Delivering a long-term vision for the NHS in Wales

In 2018, the Welsh government published *A healthier Wales: our plan for health and social care*.⁴ The RCP has welcomed this long-term plan, which outlines a ‘future vision of a whole system approach to health and social care, which is focused on health and wellbeing, and on preventing illness.’ However, while the broad aims are to be welcomed, the plan lacks detail. The Welsh government has promised £100 million towards the transformation of NHS services, but there is currently very little useful information publicly available about where this is being spent. More than a year after the publication of *A healthier Wales*, this vision urgently needs to be translated into a clear and ambitious action plan which includes measurable outcomes and robust external evaluation.

The Brexit effect

The last few years have been dominated by discussions about when and how the UK should leave the EU. The 2016 decision to leave the EU will have significant implications on a range of policy issues, in particular for the NHS and the health of the people of Wales.

The NHS has an international workforce. To meet increasing demand and to cope with the shortage of doctors in training, the health service across the UK has become increasingly reliant on doctors who qualified outside the UK.⁵ In 2017–18, half of new joiners were non-UK graduates, up from 44% in 2012.⁶ Following the UK’s withdrawal from the EU, it may become more difficult for international doctors to work in the UK, and some may have to acquire visas to work.

The NHS is already understaffed and struggling to meet patient need – uncertainty among doctors about whether they or their colleagues will be able to remain in the UK harms morale. Evidence shows that low morale has a negative effect on patient safety.⁷



The Medical Training Initiative

Existing immigration rules are also a major barrier to international doctors working in the NHS. The RCP’s Medical Training Initiative (MTI) provides another avenue through which to recruit doctors from overseas,⁸ but strict Migration Advisory Committee (MAC) rules for doctors have introduced significant restrictions.

The MTI is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK, while giving trusts a high-quality, longer-term alternative to using locums to fill rota gaps.

The NHS workforce should be given the right to remain in the UK and be exempt from negotiations. We welcome Welsh government support for unambiguous permanent residence status to be granted to all European Economic Area health and social care workers and their families currently working in the UK, and their call for assurance that we will continue to recruit medical staff from Europe through quick and reliable systems.⁹

Following Brexit, the UK government must ensure that they:

- > enable NHS doctors from EU member states to remain in the UK when it leaves the EU
- > allow the NHS to continue to recruit doctors from overseas to meet rising patient numbers
- > relax MAC rules for international doctors.

The next Welsh government should do everything in its power to:

- > protect the rights of the NHS workforce to remain in Wales
- > implement a clear long-term plan for staffing health and social care services in Wales.

Breaking down the barriers to... valuing the NHS workforce

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, and a more flexible approach to work among younger doctors. We simply haven't looked far enough ahead and planned accordingly.

Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) have now published their draft health and care workforce strategy.¹⁰ It is reassuring that the document clearly acknowledges the huge challenge of recruiting and retaining NHS staff in Wales and the importance of a well-motivated workforce. To implement the ideas in this strategy, the NHS must now take an ambitious, patient-centred, clinically led approach, with staff health and wellbeing at its centre. The final strategy must be accompanied by a clear action plan, measurable milestones, sufficient financial resource and the means to hold NHS bodies to account. We need to accelerate change.

Workforce data are often patchy and unreliable – 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.

Hospital teams are under increasing pressure from staffing shortages.

Rota gaps present one of the biggest concerns for doctors: in 2017, 60% of consultant physicians in Wales told us that they faced frequent rota gaps in their team. One-fifth reported that rota gaps were causing problems with patient safety – and the others all told us that rota gaps would probably cause problems were it not for stopgap solutions and workarounds.¹¹ This increases pressure on NHS staff, damages morale and puts patient care at risk.

'Over the years, the number of medical admissions has increased as the number of beds has declined and length of stay has reduced. We have now hit the buffers – there is not much more we can do to reduce length of stay further.'

Consultant physician, NHS Wales

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.¹² 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.

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.



The next Welsh government should work with 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 a hospital
- > 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 scheme¹³ and flexible portfolio training¹⁴
- > 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 trainee doctors 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 certificate of eligibility for specialist registration (CESR) courses with mentoring and support for specialty doctors
- > invest in and regulate new healthcare roles such as PAs
- > give overseas doctors the chance to train in the NHS using the MTI.¹⁵



Breaking down the barriers to... delivering patient-centred care

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.



