Structures to support integrated working between public health and primary care

Editorial response to Nigel Crisp: Is there consensus to re-design professional medical education?

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Nigel Crisp describes the need for a change in medical education. He writes:

‘The scientific reforms of a century ago were followed by problem based learning and now are being succeeded by a systems based approach. Health professionals in their practice and education need to understand and operate within systems in addition to their other skills.’

We completely agree. Without this, GPs will not have the necessary skills to fulfil their new commissioning role within the NHS. They will be able to appreciate things that are wrong in the wider health system, but will not have the skills to put them right. High level skills of integrating whole systems of care are needed. But even basic skills of team-working, delegation and economics are poorly represented in undergraduate and post graduate curricula.

The question we grapple with is ‘how?’ Undergraduate training has an already full curriculum. It is true that postgraduate licensing and professional development has introduced clinical leadership as a topic, but it is too little and too late in the training. At a much earlier stage medical students and GP trainees need to understand health care systems, evidence based management; service evaluation; and change management at individual and inter-institutional levels.

Furthermore, there are other calls on non-existent training time, for example the technology and communication revolutions. Modern-day health professionals must be capable of filtering multiple information sources, and use facts within the context of everyday consultations.

One thin answer is that everyone needs to acknowledge a need for life-long generic skills of visualising, evaluating and changing whole systems of care, and

use lateral thinking to allow some of this to be learned when learning about disease processes. For example, shared projects can help students to experience multidisciplinary team-working at the same time as learning about diabetes. The image of a body as a machine and the body as an integrated organic entity bear comparison with an organisation as a bureaucracy and as a learning organisation.

But this will not be enough. Space simply has to be created at all stages for future doctors to learn about organisation and systems, and this means less of other things. It is not clear how much appetite there is for this radical change. An independent Commission on Education of Health Professionals for the 21st Century described a need for a culture of critical inquiry throughout healthcare. Here is something that everyone will agree with and may provide an opportunity to undertake broader thinking about organisations and systems.

A culture of critical inquiry necessarily brings with it a full range of inquiry methods (and not merely laboratory approaches), which will make it easier to consider the image of a complex system that is continually adapting and evolving, as well as the static image of a laboratory. Further, it acknowledges that individuals require a degree of self knowledge, are human and able to make mistakes, and will bring the opportunity to improve by reflecting and responding to their mistakes and behaving differently. If this can be started at undergraduate level, it can be reinforced at every level afterwards.

We need to change the present education system to include a systems perspective. Without this we create a new generation of doctors who will become isolated by

the enormity of their role, overwhelmed by the learning required, and with few tools to manage their own emotions and interactions with patients and colleagues. In effect they will not have the basic skills for a sustainable career in medicine.

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