

*Developing people
for health and
healthcare*

**DDRB
2015/16 evidence**

12 October 2015

1 Background

- 1.1 Health Education England (HEE) welcomes the opportunity to once again submit evidence to the Doctors and Dentists Review Body (DDRB) as part of its national process of gathering evidence from interested parties to inform the recommendations for 2016/17.
- 1.2 We greatly appreciated the opportunity to meet to review and discuss the handling of the evidence round for 2014/15 with the Review Body Secretariat last month, and also to be able to present formally to members at the recent DDRB Strategy Day. These sessions have proved helpful in enabling us to reflect further on how we can best support the work of the Review Bodies going forward. To this end it was also useful to meet with colleagues from the secretariat, the Department of Health, HSCIC and NHS Employers last month to consider how we can work together further to improve the way we collect, share and use data.

2 Health Education England's role

- 2.1 HEE exists for one reason only: to help improve the quality of care by ensuring our workforce has the right numbers, skills, values and behaviours to meet the needs of patients. We are now in our third year as HEE, providing the NHS with a single national body with a ring-fenced budget for commissioning education and training places to secure the future workforce. Our local education and training boards (LETBs), locally based and employer-led, provide a single strategic forum in which local health care economies can come together to discuss and agree plans and actions on the local workforce.
- 2.2 HEE has now established, for the first time ever in the NHS, a workforce planning process that brings together into one place decisions about:
 - planning the future medical workforce
 - planning the future non-medical workforce
 - investment in the education and training of existing staff
 - local needs and national priorities
 - national workforce priorities alongside wider system/strategic goals
- 2.3 In December 2014 we published our second Workforce Plan for England¹, which set out the £5bn investment we are making in education and training programmes for 2015/16. Overall, we are commissioning more education and training than ever before, with over 50,000 doctors in training and over 37,000 new training opportunities for nurses, scientist, and therapists.
- 2.4 The Plan is made up of the identified needs of local employers, providers, commissioners and other stakeholders who, as local members of our LETBs, have shaped the thirteen local plans that are the bedrock of this plan for England. The plan has been developed further, in order to create a final national plan, with the advice and input of our clinical advisory groups and

¹ Investing in People: Workforce Plan for England. HEE 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/Investing-in-People-Workforce-Plan-for-England-2015-16.pdf>

Patients Advisory Forum, as well as the Royal Colleges and other stakeholders. It is this wide discussion, engagement and involvement, locally and nationally, that makes this a plan for the whole NHS, developed by the NHS.

- 2.5 The Workforce Plan has allowed us to significantly expand the future workforce in key priority areas, such as nursing, paramedic, primary care and emergency medicine. It also:
- sets out clearly the education and training commissions we intend to make in 2015/16;
 - explains how these decisions were made;
 - provides the aggregate number of commissions for each profession and the trend increases and decreases within and between key groups;
 - provides detailed analysis for a small number of priority areas and professions, setting out what we are doing to address immediate workforce pressures, the education and training commissions we are making for the future, and the actions we are taking to support further transformation.
- 2.6 We also decided again to continue growing the nurse workforce available to the NHS. Last year we increased commissions by 9% and this year we added another 555 training posts, a further increase of 4.2% meaning we will have invested in 13% growth over two years. On top of this our Return to Practice campaign² brought nearly 800 nurses back into the system whilst also reducing attrition amongst nursing students in our Universities, introducing recruiting for values and pre-degree care experience to ensure the new nurses we employ have the right values and behaviours.
- 2.7 Some of the medical students who started university in September 2015 may not become consultants until 2029 by which time the whole pattern of service provision could have radically changed, as well as medicine itself. That is why in 2014 we published *Framework 15*³, which provides a strategic look at the likely needs of future patients, as a guide to our long-term investments. We tested the thirteen local plans against *Framework 15* and the Five Year Forward View⁴ which sets out a new ambition and new models of care for our NHS, both of which suggest radical changes in the workforce are required.
- 2.8 Through our analysis, we are surfacing the difficult issues the wider system will need to address together in order to deliver the Five Year Forward View. The Workforce Plan, and the analysis and issues that it exposes, will now form the basis for conversations at a local level through our LETBs, and with our national partners through our new Workforce Advisory Board, as we work

² Return To Practice, Health Education England, 2014/15: <https://hee.nhs.uk/2015/06/04/hee-chief-reveals-full-impact-of-francis-effect-on-nursing-numbers/>

³ Framework 15, Health Education England, 2014: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/07/HEE_StrategicFramework15_2410.pdf

⁴ Five Year Forward View, NHS England: <http://www.england.nhs.uk/wp-content/uploads/2015/06/5yfv-time-to-deliver-25-06.pdf>

together to understand the workforce implications of the Five Year Forward View.

