

Summary of London Medicine breakfast briefing

Changes to health education and training and the implications for London higher education institutions

9 November 2011

Summary

1. London Medicine held a breakfast briefing on 9 November 2011 to discuss the current proposals for changes to health education and training and the implications of these for higher education in the capital.
2. Julie Moore, Chair, NHS Future Forum – Education and Training was the guest speaker. The briefing was attended by members of London Medicine and the Healthcare Education Group.
3. The following topics were discussed at the breakfast briefing:
 - a. Local Education Training Boards;
 - b. The functions of the Deanery;
 - c. Timeline and process towards implementing reforms;
 - d. The balance between local, regional and national;
 - e. Changes in service delivery;
 - f. Delivery of education;
 - g. Excellence in the workforce.

The briefing

4. Julie Moore spoke to the group from her experience as Chair of the NHS Future Forum – Education and Training highlighting some aspects of the NHS Future Forum process and the challenges for the NHS. This included:
 - a. We are now in the second NHS Future Forum exercise. The first Future Forum focused on the immediate issue of the timeframe for change. The second is concentrating on how to ensure the workforce is trained appropriately for today as well as for the future.
 - b. The report from the second Future Forum will be published in the first week of December 2011.
 - c. The NHS should be aiming for excellence; satisfactory is not an acceptable default goal. To achieve this all organisations in the NHS need to work together.
 - d. The generalist in medicine has been lost.

- e. There is a lack of consistency in the quality of nurse training.
- f. There is little flexibility in the career paths of healthcare workers.
- g. The Future Forum has heard diverse views on what the main challenges are for the NHS.

In discussion the following points were raised

Local Education and Training Boards

5. *How will Local Education and Training Boards (LETBs) operate? For example how will they engage with employers? What lines of accountability will there be?* LETBs will be outposts of Healthcare Education England (HEE) with responsible officers accountable to HEE. The government's objective is for an employer led health service therefore it is likely that LETBs will have greatest representation from employers, as well as them having the role of Chair. Other types of organisations will also be represented on LETBs; it is a recommendation of the Future Forum that higher education institutions should be on LETBs.
6. *Is there a decision making process for how LETBs should be organised?* There has been no announcement yet and good ideas are encouraged to be shared with the Future Forum.
7. *Is there a view about multi-professional representation on LETBs?* It is important that no profession is forgotten. However LETBs will need to be configured sensibly, and not be unwieldy in size, therefore it is unlikely that every profession will always have representation on LETBs.
8. *It is important that all professions are represented on LETBs, otherwise there is a risk that nurses will represent AHPs and AHPs have different requirements to nurses.*
9. *What is the difference between LETBs and the current workforce function of the SHA?* The key difference is that employers will have considerably more influence. Other structures in the sector are changing in response to these reforms. Therefore it is necessary for the SHA to change too in order to keep functions aligned. It is a good opportunity to improve how the sector functions.
10. *LETBs will need to work together and have greater knowledge of the different types of organisations on their Boards. Could there be new roles that work across organisations?* Working across organisations should be encouraged, so should a long term commitment to membership on a LETB. This will help with long term sustainable planning.
11. *It is not yet determined which responsible officer will have overall responsibility for medical education.*

Postgraduate Medical Deanery functions

12. *What will be the relationship of Deaneries with LETBs?* Deaneries will most likely be a part of the LETB, most likely in the form of the Postgraduate Medical Dean being the 'Medical Director' of the LETB but with accountability to HEE.
13. *Where will the operational part of the Deanery sit?* Most likely in LETBs.
14. *Will there be only one Deanery in London with its functions mapped onto multiple LETBs?* The new system aims to reduce layers, so it is unlikely that this will be the case.

Timeline and process towards implementing reforms

15. *NHS London is already moving forward with plans for the approval of LETBs. Is this too early?* It is important to build on structures that already exist and to map these onto the final recommendations for the sector. For example, there is currently a review taking place into innovation which is looking at Academic Health Science Centres (AHSCs). A likely recommendation will be that AHSCs should be AHS Systems. An option could be to map education onto AHSSs and linking them to LETBs.
16. *How should organisations proceed with implementation of the reforms? Should they be acting now or waiting for further advice or legislation?* It would be sensible to start considering changes now. However it is not advisable to create many new structures or organisations, but to build on what is already working well. It is important to remember that LETBs will be accountable to HEE so governance structures will need to be developed to take this into account.

The balance between local, regional and national

17. *There is a risk of over centralisation with the new approach. London has different health needs in different parts of the city.* LETBs should be constructed around regional health needs.
18. *From a primary care perspective it seems as if decision making is still taking place centrally. How do you mitigate against this?* The new lines of accountability and organisational structures are not yet operational. While this is being worked towards it is important for all organisations to work together.
19. *How will the balance be struck between local, regional and national workforce requirements?* HEE will have oversight on this, and will be informed by the Centre for Workforce Intelligence. It will be necessary for some healthcare professionals to be trained in one place and then to be 'exported' to another for work. *How will the funding flow to cater for this arrangement?* The funding will follow the student, therefore funding will flow from HEE through the LETB to the HEI.
20. *There is concern that the reconfiguration will fragment London and that this could have a detrimental effect on the rest of the country, as London is a net exporter of trained health*

professionals. The Future Forum can only make recommendations; therefore these are not prescriptive requirements. However, there is some need for change as other parts of the sector are reconfiguring. The reconfiguration has been driven by some failures in the system and because the current mode of service delivery is no longer affordable.

21. *In workforce planning how will the need for local short-term planning marry with the long-term national and UK requirements? It will be about making fine adjustments in order to create stability.*

Changes in service delivery

22. *Increasingly nurse placements need to be moved out of hospitals and into the community.*
23. *How will the new system and structures drive change in how education and training is delivered, in particular for change in service delivery? What levers will the new organisations have for instigating change? Funding will follow students and trainees so there is a financial incentive to maintain high quality training and to innovate in line with service delivery. Not all providers have to have students and trainees, but it is prestigious to do so and considered a failure if this is lost, the latter being another motivation for the training provider to remain fit for purpose.*

Excellence in the workforce

24. *It is important to bring excellence back into the healthcare workforce, as opposed to merely satisfactory. HEE is keen to develop this approach. There are challenges to doing this. For example, Trusts are most likely to take a short term view on workforce development, it is difficult to measure excellence in generalists, career paths are not diverse, insufficient research money is directed towards primary care and generalist studies.*

Delivery of education

25. *What is the role of undergraduate medical education in developing the workforce of the future? How could it create a better mix of generalists and specialists? How can medical schools manage the aspirations of students? Future Forum recommendations will not focus on undergraduate education. There is however a need for a better balance of generalists and specialists in the workforce, and this will need to be aligned to careers advice. This does support the case for closer alignment between undergraduate and postgraduate education.*
26. *It is important for regulators to simplify the regulation of education; to develop well chosen and understood standards.*