Royal College of Physicians of Edinburgh

NHS and Public Health England
Facing the Facts, Shaping the Future
A draft health and care workforce strategy for England to 2027

The Royal College of Physicians of Edinburgh ("the College") is pleased to respond to the NHS's and Public Health England's call for views on the draft health and care workforce strategy for England to 2027. The College is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.

We asked our Fellows for their views on this consultation, and this in turn forms the College's response to each question. These responses are detailed below.

1. Do you support the six principles proposed to support better workforce planning; and in particular will the principals lead to better alignment of financial, policy, and service planning and represent best practice in the future?

College Fellows welcome the health and care workforce strategy for England, and believe that its aims and objectives should be supported. However, there is concern that the NHS in England has a very complex management system and is plagued by many costly initiatives which are not based on evidence and do not have a clear strategic plan. A radical rethink is required to declutter the many costly initiatives that are hindering the NHS in England and to address the unprecedented challenges that are impacting on the workforce and, ultimately, on patient care.

The Government must ensure that initiatives which are being pursued in the NHS have strong evidence to support them, are thoroughly evaluated for outcome, and will lead to solid and sustainable improvements in the long term. There is also concern that the current increase in student numbers will have little effect on the workforce overall for the next decade. Our Fellows have commented that during that time, it is likely there will be increasing disillusionment in the active workforce presently employed. It is critical to know how this will be responded to. The College is concerned that workforce morale is low and that new medical graduates continue to leave the profession[i]. This is exacerbated by legal rulings and the politicised healthcare landscape which have affected medical morale. Some of the College's Fellows feel that Health Education England could be more proactive in presenting a more positive aspect of training in the caring professions.

2. What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

The College believes that flexibility is key. Many trainees appear to be disillusioned with training after F1/F2 and elect to take time out, UK or abroad, prior to committing to a future career. The College notes that this has always been the case to some degree, but stand-alone jobs and a more flexible approach to training in the past allowed people to move around, creating their own portfolio of experience. Rigid training schemes have denied doctors of this so trainees seem to opt completely out as they see no alternative.

Furthermore, without losing the assurances that modern training provides us with, we must find some way of creating flexibility, particularly between training grades where trainees may tread water and look at various jobs and roles that could be made more attractive and in line with the aspirations of the current generation of trainees.

3. How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

The high level analysis in the strategy of current workforce issues appears broadly appropriate. However, the College believes that the strategy has not adequately described the current position of the challenges being experienced by doctors in training, particularly in relation to the very significant losses of medical staff at the various stages of training from graduation onward. This is a major weakness as it will significantly impact on the planning assumptions included in the report regarding the increase in medical students meeting the increased numbers planned for consultants and GPs.

The College also believes that the above goal can be achieved by actively promoting the benefits and enjoyment of working in the healthcare sector. Some of the College's Fellows feel that this is not apparent at the moment, and that the healthcare sector is subject to much negative press. Staff must feel protected, valued and incentivised within healthcare.

Furthermore, leadership is an area that should be encouraged in promotion of better patient care. There is however a concern that to accommodate much of the new learning, basic clinical skills and knowledge are being left behind. Excellent training is essential to provide excellent patient care. Doctors in training provide a significant level of core hospital services and care, and are key in identifying concerns in service provision and standards of patient care. Our trainees will become future NHS leaders and the College is committed to supporting them throughout their careers.

The College calls for UK wide training standards, as regulated by the GMC, to be met throughout the UK; that the development of Shape of Training should be conducted with input from the College and implementation must be appropriately evaluated; and that medical Royal Colleges need to be able to devise curricula according to patient need, independent of government involvement. Training and service are inherently linked and

both must be supported in order to deliver high quality patient care. Full adoption of the College's Charter for Medical Training[ii] provides this environment.

4. What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Whilst the College acknowledges the importance of the adult social care workforce, this is the shortest section in the strategy and provides insufficient detail on how to address this critical part of the health and social care workforce.

Pathways for all to progress beyond their present job should be available but should be limited by the need to maintain individuals at all levels within the healthcare sector to perform their various vital functions. Promotion of clinicians through to ranks that require no clinical activity deprives the organisation of sought after skills.

The College also believes that there should be recognition of the need to continue to provide training for overseas doctors, while at the same time providing adequacy of clinical experience for those that we wish to train in the England. The massive shortfall in the present workforce means that training opportunities can be compromised. We have to stop people leaving the professions, but we must also remove unnecessary barriers to the provision of good training opportunities in this country. Workforce planning needs a clear strategic direction to address recruitment and retention issues. We must ensure we have a world-class clinical workforce that values the role of EU nationals during and post Brexit negotiations. Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train, and time to research. Retaining high quality training programmes and valuing our junior doctors to ensure the UK remains an attractive place to train and work is essential.

5. How can we better ensure the health system meets the needs and aspirations of all communities in England?

Some of the College's Fellows commented that it is unclear to them how the future workforce requirements have been developed (beyond 2022) particularly as these have to be linked to the new models of care that will need to be developed, for example in response to technology and innovations in healthcare. Therefore, the College believes that explicit acknowledgement and linking of workforce plans to these developments need to be made. Otherwise, the numbers for different staff groups appear to be extrapolations of the current predictions that can be challenged on validity grounds both on the future needs of the health and social care sectors and also the expertise of staff required.

The College also feels that there should be more role models from varied backgrounds in order to help promote careers in healthcare. Furthermore, each trust could offer support to students applying for medicine in all schools within their catchment area. This could include interview and form filling practice, for example.

6. What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

The College believes that the strategy is missing detail on how workforce planning and development will improve operationally to better meet the needs of the NHS. This may require an integrated and on-going responsive planning process, which responds to the actual needs of health and social care sectors and the actual staffing situation. The planning process should produce the staffing requirements across disciplines. At the moment it appears to be fragmented and driven by different policy responses. The College is not clear on the strength of the numbers of new staff proposed, the rationale and what specific needs are being met.

7. Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

The College feels that we must ensure that all clinically active posts are filled before posts that may be regarded as ancillary to the delivery of direct clinical care. The loss of the basic workforce is not offset by the introduction of these other posts.

Furthermore, the College believes that the technology section misses the point about the need for new models of care and how these need to be established and then generate a detailed understanding of new staff needs, which in turn need to be incorporated into future workforce planning. Some of the College's Fellows comment that generic statements are made in these sections.

In addition, the strategy does not indicate how it will modify its planning going forward including the results of this review.

8. What policy options could most effectively address the current and future challenges for the adult social care workforce?

The College has no additional comments on the adult social care sector as this is not our area of expertise.

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[i] *Most junior doctors leave after training* (16 March 2018): The Times
https://www.thetimes.co.uk/article/9cb272d4-28ac-11e8-acc5-262aff1ca7a6

[ii] RCPE Charter for Medical Training.
http://www.rcpe.ac.uk/college/workforce-training