

RCOG Response to the Listening Exercise

- **Will the proposed changes to the education and training system support the aims of the modernisation process?**

In order for the changes in medical education to meet the aims of the modernisation process, the RCOG recommends that two critical aspects must be considered: ensuring the correct workforce and ensuring quality in the delivery of medical education.

1) Ensuring the correct workforce

The RCOG supports the aim to develop a work force that is responsive to the needs of patients and the requirements of a changing health service. The curriculum for obstetrics and gynaecology allows for the development of subspecialty or special interests in the final years of training. This allows those providing services to give a clear steer to those delivering and undertaking training to respond to the service requirements. The medical workforce is mobile and the RCOG feels that strong national leadership for workforce planning is necessary to avoid the risks of local fragmentation in planning.

The establishment of HEE will provide the opportunity to plan the medical workforce in conjunction with other health care professionals and coordinate both workforce numbers and educational opportunities from medical school through to completion of specialist training.

The relationships that are developing between the CfWI, employers, the service and the medical Royal Colleges are still relatively new and need reinforcing. The pace of change and the lack of any structure outside a Skills Network puts at risk difficult decision with reference to medium and long term planning from the short term pressures faced by employers and service providers. To keep and develop the key strength of a workforce planning system that reflects short, medium and long term strategies the RCOG would want to see the links maintained between the CfWI and our expert advice on workforce and future professional and clinical developments.

The RCOG welcomes an increased role for local providers in planning the future workforce needs of a population however the risks of very rapid or poorly planned changes are significant.

2) Ensuring Quality of Delivery of Medical Education

The RCOG recognizes the value of clinical networks in the provision of clinical care and their ability to determine the local requirements for service however the Skills Network is an untried model for the delivery of postgraduate medical education. The RCOG are concerned about the dual functionality of the networks in managing service requirements and overseeing quality of postgraduate education and training. The risk of loss of quality is high if the Skills Networks are not linked to a) regional and b) national standards for our profession both in terms of education and clinical care and if they do not provide a flexible approach that allows trainees to follow patients and access high quality training

throughout the curriculum. Additionally the RCOG are concerned that a myriad of different provider approaches within a ‘distant’ high level regulatory framework increases the risk of differing levels of quality and losing the impetus for improvement.

Commissioners of postgraduate medical education need to have the knowledge and expertise of each curriculum and the standards required in order for education and training to be delivered at high quality across a matrix of providers. The size and content of Skills Networks are not defined and the models proposed need to ensure that they can reflect the complexity and richness of postgraduate medical training.

The RCOG has worked and collaborated with the Academy to develop quality metrics for education and training, accepting that more development that is evidence based is necessary. All providers involved in delivering and assessing medical training must be required to be measured against agreed national standards (trainees, trainers and the training environment).

- **How can health professionals themselves take greater ownership of the education and training of their own professions, whilst meeting the needs of healthcare employers?**

Health professionals within Obstetrics and Gynaecology have always actively engaged at both local and national level in the education and training needs of trainees in multiple disciplines – medical, nursing and allied health professions. The RCOG recognises that collaboration to provide high quality training ensures high quality care, which meets the needs of patients and healthcare employers. We will continue to work together to ensure to this goal.

Cooperation and collaboration between all providers of in workforce planning and the delivery of education and training is vital. The National Health Service requires more than a simple local focus if high quality care is to be enhanced through innovation and education. The risks of a single provider not acting in a cooperative manner are to patient safety and the sustainability of the service. The process by which cooperation is assured needs to be clarified. The role of HEE in overseeing this, needs to be developed.

- **How can we ensure that the values of the NHS are placed at the heart of our education and training arrangements?**

The value of the NHS, its patients and staff have always been at the heart of our education and training arrangements. The RCOG has championed the role of consultants in the front line of service delivery to ensure the quality of care offered in the elective and emergency situations is equal, but recognises the transition to this model is not immediate and that the model needs developing to reflect local variations in service need.

The RCOG believes that providers must consult with patients, local communities, staff and commissioners about the development of the health care workforce. It is essential

that education and training provision are integral to any plans and the RCOG has patient users and trainees on all education and training committees to ensure that we have wide participation in every aspect of developing high quality training.

- **How can we best combine local and national knowledge and expertise to improve staff training and education?**

The Deanery level for managing medical education, at region level, has worked well and the RCOG have no evidence that this is not the case. The reference to ‘deanery functions’ needing to be transferred is of concern to the RCOG. The role of the Deanery Schools of Obstetrics and Gynaecology has enhanced the quality of education and training and transferring these functions to a Skills Network risks destroying the effectiveness, economies of scale and concentration of expertise that have developed over the last 5 years. The expertise both professional and managerial within the postgraduate deaneries and the RCOG is maximised through the Schools and has led, for example, to a most successful national recruitment programme maximising efficiency, minimising resources including consultant time to recruit but involving all areas through local consultant input to ensure a close relationship with the local service providers.

With HEE in a commissioning role it would seem to be necessary to have a level ‘above’ a Skills Network to reflect regional and local commissioning and quality assurance.

The commissioning element of education and workforce numbers should be a separate function from those of a Skills network. The RCOG supports the view that there are economies of scale and efficiency if there are regional level structures working with a number of local Skills Networks. Present deanery functions cannot be transferred to Skills networks as this would increase the bureaucracy and reduce the efficiency within the system allowing the disruption previously seen. Many deaneries have moved towards a commissioning model with first line local providers beginning to make impacts on the quality of training. Protecting and enhancing this function regionally will allow the checks and balances within the HEE to local Skills networks be developed.

The integration of the medical specialties, while maintaining the very separate needs of each, risks being subsumed within HEE. MEE has provided the focus and concentration necessary to debate major challenges, deliver both workforce and educational transformations by having a Medical Programme Board. The RCOG would support the cooperative, focused work of the MPB and the Task & Finish groups reporting to the board. Without a clear structure supporting HEE the ability to deal with large scale risk or to provide leadership will be fragmented.

- **Additional Comments**

Data to manage any proposed new process

The availability of accurate data that is triangulated from several sources is an absolute requirement for effective workforce planning and ensuring quality postgraduate medical training. Local providers must have a duty to collect accurate data and a standardised

data set should be developed.

Timing of Proposals

The development of Skills Network, HEE and the alterations to the funding structures are proposed within a timescale that seems extremely optimistic. The risks to the quality of training and the accountability of the education that produces the next generation of consultants is significant if transition is not planned, funded and provides the opportunity for reflection and fine-tuning.