The next Welsh government should commit to investing and promoting Wales as a world leader in rural and community-based medicine. Most trainees tell us that they would like to gain a consultant post where they have undertaken specialist training.¹⁶ 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 start putting people at the very centre of the health service. This means including patients and their families in 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 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).¹⁷ All hospitals in Wales should adopt a discharge to assess approach.¹⁸ 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.¹⁹ Staff working in unscheduled care should have universal access to all medical records for each specialty, health board and primary care in Wales.



The next Welsh government should work with NHS Wales to:

- > collaborate with doctors and other health professionals to redesign specialist services
- > promote informed public debate on local health service redesign, nationally and locally
- > adopt a whole system planning approach across primary, community, secondary and social care
- > embed and strengthen all-Wales accessible communications and Welsh language standards
- > invest in the early detection and management of chronic and high-risk conditions
- > ensure the consistent application of all-Wales clinical pathways across every health board
- > address health board variation in treatment and discharge procedures
- > 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 physicians
- > address nurse, specialist healthcare professional and wider clinical team workforce shortages
- > embed new technologies into everyday practice to reduce pressures on outpatient clinics
- > improve communication links between primary, secondary, community and social care
- > introduce electronic patient records to save time and improve patient safety
- > support networks for sharing good practice and improving patient care across the system
- > promote clinical leadership and clinically led quality improvement projects
- > improve the patient experience by supporting shared decision-making and self-management
- > develop a national plan for those patients with multiple chronic long-term conditions and complex needs
- > commit to national action to support improvements in end-of-life care.



Breaking down the barriers to... patient-facing research and innovation

Research in the NHS covers a wide variety of areas, from quality improvement to epidemiology and clinical trials. Research-active hospitals have improved outcomes for patients^{20,21} and many doctors regard research as an important part of their job and a very positive experience.

The Welsh NHS faces many challenges. Staffing shortages and financial pressures clearly cannot be ignored, nor can the need to deliver more integrated care to support patients, but we cannot afford to store up problems for the future by letting research fall by the wayside. In fact, in Wales, our integrated health system may open up more opportunities for population research by allowing more extensive data collection across settings. Investing in research will deliver long-term gains for patients and public health – which is after all what the NHS is there to do.

The science and research sector in Wales also has strong ties with the EU, through funding arrangements and EU-wide collaboration on research projects. The UK currently enjoys access to research funding from the EU, whose research and innovation budget for 2014–20 is around €120 billion,²² with the UK being one of the leaders in Europe for conducting clinical trials.²³

The European Medicines Agency (EMA) currently plays an important role in supporting early access for patients to the newest treatments and innovations. National regulatory systems can often take longer – for example, it takes typically 6–12 months longer for new drugs to reach Canada and Australia than the UK.²⁴ It is vitally important to the continued delivery of high-quality patient care that the UK maintains its global position as a centre for research and innovation.



High-quality research in the NHS is everyone's responsibility.

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.²⁵

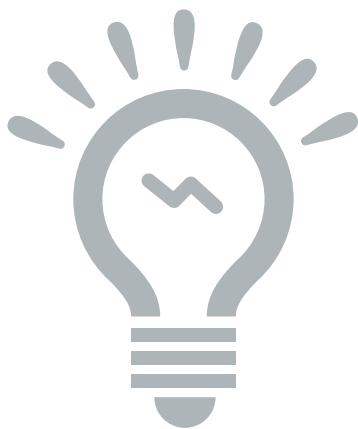
Too many clinicians fit in their research commitments around the rest of their job. With an increasing number of rota gaps in many hospitals, 43% of consultant physicians in Wales tell us that their research is one of the first things to be dropped when the service is under pressure.¹¹

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, including doctors-in-training, 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.

The next Welsh government should:

- > implement the recommendations of the Reid²⁶ and Diamond reviews²⁷
- > provide clear national leadership on the importance of medical research
- > increase quality-related research funding to Welsh universities in 2019/20
- > review clinical research funding streams in Wales, especially if the UK leaves the EU as planned
- > tackle the growing skills gap in science, technology, engineering and mathematics (STEM) subjects
- > evaluate schemes such as Sêr Cymru²⁸ which aim to increase research workforce capacity
- > work with the medical community to ensure NHS staff have protected research time.



