

SHAPE OF TRAINING SKILLS AND QUALITIES SPECIFICATION

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1. Background: there is baseline evidence on the level of satisfaction of patients with the NHS and of public confidence in it.

TABLE 1 - SAMPLE BASELINE EVIDENCE: SATISFACTION WITH THE PROFESSIONS			
SATISFACTION WITH GPs <i>GP Patient survey Oct – Sep'10 (80000)</i>			
Satisfied overall with their GP			90%
GP was good or very good at asking about symptoms			87%
GP was good or very good at involving them in decisions about care			72%
SATISFACTION WITH HOSPITAL DOCTORS <i>Healthcare Commission '09 (69000)</i>			
Always confident in doctors treating them	80%	Had enough time to discuss their health or medical problem in A & E	68%
Always got answers in a way they could understand	67%	New medication was completely explained in A & E	84%
Doctors good or very good at asking about symptoms	87%	Received a complete explanation of medication side effects in A & E	37%

TABLE 2 - SAMPLE BASELINE EVIDENCE: VIEWS OF THE PUBLIC ON THE NHS		
QUESTION TOPIC <i>(Social Attitudes Survey 09 (3421))</i>		
	1998	2009
Very /quite satisfied with way NHS run	42%	64%
Very /quite satisfied with GPs	75%	80%
Very /quite satisfied with dentists	53%	48%
Very /quite satisfied (inpatient)	54%	59%
Very /quite satisfied (outpatient)	52%	67%

A group of 22 lay people and patient organisations attended a workshop with 15 representatives from the professions and regulators (at least one from the professions covered by Medical Education England - MEE), to collaborate for the *Shape of Training* project on

- The needs that the public would have from healthcare professionals,
- The needs that patients would have from healthcare professionals
- The skills and qualities the professionals would need to have to meet these needs

2. Key themes from the discussion: A snapshot was taken at the beginning and end of the workshop of the levels of confidence in training of the healthcare professionals. Those who participated in both of these indicated in general a reduction in confidence based on what they had heard during the day. Reasons for loss of confidence, positive comments and points raised in general discussion which genuinely perplexed participants included (in no particular order):

- Poor communication on the strengths of training currently
- Continuing professional development is not always well developed
- Concern about the shortness of placements for junior doctors reducing learning
- Professions differ in the quality of their training
- Inconsistency between the medical schools in their approach to training
- Postcode lottery on training
- Lack of progress in understanding and tackling health inequalities
- Poor understanding of accessibility issues
- An outmoded perspective on communication – which seemed to be seen as something done by professionals to patients rather than a shared, two way activity contributing to the patient's ability to improve their own healthcare and understand their own condition
- A lack of creativity in looking for economies of scale on training in generic skills with other professions and earlier opportunities for such learning at school

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- There may well be rigour on testing and enforcing certain aspects of the performance of professionals, it is not clear that these are the right aspects of performance

3. Output: The output of the workshop was an analysis of the needs of patients and the public (Tables 3 and 4) and a Specification of the skills and qualities healthcare professionals should have to meet these needs. The Workshop Report records the detailed workshop findings.

3.1 Needs: groups of needs were identified separately for the public and patients and, in each case these were prioritised by the lay people and professionals separately. A set of skills and qualities to meet the prioritised needs were then identified and this has now been analysed and collated into a more formal specification in paragraph 3.2 below. Although there needs were different, differences between the skills and qualities to meet the needs of the public compared to those to meet patients' needs, were not very marked. Therefore the two have been combined.

TABLE 3 - NEEDS OF THE PUBLIC (IN PRIORITY ORDER)		
NEED (comprising in no priority order..)	PRIORITISATION	
	LAY	PROF.
VALUE FOR MONEY (<i>Equity across patient groups and patient involvement as well as value for money</i>)	1.	3.
HEALTHY COMMUNITIES (<i>Information & motivation to lead a healthy lifestyle & stay well, Health promotion, health protection & public health</i>)	2.	3..
INVOLVEMENT FOR INFLUENCE (<i>Communication on issues about skills & competence & how healthcare is delivered effectively; explanation of strategic decisions; the opportunity to influence and proper consultation about service changes</i>)	3.	4.
COMPETENCE (<i>Proficiency, skills & experience</i>)	4.	2.
SAFETY	4.	1.
ACCESSIBILITY (<i>Accessible service buildings, information etc.</i>)	5.	5.
ATTITUDE (<i>Honesty, kindness</i>)	5.	5.
COMMUNICATION (<i>Easy to understand information</i>)	5.	3.

