

## Addressing Health Inequalities Programme: Distribution of Medical Specialty Training Posts Programme

### Key Narrative

#### Overview

Health Education England (HEE) and NHS England (NHSE) are working collaboratively to review and rectify the current alignment of specialty training posts across the country.

The Addressing Health Inequalities: Distribution of Medical Specialty Training Programme focusses on ensuring the current share of HEE (tariff) funding for training posts are shared equitably across the country based on needs of the population. The aim of this work to ensure there is a more equitable distribution of training places and therefore more fairly distributed medical workforces for the future across the country. This in turn will take a step towards addressing health disparities across England.

This work will support patients and the wider NHS by ensuring that we have the appropriate number of doctors in the places where they are needed. It will also support trainees by offering more training places in areas where disease prevalence (linked to given specialty) is high, therefore offering more exposure and more training opportunities.

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.

#### Context

HEE works with partners to support the delivery of the right numbers of doctors across all grades, specialties and geographies to meet the requirements for high quality 21<sup>st</sup> Century services. 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 2026, helping to provide more care for patients. Delivering health and care services for these patients is only possible with a high-quality team, with the right education, training, experience and behaviours.

Our duty to patients, taxpayers and staff is to ensure education and training funds are used effectively and distributed fairly in relation to patient need. Across the NHS we must have open and honest conversations, based on evidence about effectiveness, outcomes and value for money, about how this money is currently spent and whether it can be spent better. The Long-Term Plan describes how NHS organisations and services should be integrated around patients and communities to meet their complex needs and expectations over the next decade.

Postgraduate medical training posts have often been distributed across England based on historical arrangements. But this means these posts are sometimes not best 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.

The increase in the number of doctors entering specialty training in the future provides the ideal opportunity to ensure that we maximise their contribution, being very clear about the alignment of these posts across the healthcare system to ensure we are making best use of these resources and providing the right kind of care in the right places according to patient need. This programme aims to fairly distribute the resource we have and concurrently advocate the need for additional funding, which will be factored in should it be received as we move through this process.

There is also potential to grow the future consultant workforce in previously 'under-doctored' areas as evidence suggests junior doctors tend to stay in the areas where they train as they progress towards their Certificate of Completion of Training (CCT). Around 80 per cent of doctors completing their specialty training and gaining their Certificate of Completion of Training (CCT) settle within 50 miles of the area where they trained.

While doctors in training provide services to patients and are therefore an integral part of the workforce, they are one of many parts. There is 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. This work is very clearly about posts and the future. That means, for example, at no point are we expecting to move current trainees from existing posts and our focus is very much on redistributing posts into areas where it is clear that patient need is not currently being fairly met.

To achieve this, we must work with a wide range of individuals, organisations and colleagues across the wider healthcare system. We are undertaking this work with NHS England and ensuring we involve the wider NHS community and partners. We must openly question the way specialty training posts are currently distributed. Informed by evidence, open collaborative debate and honest challenge, we must then make transparent and informed decisions about the distribution of these across England.

While we are now starting to implement the redistribution of posts in cardiology, haematology and obstetrics and gynaecology, our work will ultimately involve addressing health inequalities by looking at the distribution of training posts across all specialties. We will encourage transparent working practices throughout the healthcare system, showing that the distribution of specialty training supports the needs of local populations.

Given the length of time it can take to train a doctor, up to 15 years in some cases as they move through medical school, the Foundation Programme and specialty training to consultant level, this will be a long-term project. The three specialties chosen for initial review and implementation were chosen because there is already evidence that the distribution of posts across the country does not match local patient need and they are also popular choices for doctors, with most posts regularly filled. The majority of the additional 1500 undergraduate medical places agreed so far have been targeted towards under-represented social groups and in geographical areas that have historically struggled to attract trainees.

We have a great opportunity to ensure that the future supply of doctors is the result of better alignment of training, service and patient need. We will ensure that, in parallel, we are building all the resources required to provide education and support in these areas 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.

By developing and utilising a more equitable model for the funding of these HEE funded training places, we can help support the wider healthcare workforce and take a big step towards addressing health disparities. We will work to ensure that training places continue to be of an

appropriately high quality so that our doctors have the education and training they need to provide high quality patient care.

It is important to notice that our approach explores funding and training places. **No trainees will be moved as a result of this process and funding for posts will only move from one locality to another once the post comes available.** This work applies to HEE funded posts in England only.