The next Welsh government should work with NHS bodies to:

- > ensure that research activity is integral to the work of their organisation
- > ensure that NHS boards receive a regular update on research activity and findings
- > ensure there is a direct link between research teams and the board
- > use job planning to protect time for clinical research
- > provide opportunities to showcase research, including to patients and the public
- > ensure research and development departments are equipped to provide leadership, support and advice
- > ensure transparency for funding and resource allocation
- > facilitate the translation of research into practice across the NHS.

The next Welsh government should work with the UK government to:

- > maintain the UK's and Wales' position as a world leader for research and innovation
- > negotiate continued access to EU research funding, or provide equivalent replacement funding
- > clarify how the adoption of EU regulations will impact on Wales to reduce uncertainty in the sector.



Breaking down the barriers to... helping people live healthier lives

It has never been more important to support people to live healthier lives, reduce avoidable illness and help keep people out of hospitals for longer. Previous successful policies, such as the smoking ban in public places and the sugary drinks levy, show the impact that interventions can have.

The Welsh Public Health Act 2017 was a welcome step forward, but there is still plenty to be done. The next Welsh government must show real national leadership on public health and inequalities by giving health professionals the independence, authority and resources to make a difference. The health of the nation should be a driving force in every single Welsh government decision.

‘Better health is central to human happiness and wellbeing. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.’²⁹

Physicians and medical teams have a key role to play, not only in managing ill health, but also in supporting people to lead healthier lives. Harnessing the skills and expertise of doctors across the system can help to build a healthier future for individuals, communities and Wales.



As a priority, the NHS must invest in multidisciplinary, clinically led specialist weight management services across Wales, with national standards for service and delivery.³⁰ Obesity is a chronic disease which doesn't sit comfortably within current funding and organisational structures. It needs an overarching and clinically led MDT treatment approach which has not been achieved by the All Wales Obesity Pathway over the past decade. Thousands of patients are being let down every year, while the cost of obesity to the Welsh NHS is projected to reach £465 million per year by 2050, with a wider cost to society and the economy of £2.4 billion.³¹

Air pollution affects everyone. It is a risk factor in strokes, heart disease and asthma attacks, and can cause cancer. Every year more than 2,000 lives are cut short in Wales as a result of poor air quality.³² A Welsh Clean Air Act would enshrine WHO air quality guidelines in law; mandate the Welsh government to produce a statutory air quality strategy every 5 years; place a statutory duty on local authorities to appropriately monitor and assess air pollution, and take action against it; and introduce a 'right to breathe' where local authorities have to inform vulnerable groups when levels are breached. The next Welsh government should also introduce targets to reduce air pollution in the NHS by providing free park-and-ride schemes, investing in the electrification of NHS vehicles and encouraging staff to cycle, walk and take public transport to work.

Alcohol misuse places a huge burden on the NHS, the police and the wider community. Almost one in five adults in Wales drink more than the weekly recommended limit.² Of all alcohol sold, it is the very cheap products, such as large bottles of strong cider, that play the biggest part in alcohol-related harm. The simplest way to reduce demand for alcohol is to raise its price and we know that the introduction of a minimum unit price (MUP) for alcohol is an effective and evidence-based way to tackle health inequalities and reduce consumption.³³ We have strongly supported the introduction of a MUP in Wales and we urge the next Welsh government to implement the 2018 legislation as soon as possible, and to evaluate its impact. Integrated alcohol and substance misuse treatment and prevention services should be established where there are gaps. These should take a whole-person treatment approach which recognises complex needs and provides integrated support across a range of services including healthcare, social care, housing and others.

The total cost of smoking to society, including healthcare, social care, lost productivity, litter and fires, was conservatively estimated in 2015 to be around £14 billion per year in the UK.³⁴ More than 5,000 deaths every year in Wales are attributable to smoking, and more than 26,000 hospital admissions every year are linked to smoking.³⁵ The next Welsh government should develop and push ahead with a renewed and ambitious tobacco control plan once the 2017–20 plan comes to an end.

