Health Education England

Addressing Health Inequalities: Distribution of Medical Specialty Training Programme

Frequently Asked Questions (FAQ)

This is a working document and we will continue to add questions and responses as we receive them.

Overview

What is the distribution programme?

The Addressing Health Inequalities: Distribution of Medical Specialty Training Programme is co-led by Health Education England (HEE) and NHS England (NHSE).

The workstream commenced in 2017 and was endorsed by HEE's board in 2020. Both the NHS Long Term Plan 2019 and the NHS Interim People Plan 2020 acknowledged this key piece of medical education reform work, including the Chief Medical Officer's Annual Report in 2021.

The main purpose of the programme is to ensure that there is equitable distribution of HEE-funded (tariff) specialty training posts and subsequent funding which aligns with population need to help address health inequalities across England. Where doctors train can often equate to where they settle, and therefore the location of training posts can have a large impact on both the current service provided to patients but also supplying the workforce of the future.

Are you redistributing all trainee posts across England?

The remit of the workstream is to only consider speciality training posts that have HEE funding (tariff) attached to them. In the first phase in 2022, posts will be moved within the following three specialities:

- Haematology
- Obstetrics & Gynaecology
- Cardiology

This will roll out in phases incorporating all specialities across England.

We have recognised that other posts such as Academic or Trust Funded training posts are outside the scope of this workstream and they have been excluded from the modelling. This does mean that the number of posts considered within the modelling are only a fraction of all posts available.

Is this happening straight away?

No, this is a long-term project starting in 2022 that allows us to better align doctors in training with service and patient need in the future. The current expansion in undergraduates will not see those doctors entering specialty training until 2026 so this is a long term strategy. We are very conscious of the need to ensure operational stability. For the initial specialities, movement will take place over a five-year period starting in 2022.

The remaining specialties will be reviewed over three phases. The pace of change for each specialty must commence within the three year phases: Phase A (2023-26), Phase B (2026-29) & Phase C (2029-31).

What's wrong with the way we're doing this at the moment?

Postgraduate medical training posts have so far often been distributed across England based on historical arrangements. This means these posts are sometimes not well aligned with patient needs and as those in training deliver care to patients, this means they don't provide the level of some of the services required by local populations. In some cases, the landscape and population needs have changed, and this programme is aiming to distribute equitably based on how the world looks today, and how it is predicted to look in the future.

Will this mean any trainees have to move?

No, this will not affect any current junior doctors' placement. Training posts, and the resource allocation attached to the post, will only move when a post becomes available in the donor area (for example, when a trainee has achieved CCT and/or finished their training).

How will you ensure recipient areas can provide a quality training environment?

HEE will not be moving training posts unless the local Postgraduate Dean is able to assure all key stakeholders / the wider healthcare system that there is local capacity to train and deliver the full curriculum, taking into account specific training elements.

In addition to local assurance, there are two Task and Finish groups within the Distribution programme tasked with enabling and supporting gaining locations. These are:

- Remote, rural, coastal and small training locations group including a delivery network incentivising and preparing locations
- Creating Educational Capacity group tasked with piloting alternative supervision models whilst in a period of growth, and supporting gaining locations

All new posts will be closely monitored via the HEE Quality Framework and local teams to monitor trainee feedback.

Does this mean you are going to cut posts in some areas?

That will be the outcome in some areas, in some specialties. HEE-funded training posts, when available (for example, the trainee has gained CCT and/or completed training), may be decommissioned and transferred from one region to another. Nationally, there is no loss of posts overall, but a regional redistribution as per the guided methodology.

If an expansion within a specialty is granted at any point, and for any reason (such as the additional posts received related to cancer specialties), we will look to 'level up' in post numbers in all areas that are guided to receive additional posts. This would mean that 'donor' sites would not be impacted if possible.

The distribution formula has been carefully developed to provide a guided distribution of current post numbers along with the HEE-funding resource attached to those posts. This will mean that the number of post numbers within a 'donor' area will reduce as the posts are recycled in recipient areas. This will take place over a number of year and consider a number of factors to ensure stability of service.

Why will it be better for doctors in postgraduate training?

Delivering health and care services is only possible with a high-quality team, with the right education, training, experience and behaviours. We have an ideal opportunity to put in place excellent education and training support for any new posts. We will ensure that we are future proofing all the resources required to provide education and support so that doctors in training can be assured of high-quality learning environments that will lead to the provision of safe, high-quality care for their local populations, regardless of geography.

How will it help local populations?

We are going through a period of growth that has already seen an additional 1,500 undergraduates begin their careers at medical school. This will mean increasing numbers entering the Foundation Programme in future and more doctors starting their specialty training by 2025, helping to provide more care for patients. And while doctors in training provide services to patients and are therefore an integral part of the workforce, they are one of many parts. This provides further potential to align the numbers of doctors in training with the development of wider multi-disciplinary teams to better meet the overall healthcare needs of local populations, regardless of any specific geography. There is also good evidence that junior doctors tend to remain in the geographical areas where they undertake their specialist training so there is a further opportunity to reverse traditional imbalances in the supply of doctors in training to certain areas.

