

Narratives

Universities and Health Care: professions - reproducing the health care professions or producing the health care workforce

[an elaborated abstract]

Effective planning of the workforce is critical to the Government's success in implementing its ambitious programme of reform in the National Health Service. Workforce planning is driving the NHS modernising agenda. However the different professional groups involved, each with their history and cultural baggage, present a challenge to the Government's goal for patient-centred NHS staffed by multi-disciplinary teams.

The NHS Plan arrived with much talk of working differently, blurring boundaries, extending existing and creating new roles. The Plan was going to give us an NHS designed around the patient. The GP contract brought about big changes in the out of hours services. Yet when financial difficulties arise the government appears to abandon the plan. The universities showed a remarkable willingness to meet demands which these changes placed on them for diploma degree and masters level courses, not to mention the development of numerous CPD programmes. When the income streams associated with these courses is turned on and off according to the financial situation it makes the planning and delivery of courses difficult. The evidence base for practice it should be remembered comes from work undertaken in these institutions in collaboration with NHS colleagues.

The answer to the question of what the NHS wants to do with graduates is not entirely clear. Most professions and areas of business enterprise want the skills and knowledge that a degree confers and then take it from there. Of course there are grumbles that employability and transferable skills are lacking in graduates, but by and large they know how to take on the rounded, problem-solving research aware graduate and socialise them into their enterprise. Whereas nursing education, led on by the regulatory body takes a more micro-managed, check list approach to what it wants to go into a graduate.

In the early years of the plan we became good at sketching out new integrated, patient-centred futures. The difficult part was to make the changes, whilst keeping the NHS show on the road. What was not envisaged, or at any rate acknowledged, was the fact that to make changes which would alter the balance of the workforce, put the patient in the centre and move the whole emphasis to the community was going to cost.

Re-design and culture change is the rhetoric, when the NHS Plan is under discussion, the reality lies in finding new ways of professions working together. Traditional power relationships, vested interests and unintended consequences have yet to play out.

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