Submission to the Working Group on Undergraduate Medical Education and Training

From the National Primary Care Steering Group

March 3, 2004

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Introduction

The National Primary Care Steering Group in exercising its role in providing policy advice to the Department of Health and Children, health boards and other bodies as appropriate, has given consideration to a range of issues in relation to medical education and training which impact on the successful implementation of the Government's Primary Care Strategy, *Primary Care: A New Direction.*

The strategy is based on a population health focus with services being planned for on the basis of assessed needs and delivered by multi-disciplinary Primary Care Teams and supported by Primary Care Networks. The key strategic aims are to provide:

- a strengthened primary care system which will play a more central role as the first and ongoing point of contact for people with the health-care system
- an integrated, inter-disciplinary, high-quality, team-based and user-friendly set of services
- enhanced capacity for primary care in the areas of disease prevention, rehabilitation and personal social services, to complement the existing diagnosis and treatment focus.

The processes identified to support this service model are primarily those involving both inter-disciplinary and multi-disciplinary working by way of mechanisms such as: Integrated Care Pathways; Shared Care Arrangements and Protocols; Pre- Admission Assessments; Referral and Discharge guidelines and arrangements; increased access to Diagnostics by General Practitioners etc.

The primary care service model and policy therefore present a range of development requirements in the provision of appropriate Education and Training for Medical Practitioners at both under- and post-graduate levels so as to ensure that practitioners are equipped with the appropriate skills and competencies for effective service delivery in the primary care setting.

The Primary Care Strategy recognises that in order to deliver the new multi-disciplinary model of service, planning and development of the human resource requirement for primary care within a whole health system national framework is required. Arrangements are required to ensure the availability of a qualified, competent and flexible workforce to meet the changing demands of the health system.

Consideration of the following issues has assisted in informing the main body of this submission:

- The strengths/weaknesses of current system of undergraduate medical education and training

- The need for the development of a range of common education modules for undergraduate medical; nursing and health and social care professionals

- The opportunities/threats faced by the system, obstacles to progress and suggestions for improvement

The strengths/weaknesses of current system of undergraduate medical education and training

One of the main criticisms of the undergraduate education and training programmes for all health and social care professionals including nursing and medical is that all programmes are developed for and delivered with a uni-professional focus. This has implications for the understanding of roles and professional boundaries in service delivery context and also for effective client centred multi-disciplinary teamworking. (Client-centred multi-disciplinary teamworking - Quality and Fairness, Hanly report and *Primary Care: A New Direction*)

There is a need therefore for:

- the development of a range of common education modules for undergraduate medical; nursing and health and social care professionals
- appropriate organisation and support of clinical placements in both secondary and primary, community and continuing care settings for undergraduates within a multi-disciplinary teamworking context.
- the development of a range of common education modules for undergraduate medical; nursing and health and social care professionals
- development of new training modules at both under - and post-graduate levels in: clinical governance; management skills, communication skills; social and community issues and influences; the national health policy context, population health focus requirements in terms of assessment, planning and measuring health impact; multi-disciplinary teamworking and IT skills.

The opportunities/threats faced by the system

Opportunities

- To meet the medical manpower requirements of the Irish health system by increasing the number of funded places in undergraduate medical training

- To ensure that every medical student has the opportunity to benefit from early patient contact

- To ensure that medical students are exposed to the principles of population health based planning and service delivery

- To explore alternative methods of teaching practice, such as problem-based learning and other practices currently used in Allied Health Professional training

- To recruit teaching staff on basis of ability to teach rather than solely on ability to conduct research

- To use problem based learning in inter-disciplinary groups to teach students the value of a multi-disciplinary team-based approach

- To ensure that graduates are capable of communicating with people in a manner appropriate to their culture. This should apply equally to Irish people and significant cultural minorities in the future

- In line with the National Health Strategy, the principle of person-centredness should be a central feature of training

- Students need to have adequate opportunities to learn the theory and practice of health promotion and disease prevention

- In common with other health professionals, undergraduate medical student training should include management and leadership skills

Threats

- The proposed changes to introduce a primary degree requirement before entering a graduate medical programme ignores international consensus in medical education to integrate basic sciences with clinical practice. It will merely serve to push back the point of pressure in student selection, and it may make the period of training unacceptably long. This will also have consequences for manpower requirements, which are already acute in primary care, and may militate against family-friendly working/training arrangements. There are still many concerns about the concept, including the medical schools' ability to cope with devising a new four-year curriculum and also about the prospects of a fallow year during the period of transition.

- Limited/controlled Access to education and training programmes due to Third Level Funding issues resulting in an inadequate supply of graduates for the Irish health services

- Recruitment and Retention of Medical Graduates for General Practice training programmes which currently require dedicated funding and a national standardised approach against a more attractive career opportunity framework in the secondary care sector post-European Working Time Directive and Hanly.

How the undergraduate medical system impacts on/relates to your organisation?

Medical students have insufficient opportunities to experience the delivery of care in community settings (urban and rural) and in smaller general hospitals. This is due partly to a lack of curriculum time and partly to a shortage of funded placements. This results in a lack of exposure to role models from community settings.

The limited emphasis on psychosocial element of training required, including the associated experience gained in service settings at undergraduate level is often cited by clinicians as being a deficit in their early years of clinical practice.

Significant issues for organisations providing primary care services are the scale and underfunding of Departments of General Practice in Universities; the inadequacies in selection, training and remuneration of community based teachers in Primary Care and the absence of ringfenced funding for education, such as SIFT (UK).

What are the main obstacles to progress and suggestions for improvement within the system?

