

# WORKFORCE RESPONSE TO BETTER HEALTH, BETTER CARE

## Standard Template for Contributions

**Source of Contribution** (e.g. name of contributor/group, etc): Royal College of Physicians of Edinburgh

1. What are your views on the key workforce challenges that have been identified? Are there any gaps?

Challenges	Agree/Disagree? Comments
<p><b>Tackling health inequalities</b> The workforce challenge is how the NHSS and wider health and social care workforce can contribute towards tackling causes and consequences of health inequalities, with a focus on the working environment and the staff of the NHS and beyond.</p>	<p><b>Agreed.</b> It will be important to engineer time into patient consultation and communication to address the inequalities aspects of care.</p>
<p><b>Shifting the Balance of Care</b> The workforce challenge is to ensure that multi-disciplinary teams can work across professional, organisational and geographical boundaries. This will require better links between health and social care and with wide range of partners.</p>	<p><b>Agreed.</b> Effective IT systems to support emerging new partnerships with secure access to patient information will be significant. These systems have to be acceptable to all partners in health and social care, in particular the patients and carers. Without such a system, the proposed diverse partnerships will be challenging.</p>
<p><b>Ensuring quality through the workforce</b> The workforce challenge is to ensure that NHSScotland can deliver the right services at the right time in the right way (making health care in Scotland safer still). This will require flexibility across traditional workforce boundaries.</p>	<p><b>Agreed.</b> Key to patient safety and quality of care are high quality training, clear lines of responsibility and leadership within a multi-disciplinary team operating over different agencies. Flexibility is desirable, but responsibility for patient care and safety must be clear.</p>
<p><b>Best Value</b> The workforce challenge is to ensure that there is an efficient and flexible workforce in the NHS in Scotland, and that HEAT and efficiency targets are delivered on time.</p>	<p><b>Agreed.</b> Clear evidence and continuing audit must be available to support new models of care. Role substitution must be supported by clear evidence, including cost benefit data and feasibility studies.</p>
<p><b>An integrated workforce</b> The workforce challenge is to mainstream workforce issues in order to meet patient needs in a way that is affordable and sustainable. This will require workforce planning across a range of health and social care providers and an acknowledgement that workforce is a key part of policy and service planning.</p>	<p><b>Agreed.</b> This has been missing in the past. Policy makers and planners must take note of the lead times in staff training and development, and the risks and benefits of developing roles that are idiosyncratic to Scotland.</p>

<b>Other challenges?</b>	-
--------------------------	---

2. What progress/achievements have already been made in tackling these challenges?

<p>Recognition of the need to integrate workforce planning into main service planning, and a clear commitment to work with Colleges and Specialist Societies over the future size and shape of the medical workforce.</p> <p>Pilot studies into new roles – physician assistants – results awaited.</p> <p>Progress on developing the role of medical practitioners in remote and rural areas of Scotland.</p> <p>Leadership skills have been integrated into the curricula of all medical specialties.</p>
---

3. What issues and concerns remain in relation to tackling these challenges?

<p>Confirming the future role of the doctor.</p> <p>Clarity over what is meant by care delivered by “trained doctors”.</p> <p>Modelling numbers for trainee medical posts and the future consultant body, to take account of the changing needs of the service and the demographic changes and life style choices of the next generation of doctors.</p> <p>Developing revalidation systems for regulated professionals that address the particular needs of NHSS whilst maintaining consistency with regulatory standards across the UK.</p> <p>Ensuring consultants (full-time and part-time) have adequate time in job plans to supporting training, education and wider quality issues in addition to direct patient care.</p> <p>IT systems to support multi-disciplinary teams working across organisational boundaries.</p>
--

4. What further action could be taken over the short, medium and long term to tackle these challenges? Please complete the following table.

<b>Further actions that could/should be taken:</b>	<b>Indicate if short, medium or long term action</b>
Modelling the effect on NHSS of early retirement, perhaps stimulated by the introduction of revalidation, different patterns of working (under EWTD) and the move towards care being delivered by “trained” doctors.	Short term.
Revalidation of doctors in Scotland requires urgent consideration. GMC revalidation cycle begins 2010.	Short Term.
Number and shape of training posts in Scotland to secure service delivery and attract high quality applicants.	Short term.

Definition of the precise roles of the doctor that are required by the NHSS.	Medium term and on-going.
Credentialing of trained doctors to provide greater flexibility into the system in line with clinical advances and service needs.	Medium Term.

5. Any other comments?

-
---

Contributions should be returned as undernoted:

**By email to:** [workforceactionplan@scotland.gsi.gov.uk](mailto:workforceactionplan@scotland.gsi.gov.uk)

**By post to:** Sylvia Korn, Workforce Directorate, Ground Rear, St Andrews House, Regent Road, Edinburgh EH1 3DG

**Forms should be returned by 22 August 2008.**