The next Welsh government should:

- > ensure all health boards invest in specialist, clinically led obesity treatment services
- > appoint a national clinical lead for severe and complex obesity, accountable to the first minister
- > set clear and accountable targets for preventing and reducing obesity
- > collect data which allows continuous evaluation of the success of public health programmes
- > commit to using income from the Soft Drinks Industry Levy to fund public health programmes
- > introduce calorie labelling on menus
- > introduce a Clean Air Act for Wales that will improve the quality of the air we breathe
- > introduce targets to reduce air pollution in the NHS
- > tackle the harmful impact of alcohol by implementing MUP legislation
- > support and invest in integrated alcohol and substance misuse treatment and prevention services
- > invest in a whole-person treatment approach that supports people with a range of complex needs
- > place a renewed focus on delivering and extending an ambitious Tobacco Control Plan for Wales³⁶
- > reduce health inequalities by targeting smoking cessation services at specific high risk groups
- > support the 'Smokefree Spaces' campaign

- > take action to help young people by funding youth-specific smoking cessation services
- > create a clear consensus statement on the use of e-cigarettes for smoking cessation
- > implement effective regulation of e-cigarettes
- > tackle illegal tobacco in Wales by investing in a Wales-wide public awareness campaign
- > ensure that all pharmacies across Wales offer advanced smoking cessation level 3 services.

The next Welsh government should work with the UK government to:

- > restrict unhealthy promotions and introduce a 9pm watershed on junk food adverts
- > review alcohol duty rates so that they accurately reflect the amount of alcohol in any drink
- > ensure that consumers have accurate on-product information and consumption guidelines.



What is the RCP doing to help?

Through our work with patients, consultants and trainees, we are working to achieve real change across hospitals and the wider health and social care sector in Wales. You can also help to inform the RCP's work in Wales by sending us your comments, ideas and examples of good practice.

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, cardiology and respiratory disease. We campaign for improvements to healthcare, medical education and public health. In Wales, we work directly with health boards, NHS trusts and HEIW; we carry out regular hospital visits to meet clinicians, patients and managers; 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 in Wales, through poster competitions and trainee awards, and we host a highly successful biennial RCP membership and fellowship ceremony for Wales.

Our work to influence national change in Wales has ensured that the RCP has a powerful voice across a wide variety of policy areas, including the medical workforce, NHS reform and public health challenges. We have consistently called for a more joined-up approach to the recruitment and retention of NHS staff, for action to ensure a better work-life balance for doctors, and for a clinically led national health and care workforce and training plan. Our messages on alcohol, obesity and tobacco have been instrumental in shaping public health policy over the past few decades.

We will continue our work to keep medicine brilliant, but a whole-system problem needs a whole-system solution. Now is the time for the health and care sector to come together and do things differently.