Are you still looking to expand during this process?

HEE continues to push for additional funding in specialty medical training and should any expansion in posts arise it will be incorporated into the process and offset movement where possible.

What about intra-regional distribution?

Intra-regional distribution, I.e., the location of training posts within regions is also vitally important. An intra-regional distribution tool is currently being developed which will show at a granular level the fairest distribution of training posts within each region. This will be made available as a guide for local systems to use when commissioning and decommissioning posts. As we move posts nationally to the correct parts of the country, local teams can use this tool to ensure a fairer distribution of posts within that area.

Are you saying some areas have too many doctors?

The programme is certainly not saying that we have enough doctors in the system, we realise there are shortages across the country and HEE will continue to pursue additional resource as

and when we can. We are increasing overall training post numbers, and we do this by allocating any additional funding or posts to areas in the country considered to be in greatest need. In turn, this reduces the effect of these changes on areas that are currently deemed better medically served. However, the historical imbalance in the distribution of HEE-funded training posts is such that it would not be affordable to achieve a fair distribution of medical training simply by increasing training posts in underserved areas.

To demonstrate this, in the case of Haematology, 'levelling up' or increasing training posts across England to the same level as London would require that we more than double the number of HEE-funded haematology posts from 260 to 566. If we were to include Trust-funded training posts in this example, then an additional 500 posts would be required for Haematology alone. For example, there are three Trusts in London who individually have equal or greater numbers of Haematology training posts than the whole of the North-East local office (Deanery).

HEE and NHSE acknowledge many services are under pressure. Nevertheless, significant health care inequalities exist across England and we need to develop services within the current Department of Health and Social Care's (DHSC) financial parameters. It also offers an opportunity for us to review training and staffing in some areas and look at other models in which we may deliver services.

Modelling

How does the modelling work?

The modelling underpinning the Addressing Health Inequalities: Distribution of Medical Specialty Training Programme is comprised of two distributional analyses.

As there are 65 GMC-recognised specialties (and 31 sub-specialties) that trainees may choose to study, there is no one simple and comprehensive methodology that could be applied to each specialty to cover every nuance of population and trainee need. To address this, combined modelling between NHSE (allocation formula) and HEE has been undertaken factoring in additional factors such as deprivation, future population need and the role of specialised commissioning. Where no HEE analysis or equivalent is available, distribution is based off the NHSE model.

It was also agreed by HEE Board in 2017 that the focus of this work would focus on postgraduate medical tariff funded posts only. This modelling also includes a 20% weighting to account for deprivation across England via the Standardised Mortality Rate (SMR) for 75<.

Have you taken highly specialised services into account in the modelling?

We appreciate the highly specialised services that are provided in certain areas and how they serve a much larger geographical population. The proportion of highly specialised commissioning services have been explored for all specialties and a weighting has been applied within the modelling. The workstream listened to the concerns and knowledge of our stakeholders in this regard and applied this weighting following discussions with our specialist group. For example, in Haematology, a weighting of 9% has been applied and the specialised commissioning component gives London 37.7% of the total. This weighting reflects and recognises that some areas provide these low volume/high complexity services and consequently reduces the number of posts being redistributed from them.

Funding (background)

How are doctor in training posts currently funded?

HEE plays a major role in the support and funding of doctors in training. On the whole, HEE spends over £4bn a year educating and training the health workforce. HEE also part funds junior doctor salaries and invests in courses and continuing professional development for current staff across the NHS. We pay clinical placement costs for all students in training, including providing back-fill and salary support payments for some professions. We spend to design courses, buy equipment, support learners and educators and deliver on-line education. Further information on the funding processes of HEE can be found on our website:

- https://www.hee.nhs.uk/our-work/education-funding-reform

What does HEE funding pay for?

HEE spends over £4bn a year educating and training the health workforce - over £11m every day to support about 170,000 learners.

We part fund junior doctor salaries. We invest in courses and continuing professional development for current staff. We pay clinical placement costs for all students. We provide back-fill and salary support payments for some professions. We spend to design courses, buy equipment, support learners and educators and deliver on-line education.

The pipeline of learners we fund is the future NHS workforce, and each year thousands of new nurses, scientists, dentists, pharmacists, AHPs, and doctors join the NHS as a result and thousands of current health professionals learn and develop new knowledge and skills to help patients today. This is the single biggest health education and training budget in the world. The HEE local offices & deaneries manage the training programmes as trainees progress through their training. For further information on HEE funding, please visit our website:

- https://www.hee.nhs.uk/our-work/education-funding-reform

What is the difference between a HEE and a Trust funded training post?

On the surface, both HEE and Trust funded training posts are the same and any trainee in those posts would notice any difference. All trainees are supported by HEE in the same way.

However, behind the scenes some posts have different funding steams. Some are paid for by HEE (as mentioned above) whereas others are predominately funded by NHS Trusts (which often vary by region). This programme is equitably distributing HEE funding only.