- 2.9 On 1 April 2015 Health Education England moved from its status as a special health authority to become a Non-Departmental Public Body (NDPB) as a result of the 2014 Care Act⁵. This change of status puts HEE on a firmer statutory footing as the single national organisation responsible for educating and training the health workforce in England, now and in the future.

3 HEE's Mandate

- 3.1 On 12 March 2015, HEE's revised Mandate from the Government was published⁶. The Mandate reflects the updated strategic objectives of the Government in the areas of workforce planning, health education, training and development for which HEE has responsibility. It sets out HEE's role in improving the quality of education and training in England as well as the requirements to support NHS and public health service priorities, such as to improve health outcomes for children and young people.

- 3.2 The key principles for the education and training of healthcare workers are set out in the document 'Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery'⁷ and can be summarised as:

- *greater accountability for all healthcare providers to plan and develop their workforce, whilst being professionally informed and underpinned by strong academic links;*
- *aspire to excellence in training and a better experience and outcomes for patients, students and trainees;*
- *support NHS values and behaviours to provide person-centred care;*
- *support the development of the whole workforce, within a multi-professional and UK-wide context;*
- *support innovation, research and quality improvement;*
- *providing greater transparency, fairness and efficiency to the investment made in education and training; and*
- *reflect the explicit duty of the Secretary of State to secure an effective system for education and training.*

- 3.3 HEE's Business Plan for 2015/16 was published in April 2015⁸ and this sets out the operational framework within which the Mandate requirements are being resourced, managed and delivered.

⁵ Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

⁶ Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values, Dept. of Health 2014:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411200/HEE_Mandate.pdf

⁷ Liberating the NHS: Developing the healthcare workforce, Dept. of Health 2012:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216421/dh_132087.pdf

⁸ HEE Business Plan 2015/16: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/HEE-Business-Plan-2015-16.pdf>

4 Service Transformation

- 4.1 We know that in order to improve the quality of care to patients, the NHS needs to change. But the NHS is delivered by people, not buildings, and so if we want to transform the NHS, then we will have to transform the way we educate, employ and deploy our people. Sometimes we can drive service transformation through the rapid expansion of existing roles (such as Health Visitors – a 400% increase in trainees over the past four years, or School Nurses – a 71% increase this year). Sometimes transformation can be achieved through encouraging commissioners and employers to create jobs for staff in different locations – such as increasing community based nursing.
- 4.2 But increasingly, we will need to invest in entirely new roles and professions, such as Physicians Associates, to help deliver more holistic care across different teams and settings. This year, we commissioned 205 Physician Assistant (PA) training posts, representing a 754% increase on last year. PAs are trained to perform a number of duties, including taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans. So by 2017, we expect to see real improvements in patient care, particularly in emergency care, general adult medicine and general practice.
- 4.3 We also commissioned 108 Broad Based Training Pilots for doctors, representing a 50% increase on last year, to provide a more flexible workforce with general skills, to ensure that a proportion of doctors have a better generalist knowledge and hence is better equipped to deliver the future needs of patients.
- 4.4 Service innovation will be driven not just by what training posts we commission, but how our students and trainees are educated. That is why we have delivered major changes to the Foundation Programme this year, so that more trainees now spend more of their training time in the community. We will continue to increase the number of placements outside of acute settings and encourage more community and primary care based training, whilst exploring ways to support more flexible and dynamic education and training, so that, for instance, post registrations programmes enable nurses to look after the whole person, including psychiatry, mental health and the physical therapies.
- 4.5 However, whilst it is important to create and invest in new roles, we recognise that the existing workforce will make up the majority of the future workforce. At any one time there are about 140, 000 students in training, compared to the 1.3m existing staff who will still be working ten, twenty and thirty years from now. So the way to drive transformation at scale and pace is through investing in our current workforce. We recognise that the education and training of our existing staff is primarily an employer responsibility, but in addition to this, £0.2bn of HEE's £5bn budget is allocated for the education and training of existing staff to support service transformation.

