

Commentary

A High Quality Workforce

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Last summer, as part of the NHS next stage review, Lord Darzi, Ann Keen and David Nicholson (the NHS Chief Executive) published “A High Quality Workforce”¹. In this report they emphasised that delivering the vision of a quality health service requires the provision of the best possible education and training for future generations, together with support for existing staff to continuously improve their skills. Professor John Tooke responded that the proposals in this document address many of the challenges set out in his inquiry report.

Box 1:
Darzi's six core principles:

focused on quality
patient centred
clinically driven
flexible
valuing people
promoting lifelong learning

The report sets out six core principles which should inform all the planned health service changes (Box 1), together with an explicit commitment to ensure that all models of care, service planning and consequent workforce planning link directly to eight pathways of care covering all the areas of clinical practice - from maternity and newborn care through to end of life care. The report highlights the importance of education curricula and training programmes integrally linked into current and emerging models of care, and into scientific and technological advances. All healthcare staff need to be supported with ongoing learning and continuing professional development, linked to patient, service and staff needs. As part of this best use needs to be made of modern educational techniques such as e-learning and simulation. This support is necessary if clinicians are to respond effectively to patient expectations, as well as in leadership, management, research and educational roles.

The report reflects the General Medical Council (GMC) core guidance *Good Medical Practice* which makes it clear that the first duty of the doctor is to ‘*make the care of your patient your first concern*’. Doctors are also to ‘*work with colleagues in the ways that best serve patients’ interests*’². Within the team approach which is essential for the delivery of modern healthcare clinicians’ first and primary duty as **practitioners** will always be to deliver high quality care for patients based

on their individual needs. To do this they must be **partners** in care delivery, with individual and collective accountability for the performance of health services and for the appropriate use of resources in the delivery of care. However, the report goes further - clinicians must also be prepared and trained to offer **leadership** within the clinical team, departments, organisations and the health service itself. This links closely to work undertaken by the GMC, Royal College of Physicians of London, the King’s Fund and others in recent years to develop the concept of medical professionalism, including these three core roles of practitioner, partner and leader.

Patients and the public expect doctors to achieve accurate and timely diagnoses, ensure safety, help them navigate through the healthcare pathway(s), contribute appropriately in the clinical team, to healthcare research, development and innovation, and to train future generations of healthcare professionals. In order to support doctors to meet these expectations the report proposes the development of a reformed postgraduate training pathway for doctors covering the entire medical career from graduation to retirement. This will include development of plans to introduce modular credentialing for the medical workforce in order to give assurance to patients and employers that professionals have the right skills to deliver high quality care, to facilitate movement in and out of training programmes at the appropriate level, and to give greater flexibility to professionals to move between specialty training programmes or employers whilst having their capabilities and learning properly recognised. Training in leadership, management and teaching is to be integrated into postgraduate medical curricula for all junior doctors, with educational supervisors in secondary care undergoing mandatory training and review of their performance for this role (as currently exists in primary care). The current UK Consultant contract provides a framework within which this can be taken forward, but to date progress has been patchy in raising the profile of and adequately resourcing the education and training of medical students and doctors. The perceived conflict between the use of resources for these activities and the delivery of healthcare today must end – after all they are the necessary basis for the effective delivery of healthcare tomorrow.

Whilst the primary relevance and application of this report is to the English NHS, the principles are applicable to all UK healthcare systems. The months since its publication have

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provided time for reflection on its contents, and it is now vital that its implications for health and social care here result in early and effective action by the Department of Health, Social Services and Public Safety, the Northern Ireland Medical and Dental Training Agency, the Universities and all others involved in the commissioning and provision of healthcare and of medical education and training.

The author is chairman of the GMC Standards and Ethics Committee.

REFERENCES:

1. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840 Last accessed November 2008.
2. www.gmc-uk.org/guidance/good_medical_practice/index.asp. Last accessed November 2008.

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