HEE pays a salary contribution (sometimes 50%) towards doctors in training salaries of trainees in HEE funded (tariff posts). For Trust funded posts, this salary contrition does not apply but the training posts in practice are identical. Further to salary contribution, for all specialty training posts in England HEE also pays other things per trainee like:

- Education support costs
- Study Leave
- Relocation and excess travel

What are the funding implications?

All HEE funded posts are part funded by HEE and part funded by the employer. Under the principle that 'the money follows the posts' where posts are redistributed and reallocated from one provider to another, the HEE funding moves as well. Understanding of the financial impact of changes can be informed by comparing the estimated cost of hosting training posts and what HEE contributes. In all but exceptional circumstances these will not be equal.

Therefore, there will be some financial gains and losses for providers when training posts are moved. Where a provider loses a training post, they will lose income. There is local funding that is freed up that could go towards alternative service provision if trainees are no longer in post. This is to be agreed by HEE and NHSE as identified.

Have you considered the health economic impact of distribution?

An economic analysis has been undertaken to illustrate the value of the planned redistribution of HEE funded training posts by Deanery in the first three pilot specialties: Cardiology, Haematology, and Obstetrics & Gynaecology. The economic analysis seeks to measure the economic value of the overall improvement in resource allocation for the NHS in England that results from the redistribution and any potential impact on health inequalities and health outcomes.

Postgraduate medical trainees combine their training with an important service delivery role. Tariff and placement funding from HEE is intended to compensate NHS Trusts for some of the NHS costs of hosting training. The other costs faced by Trusts are funded by commissioners via contracts for NHS services. The current distribution of posts is not aligned with the relative need for health services delivered by trainees by geography and/or specialty/pathway. Affected NHS Trusts are likely to be using expensive staffing alternatives such as agency staff or experiencing chronic vacancies.

All other things being equal, these **labour market distortions** give rise to an overall **NHS efficiency penalty.** Applying a needs-based redistribution of training posts should reduce the distortion, and improve efficiency and NHS productivity. Relative **health inequality** will have a compounding impact on the value of efficiency improvement. Any efficiency improvement in areas with relatively poor health outcomes can be expected to be of higher-than-average value to the NHS. Finally, improved efficiency should positively impact on the quality and quantity of health services delivered and the achievement of **health outcomes** goals.

Estimates of the monetary value of improved allocative efficiency suggest that for the three selected specialities:

- **Health system benefit** of between **£21m to £106m** over a 20-year period (discounted and weighted for relative health inequalities).
- **Health outcomes benefit** of between 1900 and 9600 Quality Adjusted Life Years (QALYs), valued at between **£143m and £716m** over a 20-year period (discounted).

The economic analysis presented here is very high-level. It is designed to illustrate the potential costs and benefits of the redistribution of HEE funded training posts. It does not attempt to reflect the detailed impact of these changes and associated health system responses, or any wider economic impacts on local communities.

Is this a cost saving exercise?

No. This work is driven by ensuring there is an equitable distribution of HEE funding based on population need today and in the future. There are no cost drivers in this work, and overall post numbers will not decrease as a result of this work. Alongside this work HEE continues to push for additional investment in education and training to expand where possible.

Expansion

What is the expansion of specialty training posts programme?

NHS England and the Department of Health and Social Care have agreed a three-year expansion programme to provide an increase in temporary funding for specialty training places across England. The programme will increase specialty training posts by 333 per year, as a short-term solution to support recovery from Covid-19, elective recovery and manage patient flow following the pandemic. These posts will only have funding for the duration of the programme.

The first year of expansion posts have already been agreed and HEE's workforce planning team are currently developing a specialty plan to support this programme over the coming two years with a view to sharing these plans in the summer.

Is this a one off expansion?

The NHS Long-Term Plan set out the five-year ambition for service delivery from 2019, but Covid-19 placed unprecedented, unpredicted demands on the NHS workforce

The most recent Spending Review supported an initial boost to medical specialty training posts by 1000 posts over the course of the 3-year spending review, to support three priority areas:

- Elective recovery
- Acute and urgent care
- The response to the Ockenden report

This is in addition to the previous commitments to increase the medical workforce in Cancer and Diagnostics, Mental Health and General Practice, all highlighted as Long-Term Plan priorities. Expansion provides the opportunity to support the NHS in tackling the Covid-19 backlog of elective care, waiting times and fill gaps in local services

Doctors in training provide significant service whilst training and are therefore a key component of the current workforce, as well as future consultant and GP workforce.

As doctors in training progress into higher specialty training, they become more senior decision-makers, more autonomous and able to deliver more complex care. The increases in medical training are modelled and distributed in alignment with population health need, critical to addressing health inequalities.

Recruitment for the first year of the 1000 expansion will see the first 333 additional doctors in training enter the workforce from August 2022. The remaining expansion will be modelled to inform regional planning for expansion and distribution, with plans being finalised in October 2022 in line with HEE and NHSE investment planning timescales.

Further information

Where can I read more?

Please visit our website:

- Addressing Health Inequalities: Distribution of Medical Specialty Training Programme

We also have a blog from our CEO, Dr Navina Evans:

- Doing the right thing isn't always easy