## Key Drivers

- The programme has been set up to explore and review the current distribution of funding for training places, as per the [Facing the Facts, Shaping the Future](#) report in 2017. As follows:
  - *Doctors tend to stay in the area where they trained. The geographical distribution of training programmes therefore affects the future supply of doctors so HEE will review this geographical distribution in 2018.*
- The NHS [Long Term Plan](#) makes reference to ensuring the system has:
  - *A sustainable overall balance between supply and demand across all staff groups. For doctors, we will focus on reducing geographical and specialty imbalances.*
- In his 2021 [annual report](#) focusing on health in coastal communities, the Chief Medical Officer Chris Whitty highlighted the inequality in healthcare outcomes for people in coastal communities and recommended to maintain focus on the current and proposed future medical education reforms. As follows:
  - *HEE is planning an ambitious set of reforms to address these concerns. Their approach to undergraduate reform, along with the review of the distribution of post-graduate medical trainees in coastal areas, will be a step towards reducing the disparities in coastal communities.*
- Promoted by Navina Evans HEE CEO: <https://www.hee.nhs.uk/news-blogs-events/blogs/doing-right-thing-isn%E2%80%99t-always-easy>. As follows:
  - *Tackling health inequalities has in the past been in the 'too difficult' box, but this has meant that where HEE spends the public money to train its doctors increasingly does not align with where they are necessarily most needed. In this instance, doing the right thing for the right reasons doesn't feel easy but it is essential for patients. By putting these wicked issues onto our collective 'to do lists' we have a great opportunity to ensure that the future workforce supply is the result of better alignment of training, service, and patient need.*

## Impact of Expansion of Specialty Training Posts

Alongside this, NHS England and the Department of Health and Social Care (DHSC) have agreed a three-year expansion programme to increase specialty training places across England. The programme will increase specialty training posts by providing temporary funding for an additional 333 posts per year, which will be placed based on need across the country.

While the distribution of specialty training programme is a longer-term programme to address historical health disparities, the expansion programme is one of several short-term solutions to support recovery from Covid-19, addressing elective recovery and managing patient flow following the pandemic.

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

## **Modelling**

Over the last 30 years, the NHS has developed sophisticated modelling techniques to guide the allocation of resources against current need. The current model takes into account over 150 separate factors to determine population weighted healthcare need.

This is combined with HEE's demand forecasting model that utilises Hospital Episode Statistics alongside Office for National Statistics population projections to understand growth in demand for key hospital services in the future. This model also takes into account other factors such as applying a weighting based on regional deprivation and consideration of trainee activity to support specialised commissioning services.

This provides a robust method for understanding the distribution of future healthcare demand on the medical workforce. The model provides a reliable and transparent methodology on which to base the distribution of trainee posts across regions which can be revisited if changes occur.

Regions receiving posts will only be able to accept these placements if they can meet training quality standards. Posts will be allocated based on when regions are ready to accommodate them, prioritising the areas due to inherit the most posts. It will be reviewed annually to incorporate additional factors as required.

No trainee will be removed as part of this process. This model aims to help us equitably distribute existing HEE funding for posts from one area to another when the post becomes available.

## **Process**

The first posts are moving in the initial three specialties (cardiology, haematology and obstetrics and gynaecology) from summer/autumn 2022. These three specialties were chosen because there was extensive evidence that the distribution of posts across the country did not match local patient need and they are also popular choices for doctors, with most posts regularly filled.

As we move forward a meeting was held on 19th April 2022 with HEE Regional Directors and Regional PG Deans. The aim was to agree a future approach for delivery of the programme and:

- Agree planning timelines & sequencing
- Share approaches and learning to agree 3/5 year regional plans and actions needed at local/regional/national level to deliver plans
- Comms & stakeholder engagement critical
- Discuss workforce re-design & creating educational capacity

Agreement reached that the regions would have more autonomy and flexibility on the delivery of the programme moving forward.

First three - five-year regional distribution plan to be completed and returned to the national team by end of June 2022 (TBC).

Presented to NHSE Regional Medical Directors who supported this work and offered support where possible.

It was also agreed that a consensus should be reached for how the remaining specialties will be sequenced as an overall plan. a poll has been completed by every HEE local offices and an overall approach from this data has been agreed. The remaining specialties will be approached in three phases (with the initial three continuing on their original pace of change).

Each local office will have flexibility on when they start the pace of change, outlined at five years, within an initial three year period. This is to be agreed via submitted plans to the national team.

The pace of change for each specialty must commence within the three year phase:

- Phase a (2023-26)
- Phase b (2026-29)
- Phase c (2029-31)

**Phase A**

Child & Adolescent Psychiatry
Forensic Psychiatry
General Psychiatry
Dermatology
Old Age Psychiatry
Otolaryngology (ENT)
Palliative Medicine
Plastic Surgery
Respiratory Medicine
General Surgery
Endocrinology & Diabetes
Gastroenterology
Cardiothoracic Surgery
Neurology
Oral and Maxillofacial Surgery
Vascular Surgery
Psychiatry of Learning Disability