5 The Workforce Planning process for 2015/16

- 5.1 The Workforce Planning Guidance for 2015⁹ was published by HEE in March. The guidance reflects the changing environment set out in paras 2.7 and 2.8 above, confirming that HEE will no longer simply roll forward what has historically been a supply driven system. More specifically it signalled that HEE will work with local providers (through the LETBs), national advisory groups and the Workforce Advisory Board to understand the workforce implications of the new care models in the Five Year Forward View, so we can support service transformation at scale and pace through more targeted investment in our existing workforce, as well as commissioning new roles for the future.
- 5.2 In the context of the Forward View, HEE will actively redirect investment into new models and settings of care, rebalance investment between the future and the current workforce, and support promotion of wellbeing/prevention of ill health, including the pivotal role of self-care and management. In the 2015/16 planning round partners were warned to expect to be challenged on the levels of training commissioned so that the development needs of the current workforce arising from service and workforce transformation can be met. We also signalled that it is HEE's role to consolidate the NHS workforce planning process and harness it to serve the needs of the Forward View and meet the commitments set out in our Mandate.
- 5.3 HEE's Board is accountable for signing off almost £5billion of investment in the education and development of the workforce each year. The HEE Executive has the key collective responsibility for ensuring that the 13 LETB workforce investment plans add up to a coherent plan for England that will deliver our agreed priorities as set out in the Mandate, and drive the service improvement and transformation required by patients and commissioners, and as mandated by the NHS collective leadership in the Forward View.
- 5.4 The role of each LETB (the regional committees of HEE) is to provide assurance that the local plans which make up the aggregate plan are, in turn, robust and evidence based, rooted in the plans of providers reflective of the intentions of commissioners. This is achieved by ensuring that LETB plans are the result of robust local and/or national processes of aggregation, confirmation and challenge. In order to support this work there are national and regional advisory structures through which stakeholders contribute.
- 5.6 The key benefit that HEE aims to achieve through this robust workforce planning process is the ability to compare the relative importance, priority and risk, for different activities and investments so that we are able to actively respond to the service's workforce needs. Our approach relies on the following processes:

⁹ Workforce Planning Guidance 2015/16. Health Education England, March 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/06/Workforce-Planning-Guidance-2015-2016.pdf>

- Development of LETB investment plans based on local stakeholder engagement, data analysis, data collection, confirmation and challenge;
- Development of a nationwide investment plan through systematic analysis of available national data from official and other sources, and aggregation, challenge and – if necessary – review of LETB plans;
- National triangulation between HEE and the other system leaders and stakeholders including NHS England, Public Health England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, the National Institute for Health and Clinical Excellence, NHS Employers and the Local Government Association.
- Systematic engagement with national stakeholders throughout the course of the planning cycle, including with Royal Colleges, professional representative organisations and trade unions.

5.7 This year we have introduced a number of changes to our planning process:

- HEE collectively will focus resources and planning effort on particular staff groups and particular specialties
- For small groups and small specialties HEE will develop explicitly nationwide workforce plans to inform education commissions. For some groups and specialties individual LETBs will lead this process for identified groups for the country as a whole. For other groups and specialties the HEE national planning team will play a leading role.

5.8 As discussed in the review meeting earlier this year, HEE’s planning cycle leads to the publication of the annual workforce plan in December each year. A copy of the final agreed Workforce Plan for England for 2016/17 will be sent to the Review Body and to Partners as soon as it is agreed by HEE’s Board.

6 Key medical and dental workforce issues

6.1 Primary and out of hospital care

To support the overall transformation in primary care and wider out of hospital care, the Government has committed to working to increase the primary and community care workforce by at least 10,000, including an estimated 5,000 more doctors working in general practice by 2020. HEE is playing a central role of taking forward initiatives to meet this commitment, within the context of challenges within the GP workforce alongside NHS England and other partners and is leading working on developing the primary care workforce, including improving skill mix by developing a range of health care professionals as well as GPs.

6.2 The New Deal for General Practice¹⁰ sets out plans to address recruitment and retention problems by:

- marketing general practice to medical students

¹⁰ ‘Building the Workforce - the New Deal for General Practice, NHS England, HEE, RCGP and the BMA, 2015: <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/building-the-workforce-new-deal-gp.pdf>

- increasing GP training places
- improving the general practice experience gained during training
- offering a returner scheme for those coming back to the profession
- exploring 'new flexibilities' to retain GPs nearing retirement
- promoting innovation in skill mix, including a commitment to ensure 1,000 physicians' associates are available to work in general practice by September 2020
- focusing efforts on the most under-doctored areas.

6.3 The '10 point plan' is a joint initiative between NHS England, HEE, the General Practitioners Committee (GPC) and the Royal College of General Practitioners (RCGP) launched in January 2015 in support of the New Deal. Many of these workforce commitments are already in the early stages of implementation.