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

www.rcplondon.ac.uk/wales

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

wales@rcplondon.ac.uk

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References

- Jonathan Baxter and Stephen Boyce. *The ageing population in Wales*. www.assembly.wales/NAFW%20Documents/ki-020.pdf%20-%2003112011/ki-020-English.pdf [Accessed 22 July 2019].
- Welsh Government. *National Survey for Wales 2018-19: Adult lifestyle*. Cardiff: Welsh Government, 2019.
- Welsh Government. *National Survey for Wales 2018-19: Adult general health and illness*. Cardiff: Welsh Government, 2019.
- Welsh Government. *In brief – a healthier Wales: our plan for health and social care*. Cardiff: Welsh Government, 2018.
- General Medical Council. *The state of medical education and practice in the UK: 2015*. London: GMC, 2015.
- General Medical Council. *The state of medical education and practice in the UK: 2018*. London: GMC, 2018.
- Royal College of Physicians. *Work and wellbeing in the NHS: why staff health matters to patient care*. London: RCP, 2015.
- Royal College of Physicians, 2017. Medical Training Initiative. www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative [Accessed 22 July 2019].
- Welsh Government, 2018. Brexit poses threat to NHS, Health Secretary warns. <https://gov.wales/brexit-poses-threat-nhs-health-secretary-warns-0> [Accessed 22 July 2019].
- Health Education and Improvement Wales and Social Care Wales. *A Healthier Wales: A Workforce Strategy for Health and Social Care*. HEIW and SCW: Cardiff, 2019.
- N Trudgill. *Focus on physicians: census of consultant physicians and higher specialty trainees 2017–18*. London: Federation of the Royal Colleges of Physicians, 2018.
- Royal College of Physicians. *Doing things differently: supporting junior doctors in Wales*. Cardiff and London: RCP, 2019.
- Royal College of Physicians. Chief registrar scheme. www.rcplondon.ac.uk/projects/chief-registrar-scheme [Accessed 22 July 2019].
- Royal College of Physicians. Flexible portfolio training. www.rcplondon.ac.uk/projects/flexible-portfolio-training [Accessed 22 July 2019].
- Academy of Medical Royal Colleges. Medical Training Initiative. www.aomrc.org.uk/medical-training-initiative/ [Accessed 22 July 2019].
- Royal College of Physicians. *Rising to the challenge: Improving acute care, meeting patients' needs in Wales*. Cardiff and London: RCP, 2014.
- NHS Wales. Virtual Ward. www.powysthb.wales.nhs.uk/virtual-ward [Accessed 22 July 2019].
- NHS England. Discharge to access. www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf [Accessed 22 July 2019].
- NHS Confederation. Cardiff and Vale University Health Board: Redesigning care pathways for frequent attenders. www.nhsconfed.org/resources/2017/06/cardiff-and-vale [Accessed 22 July 2019].
- Downing A, Morris EJ, Corrigan N *et al*. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89–96.
- Jonker L, Fisher SJ. The correlation between National Health Service trusts' clinical trial activity and both mortality rates and Care Quality Commission ratings: a retrospective cross-sectional study. *Public Health* 2018;187:1–6.
- NHS Confederation, 2016. What implications could Brexit have for NHS patients? www.nhsconfed.org/blog/2016/07/what-implications-could-brexit-have-for-nhs-patients [Accessed 22 July 2019].
- The pharmaletter, 2016. Patient access to medical innovation under threat from Brexit, says ABPI. www.thepharmaletter.com/article/patient-access-to-medical-innovation-under-threat-from-brexit-says-abpi [Accessed 22 July 2019].

- 24 Association of Medical Research Charities. How to secure the best for life sciences after Brexit: five key areas. www.amrc.org.uk/Handlers/Download.ashx?IDMF=387e70d4-31b7-46f8-9dd0-5132cd8ad881 [Accessed 22 July 2019].
- 25 Royal College of Physicians. *Research for all: building a research active medical workforce*. London: RCP, 2016.
- 26 Reid G. *A review of government funded research and innovation in Wales*. Cardiff: Welsh government, 2018.
- 27 Welsh Government. *The review of higher education funding and student finance arrangements: final report*. Cardiff: Welsh government, 2016.
- 28 Gov.Wales. Sér Cymru. <https://gov.wales/ser-cymru> [Accessed 22 July 2019].
- 29 World Health Organization. *Effective Aid Better Health*. Report prepared for the Accra High Level Forum on Aid Effectiveness 2–4 September 2008. WHO: Geneva, 2008.
- 30 Royal College of Physicians, 2019. RCP publishes response to Welsh government’s Healthy Weight consultation. www.rcplondon.ac.uk/news/rcp-publishes-response-welsh-governments-healthy-weight-consultation [Accessed 22 July 2019].
- 31 Public Health Wales. *Making a difference: investing in sustainable health and well-being for the people of Wales*. Cardiff: Public Health Wales, 2016.
- 32 Robert Abernethy, National Assembly for Wales. *Research briefing: Air quality*. Cardiff: National Assembly for Wales, 2018.
- 33 Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 2009;104:179–90.
- 34 Action on Smoking and Health. *Smoking still kills. Protecting children, reducing inequalities*. London: ASH, 2015.
- 35 Public Health Wales. New figures estimate the number of deaths and hospital admissions caused by smoking. www.wales.nhs.uk/sitesplus/888/news/46444 [Accessed 22 July 2019].
- 36 Welsh Government. *Tobacco control delivery plan for Wales 2017-2020*. Cardiff: Welsh Government, 2017.



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