Workforce and Education

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Common Challenges

From the presentations and discussions to date it is clear that:

- despite the very different health systems that have been constructed across the nations of the developed world, the problems and challenges we must address are very similar

- education, training and workforce share these challenges.
Driving Change

- Public expectations and demands
  - timely, convenient access to safe, effective high quality care
- Inequalities in health and healthcare
- Variations in the quality of care
- Health needs reflecting demographic change
- Impact of lifestyles on health
- Advances in medical science
- Rising costs
- Known inefficiencies and failings

Are education, training and workforce on track?
Patients Seek Healthcare That Is:

- safe, effective, easy to access, and of high quality
- personal to them, recognising and responding to
  - their understanding of health and well being,
  - their expectations of how health might be maintained or restored in the full context of their personal and working lives.
The Therapeutic Relationship

Of great significance – “the desire for a one to one therapeutic relationship between a patient and trusted health professional”

Martin Marshall BMJ Jan 2004

“Most people express a stronger desire for responsiveness to them as individuals, alongside a desire for a more human approach where people feel listened to, valued and respected as individuals rather than simply diagnoses.”

Building on the Best 2003

Personal Contact

Time to talk
The Fundamentals

People’s social and economic circumstances affect health throughout life, so health policy must be linked to the social and economic determinants of health.

Michael Marmot

Unemployment
“We need to address the fundamental causes of health and illness and provide incentives for healthy ways of living rather than reimbursing only drugs and surgery”.

*Deepak Chopra, Dean Ornish, Rustum Roy, Andrew Neil.*
Social Determinants of Health

- The social gradient
- Stress
- Early life
- Social exclusion
- Work/Unemployment
- Social support
- Addiction
- Food
- Transport

Are these reflected in education, training and the workforce?
Person-centred Care

Should recognise and intervene in respect of the socio-economic determinants of health. For example:

- Direct advice and support on lifestyle – smoking, nutrition, exercise, alcohol, drugs, etc
- Support and advocacy in respect of family problems, poverty, housing, education and training, employment.

Do our education and training programmes, and our workforce arrangements support this?
Relationship Between Work and Health

Galen (129-200)
Employment is nature’s physician and is essential to human happiness.

Voltaire (1694-1778)
Work banishes those three great evils – boredom, vice and poverty.

William Osler (1849-1919)
To the young it brings hope, to the middle-aged confidence, to the aged repose – work.

Theodore Roosevelt (1858-1919)
Far and away the best prize that life offers is the chance to work hard at work worth doing.

Waddell and Burton (2006)
Work is generally good for physical and mental health and well-being
Long-term Worklessness – a Great Risk to Health

- Greater risk than many “killer diseases”
- Greater risk than most dangerous jobs (e.g. construction, fishing, etc)
- 2 to 3 times risk of mental illness
- Poor health in children of workless families
- Social exclusion and poverty

Cost to the UK economy of sickness absence and illness-related worklessness is over 100 billion GBP annually – the cost of the NHS.
The Central Role of Healthcare Professionals

All healthcare professionals need to understand:

- Good work is good for health and well-being
- A return to functional capacity, and a sustained return to work where appropriate, should be key indicators of clinical success in the treatment of working-age people
- Work-related issues within the healthcare setting (e.g. Vocational Rehabilitation, communication with employers, etc)

Education and training at the undergraduate and postgraduate level is urgently needed.
Workforce: Attributes Required in all Health Professionals

- They must possess and demonstrate particular attributes to merit the trust of patients.
- These attributes include:
  - good communication skills
  - empathy
  - the ability to work as part of a team
  - non-judgmental behaviour
  - integrity
  - commitment to quality and safety.
As practice and services evolve, relationships between healthcare professionals change by:

- Team working: with individual members from different professions contributing their respective skills
- Role substitution: transferring of tasks between healthcare professionals. Therapies that initially required medical delivery evolve into routine care delivered by others in a multi-professional team.
- Coordination of care: for some conditions being carried out by a health professional other than a doctor
Collaboration between professional groups in the hospital setting has been described as:
- Usually short-lived
- Unstructured
- Opportunistic
- Fragmented
- Rushed

Medical Leadership Competency Framework

Application of Framework will differ according to career stage and role – undergraduate, postgraduate, after specialist Board certification.

Extension to nurses and dentists now planned.

Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement

www.institute.nhs.uk/mlcf
Competency Framework: Working with Others

Showing effective leadership by working in teams and networks to deliver and improve services.

- **Developing networks**: working in partnership with colleagues within and across systems
- **Building and maintaining relationships**: listening, supporting others, gaining trust and showing understanding
- **Encouraging contribution**: creating an environment where others have the opportunity to contribute
- **Working within teams**: to deliver and improve services.
Workforce Re-orientation : Collaboration

All healthcare students should learn how to collaborate effectively across disciplines. This will deepen their abilities to:

- Discuss with patients treatments they may be receiving from other healthcare practitioners
- Understand the range of healthcare disciplines
- Cross-refer patients to practitioners of other healthcare fields
- Develop openness to other medical cultures and paradigms
- Understand the mind-body-spirit connection in healthcare.

Often the best healthcare plan involves a combination of treatments provided by diverse practitioners from various disciplines.

L. Goldblatt and D. Seitz, 2005
Workforce Re-orientation

Integration in working does not mean

- loss of disciplinary identity;
- nor merging of skills and roles.