6.4 Delivering an additional 5,000 GMPs by 2020

HEE has been increasing the number of training posts since 2013 with the aim of reaching its Mandate target of 3,250 trainees entering GP training by August 2017. Based on posts advertised this equates to a 12% increase. Although the numbers of applicants to GP have dropped since 2013 the number of applicants being appointed to GP training has remained consistent over the same period. Therefore the drop in fill rate to GP training is a result in a greater number of posts being advertised rather than a significant drop in GP acceptances.

6.5 Return to Practice

HEE has managed the return assessments and training as required under the RTP scheme, with NHS England managing eligibility for entry to the National Medical Performers List and providing bursary salary support. Published evidence indicates that after two years out of independent practice, a significant percentage of doctors fall below the necessary standard to safely return to work. For this reason, GPs are asked to take an education and learning needs review. Prior to the nationalisation of the scheme, uptake and co-ordination was patchy across England with local funding, assessment and support arrangements. This new scheme now provides assurance of safety for patients, assessment, education support and funding to encourage and support safe return and is based on the evidence base of knowledge and skills attenuation.

6.6 HEE also identified a need for a national Induction and Refresher Scheme which was launched in March 2015 and is administered through the GP National Recruitment Office (GPNRO). Candidates now have a standardised entry point to help speed up the time it takes to process individuals through the scheme and also making it easier for candidates to access relevant information.

6.7 Promoting General Practice

To support the opening of 2016 Medical Specialty Recruitment all 13 LETBs across England are running GP specific recruitment events from September into early November which will emphasise the range of opportunities that general practice can offer and that becoming a GP is an excellent career choice. HEE, along with NHS England, RCGP and the BMA partners launched a campaign at the end September to focus on promoting the benefits of selecting General Practice as a specialty, using various communication channels and media under the '*There's nothing general about general practice*' campaign¹¹.

6.8 2016 recruitment

HEE is undertaking a number of further initiatives to support improved fill rates and applications for 2016 recruitment including:

- The creation of twice yearly recruitment for August and February intakes
- Offering posts at more localised regional level to attract applicants where location is important, and a single transferable score across England which will allow applicants greater flexibility in ranking locations of preference and increasing number of applicants offered in Round 1.
- Selection centres to be moved earlier in the specialty recruitment round to maximise the number of offers being accepted by applicants.
- A jointly commissioned (with the Medical Schools Council) task and finish group to focus on raising the profile of General Practice and promoting this career choice. This is in partnership with the RCGP, BMA and Society of Academic Primary Care.
- Offering foundation Year 2 posts themed general practice to enable applicants to gain the required competencies in general practice, Trainees will be given mentoring and support to achieve Foundation competence and also to optimise their performance in their future GP ST1 application.

6.9 The Primary Care Workforce Commission

To consider the longer term requirements for the primary care workforce, HEE established an independent Primary Care Workforce Commission. Chaired by Professor Martin Roland, Professor of Health Services Research, University of Cambridge, the Commission published its report in July¹². The work has identified good examples of integrated, patient focused, primary care and the report will inform HEE's priorities for education and training to ultimately deliver a primary care workforce that is fit for purpose, flexible and able to respond to new models of care. HEE is considering the recommendations that the report has outlined and a formal response will go to the HEE Board in October.

¹¹ "There's nothing general about general practice", HEE 2015:
<https://gprecruitment.hee.nhs.uk/Recruitment/Nothing-General>

¹² The future of primary care: creating teams for tomorrow, Primary Care Workforce Commission/HEE, July 2015:
<http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/07/The-future-of-primary-care.pdf>

6.10 The Shape of Training review

In October 2013, “Securing the future of excellent patient care”,¹³ the report of the independent review led by Professor David Greenaway was published. The review looked at postgraduate medical education in the UK, and made a number of recommendations including that:

- Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations.
- Postgraduate training needs to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties.
- Medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers.
- Doctors in academic training pathways need a training structure that is flexible enough to allow them to move in and out of clinical training while meeting the competencies and standards of that training.

6.11 A further recommendation was that “full GMC registration should move to the point of graduation from medical school provided that there are measures in place to demonstrate that graduates are fit to practice”. In January this year it was announced that HEE would work with the devolved nations, the GMC, MSC and other key stakeholders to undertake a stakeholder engagement exercise to “identify the advantages and disadvantages of this recommendation”. It was also noted that this exercise would inform the content of any future formal consultation process, should the government decide to proceed to this stage. The outcome of the engagement exercise was published in July¹⁴ and is currently under consideration.

**Health Education England
12 October 2015**

¹³ “Securing the future of excellent patient care”, Shape of Training, 2013:

http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf

¹⁴ “Moving the point of full registration for doctors”, HEE July 2015: <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/07/REPORT.pdf>