Obstacles

The current planning and funding dichotomy between Education and Health Sectors is a major obstacle resulting in third level institutions having to source a significant amount of revenue from the non-EU student market pool. There is an urgent requirement therefore for a collaborative approach and if necessary a radical review of current funding systems. Additional obstacles include the following:

- The uni-professional organisation of education and training programmes
- Post-graduate education and training is in the main organised and influenced by professional bodies with a range of service links but no standard organisational or standards framework. This results in a range of variations in programme content and duration.
- There are no standard funding arrangements resulting in uncertainty in regard to ongoing planning.
- Continued reliance on private fee-paying students

Suggestions

- There is a need to develop a national framework linked to HR and skills requirements of the health services as they develop in line with population health needs.

- A partnership approach is required between: Education providers, Professional organisations, health and social care policy makers and service providers

- Framing of the recommendations of the Working Group within existing resources is unrealistic.

- **Promotion of teamworking:** The need for multi-disciplinary teamworking is a key element in the Primary Strategy. Members of the Steering Group wish to emphasise the importance of providing opportunities for medical undergraduates to train with other health allied health professionals including nurses, pharmacists, physiotherapists, speech and language and occupational therapists. Medical students should also have opportunities to work with social workers. It is important that medical undergraduates have at least a basic understanding of the role and contribution of other professionals in the care of patients, both in the hospital and the community.

- **Clinical placements in primary care**: The group recommend that a substantial proportion of medical undergraduate clinical training should be provided in primary care and related community settings. There is a clear need in medical undergraduate training to reflect the increasing volume and complexity of health services provided in the community, and the increasing challenges posed by the management of chronic illness such as diabetes.

- **Management skills, leadership training & personal development**. The success of the Primary Care Strategy will depend in part on the availability of medical graduates with well-developed management skills, a clear understanding of quality assurance issues in health care (including the need for reflective practice) and the ability to work effectively and harmoniously as a member of a multi-disciplinary team. Thus there is a need for greater emphasis on training in management and quality issues in medical undergraduate training and a need for work on personal and professional development, including the ability to reflect on management styles and interpersonal skills.

- **Training in scientific method**: Evidence-based practice is an important element of the quality and management agenda in primary care as elsewhere in the health system and we need graduates with the scientific skills to critically appraise the evidence base for practice and apply that evidence in the care of their patients. There is now increasing appreciation of the importance of high quality research in primary care; clinical, health services and population science research. There is therefore a need for greater emphasis on training in the scientific method (including quantitative and qualitative methods) in undergraduate medical education with a view to producing graduates with the skills to conduct research in diverse settings.

- **Communication skills:** In primary care, as elsewhere in the health system, there is a need for medical graduates with well-developed communication skills and the ability to develop and sustain effective long-term partnerships with patients, families, colleagues and the wider community. Thus students need training and experience in communication skills in primary care settings. This may include exposure to the work of social workers, where communication is a key skill. Such exposure should also help students to learn about the issues which affect the communities which they will be serving.

- Students will also benefit from exposure to community participation and community development initiatives designed to make the health system more responsive to the needs of local communities. In this context members of the Primary Care Steering Group would argue that if we opt for graduate entry to medical school in Ireland we should recruit graduates from a wide range of academic backgrounds, including the humanities.

- **Public Health:** Within the Primary Care Steering Group there is a strong commitment to a holistic model of health and its determinants; a model that acknowledges the pivotal role of social, economic, community, cultural and environmental factors in health and disease and which focuses on maintaining health rather than primarily diagnosis and treatment of illness. It is therefore important that these broader determinants of health are addressed with appropriate detail and rigour throughout the medical undergraduate curriculum. There is a need for medical schools to be socially accountable in acknowledging the needs of society and in responding to them; students need to be aware of the national health policy context and the broad objectives towards which all health professionals should be working.

- **Resources:** Members of the Steering Group are aware that there is now a broad consensus on the need for change and renewal in the undergraduate medical curriculum to address the accelerating rate of change in health sciences and health systems and changes in society, including our ageing population, greater cultural and ethnic diversity and the increasing burden of chronic disease. We must accept that we will not achieve an internationally competitive standard of medical undergraduate training without adequate resources.

  By international standards the teaching and research infrastructure in our medical schools is threadbare. Members of the steering group note that the resources allocated per medical student in Ireland are less than half those allocated in the UK. Aspirations regarding the content of medical undergraduate teaching are hollow in the absence of substantial changes in pedagogic methods and teaching settings. Members of the steering group recommend that adequate resources are provided to support a model of medical undergraduate education based to a greater extent on small group teaching, teaching in the community, work on assignments and presentations (written and oral) and reflective self-directed learning. The medical schools need to affiliate more strongly with the community

health services and GP practices by having teaching agreements, skilling courses and appropriate accommodation

This includes a need for investment in primary care sites in order to have accommodation in which students can learn by doing - it is necessary for them to have facilities to see patients on their own, to learn with others in seminar rooms in GP practices and primary care centres.

- New learning tools and educational supports such as e-learning and “virtual school” etc. and approaches which involve non-professionals and the Community and Voluntary Sector stakeholders should be developed.

- The “core competencies” in Primary Care to support the competency based primary care model must be developed and supported. These competencies need to be mapped and benchmarked against international standards and practice. They should be reviewed on a regular basis relative to population health requirements

Finally, members of the Steering Group are concerned that the traditional medical curriculum, with its dichotomy between "pre-clinical" and "clinical" sciences, and its reliance on didactic teaching methods is excessively narrow and reductionist. There is a view that the culture and values transmitted by the current model of undergraduate teaching is inherently conservative. It does not stimulate reflection on the fundamental determinants of health locally, nationally or globally, the role of the doctor as a citizen and advocate for health or reflection on the appropriateness and equity of health systems.