Consultation response – HEE Strategic Intent

The Medical Schools Council is committed to working with HEE to ensure that care of the highest quality is provided to patients, that patients are totally satisfied with their care and that patients across the globe benefit from the innovative and thoughtful improvements UK universities bring to healthcare.

It is essential that HEE takes decisions on the basis of an accurate evidence base. Page 15 of the *Strategic Intent* states that there are 23,000 undergraduate medical and dental students, quoting DH as a reference. In fact, GMC data show that there were 41,268 medical undergraduates in 2012. The HEFCE Medical and Dental return shows a total intake of 6,000 dental students over the last 5 years, giving a current student population of over 47,000 rather than the 23,000 quoted.

Similarly, the cost of training doctors mentioned on p.15 is often exaggerated. With fees at £9,000, the students themselves contribute £36,000. HEFCE pays for 2 years at £1500 and 3 years at £10,000 whilst SIFT and the NHS bursary contribute a further £111,000 over the final 3 years making £144k from the state in all. It is widely acknowledged that SIFT is not spent directly on student education and is often used to support the costs of complex tertiary care.

We are delighted that this situation is about to change and that HEE is committed to transparency and to spending the funds ring fenced for education, on education. We fully support the move to invest in the education of bands 1-4 and in on-going staff development. We understand that HEE will be mandated to require LETBs to comply with the transition arrangements for reallocation of MPET funds agreed by DH. We recommend that a priority for HEE should be to understand precisely how SIFT is spent by Trusts. SIFT allocation reports to SHAs have been commonly described as works of fiction and this state of affairs must end.

As a new organisation we agree that it is prudent for HEE to focus on a small number of strategic areas in the immediate future.

Excellent education

In the light of the Francis Report it is more vital than ever that all NHS employees ensure that they provide excellent role models both for their colleagues and for the students who will learn from them in the workplace. The MSC worked closely with the GMC on its *'Training the Trainers'* project which rightly highlighted the importance of excellent education.

The required outcomes of undergraduate medical education are determined and quality assured by the GMC. They are designed to produce pluri-potent graduates with the flexibility to acquire new skills and knowledge

throughout their working lives and with the personal qualities, leadership potential and commitment to evidence based practice to work with patients to effect optimal outcomes.

Competent and capable staff

Medical schools have launched various initiatives in the recent past to facilitate the transition from student to junior doctor. The Prescribing Skills Assessment is being piloted on final year medical students over the next 4 months, Feedback from earlier pilots demonstrated that students appreciated the additional focus on prescribing and found it a helpful test. Student assistantships and the week of job shadowing immediately before taking up the F1 post are also proving helpful.

Medical schools are well aware of the need to ensure that potential medical students recognise that more than half of them will spend their working lives based in the community rather than in an acute setting. They are seeking to locate more of the degree programme in primary care – but this is proving challenging. HEE needs to work with primary care practitioners to ensure that they contribute fully to the education of the next generation. We support HEE's three level programme of dementia awareness.

Widening participation

Medical Schools have, for many years had comprehensive programmes which have sought to widen access. We accept that few have proved a resounding success. However schools are committed to learning from each other to strive to give the current generation the opportunities to access higher education which were available to bright students from all strands of society in the second half of the twentieth century. The GMC's recent review of the literature around Selection made recommendations around exploring and defining good practice in selection. The MSC intends to take forward the following workstreams

- **The role of the doctor** - when medical schools are selecting potential students they need to know what they are selecting for. What is a good doctor and how do you select people with the potential to become one? What do patients expect of doctors now and what will their needs be in the future?
- **Selection methods** – the GMC's literature review looked at the evidence base for different methods of selection. Does more research need to take place to validate different methods? What are the pros and cons of medical schools using the same techniques to select students?
- **Evidence base** – how do we evaluate selection methods? Is there good practice outside the UK we might learn from? What longitudinal evidence can be utilised to help decide which selection methods are effective? Is there a minimum academic standard for medicine and how can this be tested?
- **Widening participation** – how can medical schools ensure they pick the best candidates from a range of different socio-economic backgrounds? How can medical schools encourage and support applicants from lower socio-economic groups to apply to medicine? Do different selection methods have an impact on the success rates of candidates from lower socio-economic backgrounds?

Flexible workforce responsive to research and innovation

Medical Schools have always maintained that a research rich environment with active researchers as role models – is essential if one is to impress upon students the central importance of an evidence base for clinical decision making. Achieving the desired outcomes from investing in education and training in genomics will necessitate a profound understanding of the scientific basis of medicine in doctors. We support the emphasis on service improvement science and on maximising the benefit from new technologies. It will be important for LETBs to work closely with their local AHSNs to ensure that innovative and effective practices are rapidly disseminated.

A workforce with the right numbers, skills and behaviours

It will be important to ensure that within job plans, doctors have sufficient time to train the next generation and just as importantly to act as role models

We agree that there are currently particular issues around the emergency and primary care workforces and in achieving the goal of 24/7 working. Medical Schools have made clear in their prospectuses and in talking to prospective students, that in future the majority of doctors will work in the community addressing issues arising from the ageing population and the dramatic increase in obesity. Junior doctors are already used to working 24/7. However there are issues of affordability if the entire NHS is to work 24/7 given that it would necessitate similar round the clock working for social care, GPs and the whole gamut of support services.

NHS values and behaviours

In recruiting for the values outlined in the NHS Constitution it will be important also to ensure that staff have the knowledge and clinical competence to deliver excellent care – as well as the appropriate values. The Medical Schools Council took the lead nationally to review the international literature on the selection of doctors into their first posts in the health service. Its option appraisal concluded that a measure of academic performance should be taken into account together with performance in a test of how they should react to common situations in their working life as a junior doctor. An analysis of the jobs undertaken by Foundation doctors concluded that success was predicated upon effective performance in the following domains:

1. Commitment to Professionalism
2. Coping with Pressure
3. Effective Communication
4. Patient Focus
5. Working Effectively as Part of a Team

MSC continues to lead the process to develop a bank of situational judgement test items and to deliver the live test to all applicants to the Foundation Programme. The process of item development is expensive and time consuming. The challenge of building a large bank of items with the necessary facility and discrimination should not be under-estimated. Until several thousand items exist, it will be necessary to deliver the test on no more than two separate occasions annually – posing a logistical challenge in terms of the numbers involved and the security arrangements. HEE should fund research into the possibility of online delivery and automatic marking of the SJT.

The live test was delivered to 8162 applicants in 129 venues in December 2012 and January 2013. However the resultant scanning of the answer sheets introduced errors resulting in a costly data re-verification process. HEE has been asked to conduct an independent review and to make recommendations around future processes and procedures. Final analysis revealed that 0.5% of the applicants performed very much more poorly than the majority and they have been removed from the system.

It will be important to continue to evaluate the various selection processes used for healthcare professionals and to analyse their predictive validity.