

How is health-care education to be organized in the new NHS?

The programme of modernization in the NHS strives to introduce a comprehensive framework for quality, including mechanisms to set standards and to assess and inspect performance.

NHS organizations are being asked to assure and improve the quality of services they provide to patients through clinical governance. Specific policies and programmes aim to protect patients by improving safety, and recognizing and dealing effectively with poor performance. The commitment to reform and the expectation that services will adapt mean major changes for the NHS.

BACKGROUND

The Audit Commission (2001) study on education and training in the NHS – *Hidden Talents* – highlighted a number of shortcomings in the way NHS organizations lead, manage, invest in, evaluate and ensure all staff have access to development. These need to be addressed through a more coherent, sustainable national and local investment in people and learning resources.

The UK competent authorities (the specialist training authority of the medical Royal colleges and the General Medical Council (GMC)) set standards for training, monitor effectiveness and attest to the satisfactory completion of training by individual health-care staff. Service pressures must not compromise the training of professionals; equally, individuals' training must be driven by the needs of the NHS. A better balance is needed between training requirements and service needs.

Learning capacity within the NHS should be significantly strengthened through the Workforce Development Confederations, learning primary care trusts and establishment of the NHS University. Existing arrangements do not necessarily reflect, or take account of, the changing needs of the modern NHS and are too far determined by detailed requirements set out in legisla-

tion. Adaptability and flexibility therefore depends on amending legislation, which is rarely easy and contributes to inertia in the system.

THE NHS PLAN AND CONTINUING PROFESSIONAL DEVELOPMENT

The NHS Plan (Department of Health, 2000) sets many new tasks. These new tasks, along with existing priorities in areas such as cancer, heart disease and mental health, have been widely promoted to the public. These are in addition to existing requirements and all must be addressed while achieving financial balance. Individual tasks are clear and relatively unambiguous. However, whether they are realistic and achievable within an explicit and coherent framework of priorities is less clear.

Arrangements for appraisal, revalidation, continuing professional development (CPD) and clinical governance, supported by the establishment of new bodies such as the National Institute for Clinical Excellence (NICE) and the Commission for Health Improvement (CHI), are examples of how formal organizational structures are changing. The emphasis should be on multidisciplinary involvement in the development of processes and pathways of care, supported by relevant formal structures to support audit and appraisal.

QUALITY ASSURANCE

The Department of Health's response to the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary provides a number of recommendations (The Stationery Office, 2001a). Chapter 7 considers the means by which well-trained and competent health-care staff are developed to meet the needs of patients in the modern NHS and the system of regulation for enforcing these standards.

The various bodies whose purpose it is to assure the quality of care in the NHS, e.g. CHI and NICE, and the

competence authority of health-care professionals such as the GMC must be independent of and at arms length from the Department of Health.

Regulation of health-care professionals is not just about disciplinary matters. It should encapsulate all the systems which combine to assure the competence of staff: education, registration, training, CPD and revalidation as well as disciplinary matters.

It should be a priority to promote common curricula and shared learning across the professions. Competence in non-clinical aspects of caring for patients will be formally assessed as part of revalidation. This will involve skills in communication with patients and colleagues, education about the principles and organization of the NHS, about how care is managed and the skills required for management, the development of teamwork, shared learning across professional boundaries, clinical audit and reflective practice, and leadership.

As the NHS Plan indicated, it is intended that a single body be created, the Medical Education Standards Board, to bring together responsibility for all postgraduate medical education.

THE MEDICAL EDUCATION STANDARDS BOARD

New legislation will underpin responsibilities and the Medical Education Standards Board, as the competent authority, will oversee all postgraduate medical education in the UK. It will be involved with the proposed NHS University as its supervisory and standard setting role covers all doctors in postregistration training within the NHS.

In future there will be two UK competent authorities with an interest in medical education. One will be the GMC, dealing with registration, conduct and discipline as well as basic medical education; the other, the new Medical Education Standards Board, will deal with all aspects of postgraduate medical education and training.

APPRAISAL AND REVALIDATION

In the NHS Plan, the government announced its intention that all doctors employed by or under contract to the NHS will, as a condition of contract, be required to participate in annual appraisal. This will contribute to the GMC's 5-yearly mandatory revalidation process for all doctors.