Health professionals bring their own skills and competences to a common, shared purpose.

So the process is additive, to benefit patients.
“Integrative medicine needs to be included in the curriculum for all health providers.”

Victoria Maizes MD, Arizona Center for IM, 2009

- Mission of AHCIM: “to help transform medicine and healthcare through ..... innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing and the rich diversity of therapeutic systems.”
Education and Training

- Are we training too many of certain health professionals and too few of others?
- Do we need new cohorts of health care providers?
“While the role of nurses, their educational preparation, and the settings in which they practice, have evolved over time, the focus of nursing has remained fairly constant.

Much of what is now called CAM has fallen within the domain of nursing for centuries. Nurses are educated to be holistic practitioners – attentive to the whole person, mind, body and spirit.

Academic programmes routinely include information on massage, music, imagery, energy healing, meditation, relaxation therapy and the use of essential oils. “

Mary Jo Kreitzer, UMN, email February 2009
<table>
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<tr>
<th>Competencies for nurses include holistic care and assessment as well as understanding and use of complementary therapies.</th>
<th>American Association of Colleges of Nursing</th>
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<td>A survey by Burman (2003) of family nurse practitioner program directors found that 98.5% of 141 respondents reported that their programs included CAM-related content.</td>
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<td>The evaluation and incorporation of complementary and alternative therapies in education and practice as a hallmark of midwifery practice in all settings</td>
<td>American College of Nurse Midwives</td>
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Medical Education in the Future

We need:

- greater focus on multidisciplinary education to teach medical students better how to function in multidisciplinary teams
- to think about the healthcare system of the future, with more emphasis on lifestyle and prevention
- more awareness of the impact of environmental toxins
- to re-emphasize Humanism in healthcare and recruit a workforce that embraces this concept.

AdamPerlman,UMDNJ,2009
Principles for Training of Medical Graduates in the UK

- Patient safety and quality of care lie at the centre of healthcare.
- Curricula and training programmes should be linked to current and emerging models of care, scientific and technological advances.
- Training must allow flexibility to change role and setting in the future.
- Good quality patient care depends on effective multi-professional teams.
- Learning in, and from, practice is the most effective way for professionals to develop their expertise.

GMC 2005
Education of UK Undergraduates

General Medical Council – the regulator – requires:

- Lifelong learners
- Less knowledge
- More clinical skills
- Better communication
- More caring attitudes
- Ethics & law

Medical Schools Council – the educator:

- is updating curricula
- is updating teaching methods
- professionalising teaching
- auditing carefully
Students must be aware that many patients are interested in and choose to use a range of alternative and complementary therapies. Graduates must be aware of the existence and range of such therapies, why some patients use them and how these might affect other types of treatment that patients are receiving.

GMC ‘Tomorrow’s Doctors’ (Under consultation 2009)

I contacted the UK’s 33 medical schools in January 2009.

Broadly there is an empathetic approach to the patient who is drawn to alternative and complementary therapies.

Schools recognise CAM’s significance as a belief system, and the need to respond to patients’ views with understanding.
'This course has few parallels in UK medical education. Its goal is for students to see that the ‘art’ of medicine really is at the heart of good medicine. In it we teach the role of the Fine Arts in Medicine, Psychoneuroimmunology etc.

CAM is taught not as an effective treatment for condition X, but as a model of care with a holistic approach. ……

In Year 2, students may opt for “Global Environment and Human Health”, tackling medical perspectives on such issues as climate change, water scarcity, mass migration, and food policy.

Professor Debbie Sharp, University of Bristol, January 2009
Postgraduate Training: Attitudes/Behaviours Required of All

Ability to show empathy with patients when:

- English is not the patient’s first language
- Patients are confused/have learning disabilities/have impaired hearing
- They are using complementary/alternative medicines
- They have psychiatric/psychological problems where there are doubts over the informant’s reliability
- Asking questions on sexual behaviour and orientation
- The patient is a child
- There is a possible vulnerable child/elder protection issue.

UK Foundation curriculum
Postgraduate training: Core Competences and Skills

- accomplished, concise and targeted history-taking and communication, in all circumstances
- recognition of the importance of clinical, psychological, social, cultural and nutritional factors
- consideration of ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability
- taking a focused family history, with family tree where relevant
- incorporating the patient’s concerns, expectations and understanding

UK Foundation curriculum
Higher Medical Specialty Training

- 65 specialties, 50% consulted

Typical response: Higher surgical training

“Dear Carol,

It will come perhaps as no surprise that none of the surgical curricula contain any elements of complementary or alternative medicine.

The closest we get is the Professional Skills and Behaviour section, which has a more holistic feel, without actually mentioning integrative medicine.”

Chris Munsch, Chair, Joint Committee on Higher Surgical Training

Email, January 2009
Barriers to Achieving the Vision

Among them are:
- Competing demands of service and training, for time and resources.
- Failure to accord teaching and training roles the value they demand.
- Failure to integrate service needs with workforce planning and education and training;
- Resistance to change
- Failures of professional leadership
- Professional conviction and professional tribalism;
- Professional narrowness
- Neglect of the humanism of medicine

Each, surely, can be overcome.
Final Thoughts

“patterns recur in the behaviour of leaders trying to introduce good ideas for change......

Mostly these are to do with overcoming resistance to change the immense authority of the status quo in a complex human system”

Argyris 1990
“Health is created in places where we live, love, work and play”

World Health Organisation