TABLE 4 - NEEDS OF PATIENTS (IN PRIORITY ORDER)		
NEED (comprising, in no priority order)	PRIORITISATION	
	LAY	PROF.
PERSON CENTRED COMPETENCE (<i>knowledge and clinical expertise including understanding the whole person as part of diagnosis, good outcomes, health promotion – health not illness service, competent in explaining in lay terms, facilitating involvement in care decisions, recognising that patients are partners in getting better</i>)	1.	1.
PERSON CENTRED PROCESSES (<i>Empathy, humane processes and responsive services underpinned by values consistent with shared decision-making</i>)	2.	5.
EFFECTIVE HEALTHCARE (<i>Effective healthcare; health promotion; health not illness service</i>)	3.	6.
COMMUNICATION SKILLS (<i>good non- patronising communication including the ability to listen and understand the 'whole' person, understanding of services and rights</i>)	4.	4.
GOVERNANCE (<i>safety including safe clinical practice & a duty of candour</i>)	5.	3.
PROFESSIONAL ETHICS (<i>strong professional ethic; standing up for patient</i>)	5.	2.
HUMAN QUALITIES (<i>Empathy, honesty and humanity</i>)	6.	5.

3.2 Skills and Qualities Specification

SKILLS

A. ACCOUNTABILITY SKILLS

1. Knowledge and expertise in
 - governance
 - legislative requirements and relevant policy
 - confidentiality requirements
 - consent requirements
 - quality indicators for access
2. Political awareness

3. Skilled in
 - partnership with social care, community services and advocacy groups
 - engaging the community
4. Understanding, tolerance and awareness of
 - cultural diversity
 - physical diversity
 - the community

B. CLINICAL PRACTICE

1. Ability to
 - combine consultation skills, technical skills and clinical skills
 - learn by mistakes and recognise personal limitations
3. Understanding of long term conditions.

2. Skilled in
 - Analysis
 - Clinical interaction
 - Diagnosis
 - Prescribing
 - Offering an individualised approach to care

C. COMMUNICATING SKILLS

1. Ability to
 - acquire and apply knowledge of an individual patient's health, lifestyle and motivation
 - build relationships
 - engage, speak and listen
 - listen to patients and "feedback" to them in response
 - meet the different communication needs of individual patients
 - receive and interpret data
2. Skilled in
 - balancing listening and questioning when communicating with patients
 - communicating bad news with sensitivity
 - communicating effectively, truthfully and sensitively
 - communicating in a medicalised and non-medicalised context
 - communicating risks to patients
 - communicating with other healthcare professionals
 - effective and deep dialogue with patients and relatives, as part of the patient outcome
 - facilitating their shared decision-making
 - interpersonal interaction
 - involving and empowering patients and educating them for self care
 - observation and eliciting and processing relevant information
 - plain English, appropriate appearance and body language
 - presentation and facilitation skills
 - understanding and meeting the different communication needs of patients and relatives
 - understanding the appropriate media for communication

D. CONTINUING PROFESSIONAL DEVELOPMENT

1. Commitment to continuing professional development (CPD)
3. Skilled in maintaining CPD
4. Knowledge of
 - their own area of practice
2. Ability to
 - challenge the system constructively
 - maintain evidence-based practice
 - up to date practice

E. EVIDENCE BASED APPROACH

1. Ability to
 - acquire and apply knowledge of good practice
 - acquire and apply knowledge of the evidence underpinning practice
2. Analytical skills
3. Knowledge of evaluation techniques and the ability to apply them
4. Objectivity in developing and applying an evidence-based approach
5. Understanding of value for money as an element of outcome

F. INTERPERSONAL SKILLS

1. Knowledge and understanding of individual patient and relative needs including:
 - cultural needs
 - language needs
 - need for advocacy
 - need for information
 - physical needs

G. MANAGEMENT SKILLS

1. Ability to
 - follow through plans and strategies
 - change management
2. Skilled in
 - facilitation of continuity of care
 - financial management
 - leadership
 - management
 - political relationships
 - risk management
 - time management

H. PROFESSIONALISM

1. Awareness, understanding and expertise in professional ethics
2. Engagement with the system and willingness to challenge it
3. Person-centred
4. Professional approach to both the academic and vocational aspects of the profession
5. Ability to
 - apply creativity in learning and teaching
 - lead by example, providing a role model for both staff and patients
 - prioritise reflection on professional ethical issues appropriately
 - promote an environment of flourishing professionalism
 - work with others whilst taking responsibility for one’s own actions
6. Knowledge of and respect for the skills of other professions
7. Understanding of professional ethics, codes and standards and the ability to apply them

I. WHOLE SYSTEM WORKING

1. Ability to combine clinical knowledge with an understanding of the wider system
2. Flexibility in working with and across the wider system
3. Knowledge of inter-agency working
4. Networking skills
5. Understanding of
 - financial implications of whole system working
 - wider system and care pathways through it
 - the internal structures of other elements of the wider system

QUALITIES

Assertiveness	Empathy	Common sense	Integrity	Patience
Attention to detail	Engaging	Honesty	Intuition	Transparency
Commitment to excellence	Flexibility	Humility	Respect	Understanding

Recognition that patients are also experts
 Resilience, equanimity and the ability to cope with uncertainty
 Self confidence, self reflection and the motivation to improve