Appraisal and hence revalidation link to CPD by helping individual doctors and their appraisers to identify and address development needs. Both appraisal and revalidation are likely to have overlapping (although not coterminous) agendas (The Stationery Office, 2001b). Both processes will consider whether a professional is practising medicine well, keeping up to date, relating appropriately to patients, working effectively with colleagues, enjoying sufficiently good health and generally conducting him or herself appropriately.

CPD programmes are the means by which health-care professionals ensure that their practice is up to date. They prepare them to work safely in all relevant clinical areas and develop their abilities to handle new kinds of work as necessary. A weakness of some existing CPD is the tendency for learning to follow an individual's interests rather than seeking out improvement in areas where they are weakest or in which they need to develop expertise.

Appraisal will be extended to all groups of professionals, including locums, so there should be a structured, comprehensive way to identify and meet the workforce's professional and personal development needs.

Core values and skills, particularly communication skills, are being promoted, expanding common learning programmes for all health-care professions. The programmes are being designed on a more flexible basis, providing modules based on common learning.

INFORMATION TECHNOLOGY

Developing e-learning awareness and capability covering the use of new technologies is essential to support open and on-line learning. The national vision for e-learning in the NHS is to enable staff to access learning opportunities at times and places that fit in

with their lifestyle, e.g. 24-hour access to knowledge and learning resources, with the technical support structure to ensure access and capability.

CLINICAL GOVERNANCE AND CPD

The implementation of clinical governance puts in place a comprehensive programme of measures, at local level, that will ensure that all clinical staff take an active part in reviewing the quality of the services they provide and in planning ways of improving them.

The effective introduction of the essential elements of clinical governance, e.g. clinical audit, use of evidence-based practice, CPD, and active working with patients and service users, will raise standards, ensure earlier identification of doctors who are performing poorly and enable earlier interventions to be made where necessary.

The National Clinical Governance Support Team, which forms part of the Modernisation Agency, has been established as a multidisciplinary team to work with NHS organizations to develop practical models for implementing clinical governance at team and specialty levels.

The Modernisation Agency has been created to help local clinicians and managers redesign services around the needs and convenience of patients. This is expected to provide targeted expert support to spread best practice and stimulate change locally. Their activities will bring together different strands of work which improve the quality of care such as the cancer service collaborative.

CONCLUSION

The NHS Plan and the commitment to modernization demand major change within the NHS. For health-care professionals to deliver the change and modernization, staff will need to understand and own a need for change. This requires openness and honesty within the organization about expectations, resource, deliverables and priorities.

Change is possible and essential. If it is to be achieved, the change strategies must concentrate on:

- Developing shared visions and objectives for the future
- Greater emphasis on multidisciplinary team working
- More inclusive, participative styles of leadership
- Appropriate formal structures to deliver the objective. **HM**

Elaine A Gilliland

Director of Education

Liverpool Medical Institution and Manchester

Medical Society

Liverpool L3 5SR

Audit Commission (2001) *'Hidden Talents' The Education, Training and Development of Healthcare Staff in NHS Trusts*. Audit Commission, London

Department of Health (2000) *The NHS Plan*. The Stationery Office, London

The Stationery Office (2001a) *Learning from Bristol: The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary, 1984-1995*. The Stationery Office, London

The Stationery Office (2001b) *Educating and Training the Future Healthcare Workforce for England*. The Stationery Office, London

Further reading

Department of Health (2000) *A Health Service of All the Talents: Developing the NHS Workforce*. Department of Health, London

Department of Health (2001) *Investment and Reform for NHS staff – Taking forward the NHS Plan*. Department of Health, London

KEY POINTS

- Core skills, undertaken on a shared basis with other professions, should be included from the earliest stages in professional preparation in both theory and practice settings.
- Stakeholders must work more collaboratively to promote consistency in the standards, quality and accreditation of post-registration education and continuing professional development, particularly where this is increasingly work based.
- Staff should demonstrate a commitment to keeping their skills and competence up to date, including the use of new approaches to learning and using information.
- Effective learning organizations and networks need to have systematic learning and development strategies in place, shared comprehensively with staff.
- The NHS and its partner organizations need strategies to enable staff to use resources and systems effectively and develop a culture conducive to sharing knowledge and learning.