



## HEE Strategic Framework Call for Evidence 2021 | RCP submission

3. Organisational submission (mandatory):
  - Royal College of Physicians
4. Royal college
5. National organisation
6. No specific pathway/area
  - Medical workforce



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7. *Please provide a brief description of the factor(s):*
8. The population will age rapidly in the next 25 years, and older people use services more frequently and have more health conditions. If public health does not improve, the prevalence of multiple long-term conditions will increase. The demographics of the medical workforce are also changing as older consultants retire and younger doctors increase their flexible working patterns.

*What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area).*

*Please also note where you believe the greatest deal of uncertainty exists.*

- We will require more geriatricians, acute physicians and more doctors with general medical skills, especially outside of major cities and in rural and coastal regions where the population is generally older. It is also likely that as a consequence of the pandemic, we will need more respiratory physicians and rehabilitation medicine physicians in the near future.
  - For certain diseases, specialists will achieve better patient outcomes (eg ischemic MI-related stroke) and the NHS must model for these diseases too.
9. Medical workforce demographics are changing due to consultant retirements and a larger proportion of younger doctors wanting to work flexibly and less than full time (LTFT).

*What impact do you think this factor(s) will have on workforce number demand?*

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- Neutral
- Weak demand increasing impact
- Moderate demand increasing impact
- **Strong demand increasing impact**



10. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- Low Impact
- **Medium Impact**
- High Impact

11. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- **Low Impact**
- Medium Impact
- High Impact

12. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- **Medium Impact**
- High Impact

13. *In what time horizon will the most significant impact be felt on workforce demand?*

- 0 - 5 years
- 6 - 10 years
- **11 - 15 years**
- Beyond 15 years

14. *Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*

- <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based>

15. *Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?*



Royal College  
of Physicians

## Submission

- Low Impact
- Medium Impact
- **High Impact**



**Public, People who need care and support, Patient and Carer Expectations: Expectations of the health and social care system as a whole, People who need care and support, patient and carer experience, People who need care and support/patient involvement, empowerment and shared decision making, Quality and safety of care, Access to and availability of care, How care is delivered (e.g., increasing digital models of delivery), Data security, Digital literacy, Expectations of the staff that work within social care and health (e.g., skills, values, behaviours), Expectations for the staff that work within health and social care (e.g., reward)**

16. *Please provide a brief description of the factor(s):*

- The COVID-19 pandemic has accelerated an already growing trend for using digital technology in providing healthcare services. In the 2018 RCP report [Outpatients: the future, adding value through sustainability](#), we called for an overhaul of outpatient care and greater use of digital technology.

17. *What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.*

- In the [July 2020 RCP survey of the impact of COVID on the workforce](#), almost three quarters (73%) were conducting remote consultations. While the amount of digital consultation is likely to reduce after the pandemic, it is unlikely to reduce to pre-pandemic levels. [In the June 2021 RCP survey](#), more than 60% of respondents (72% of trainee doctor respondents) wanted opportunities for remote IT access, online meetings and remote working to be more available in the future.
- Increasing digital provision of healthcare will require an increasing number of clinicians of all types to develop new skills. There must be investment in a digitally-enabled health and social care workforce, and action from government to reduce digital inequalities.

18. *What impact do you think this factor(s) will have on workforce number demand?*

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- **Neutral**



- Weak demand increasing impact
- Moderate demand increasing impact
- Strong demand increasing impact

19. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- Low Impact
- Medium Impact
- **High Impact**

20. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- Low Impact
- **Medium Impact**
- High Impact

21. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- **Medium Impact**
- High Impact

22. *In what time horizon will the most significant impact be felt on workforce demand?*

- **0 - 5 years**
- 6 - 10 years
- 11 - 15 years
- Beyond 15 years

23. *Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*



## Submission

- RCP submission to the House of Lords COVID-19 select committee inquiry Living online: the long-term impact on wellbeing <https://committees.parliament.uk/writtenevidence/18942/html/>
- Outpatients: the future – adding value through sustainability <https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability>
- <https://www.rcplondon.ac.uk/news/covid-19-and-workforce-returning-normal-concerns-about-patients>
- <https://www.rcplondon.ac.uk/news/more-capacity-best-birthday-present-nhs-could-get>

24. *Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?*

- Low Impact
- **Medium Impact**
- High Impact



**Socio-economic and Environmental Factors: Health inequalities, The economy and public funding/finances, Labour market, Social determinants of health (e.g. housing), Climate Change, Greenhouse emissions and pollution**

25. Please provide a brief description of the factor(s):

- Growing inequality in life expectancy and healthy life expectancy, coupled with an NHS focus on reducing inequalities in access and outcomes. A growing recognition of the impact of social determinants of health on access and outcomes.

26. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

- Growing inequality in life expectancy and healthy life expectancy, coupled with an NHS focus on reducing inequalities in access and outcomes, will require clinicians to better understand how they can address health inequality in their daily practice, particularly inequality in access and outcomes.
- If the health gap between the most advantaged and the least advantaged groups of people continues to widen, this will mean more ill health and therefore greater demand on health and care services. This will require more healthcare professionals to cope with demand, especially in more deprived areas. Doctors working in these areas will need to be supported and trained to help those in the most disadvantaged patient groups.
- The lifelong impact of air pollution is linked to problems with cancer, asthma, stroke and dementia. The NHS and its workforce will need to adapt to deal with the impact of climate change and poor air quality on health inequalities, as set out in the RCP's 2016 joint report with the RCPCH: [Every breath we take: the lifelong impact of air pollution](#).

27. What impact do you think this factor(s) will have on workforce number demand?

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- Neutral



- Weak demand increasing impact
- Moderate demand increasing impact
- **Strong demand increasing impact**

28. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- Low Impact
- Medium Impact
- **High Impact**

29. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- Low Impact
- **Medium Impact**
- High Impact

30. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- Medium Impact
- **High Impact**

31. *In what time horizon will the most significant impact be felt on workforce demand?*

- 0 - 5 years
- **6 - 10 years**
- 11 - 15 years
- Beyond 15 years

32. *Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*



## Submission

- RCP seeks clinical fellow in health inequality <https://www.rcplondon.ac.uk/news/rcp-seeks-clinical-fellow-health-inequality>

33. *Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?*

- Low Impact
- Medium Impact
- **High Impact**



**Staff and Student/Trainee Expectations: Expectations of working life and careers e.g. flexible working, work related stress and burnout, tackling bullying and harassment, time to care, wellbeing, reward, progression and career development, retirement plans, carer and dependent responsibilities; Culture; Workforce recovery post pandemic; Expectations of training (pre and post registration (including clinical placements and rotations) , Continuous workforce/professional development and lifelong learning). For example, access to the latest education technology innovations; Equality, diversity and inclusion; Widening Participation; Generational preferences; Expectations of service design and workforce structure e.g. multi-disciplinary team (MDT) working, developing generalist skills.**

*34. Please provide a brief description of the factor(s):*

- The main demographic drivers of change in the medical workforce are
  - i. expected retirements among older consultants
  - ii. a larger proportion of women among younger doctors and trainees, with women being more likely to work less than full time (LTFT)
  - iii. increased expectations of flexible working among younger doctors and trainees, including but not limited to working LTFT.
- In the [June 2021 RCP survey of the impact of COVID on the workforce](#), 27% of consultants reported expecting to retire in the next three years, with 42% of this group expecting to retire in the next 18 months. Taking a mean retirement age of 62.5 years, it's expected that 35% of consultants will retire in the next decade.
- Among older consultants, around 60% are men and 40% women. Among younger consultants, the proportions are reversed. Around 70% of consultants working less than full time (LTFT) are women. Women make up slightly over half of all higher specialty trainees (HST) and around a quarter work LTFT, compared to 3% of men.
- In the July survey, 56% said their experience of the pandemic had made them want to work more flexibly. 56% of trainees were interested in working less than full time (LTFT). 72% of trainees would like to make use of remote IT access in future, with around two thirds wanting more online meetings and remote working.



- Expectations of training and the experience of trainees during FY1 and FY2 are also an important driver to consider. The RCP has previously said that an apprenticeship style year in the final year of medical school can help FY1 doctors feel prepared for practice. This apprenticeship year should expose medical students to a range of clinical settings including primary, secondary and community care. A broader exposure to a range of clinical settings in the final year of medical school should enable focussed placements in FY2 – balancing the needs and interests of trainees with the needs of the service.

35. *What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.*

- The number of doctors available will reduce if we don't significantly increase the number of medical students as soon as possible. We already do not have enough doctors, with our census showing that around 45% of consultant posts regularly go unfilled every year. As well as replacing the large number of consultants who are due to retire in the next 10 years, we need to factor in the growing desire for less than full time (LTFT) working and flexible working.

36. *What impact do you think this factor(s) will have on workforce number demand?*

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- Neutral
- Weak demand increasing impact
- Moderate demand increasing impact
- **Strong demand increasing impact**

37. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- **Low Impact**
- Medium Impact



- High Impact

38. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- **Low Impact**
- Medium Impact
- High Impact

39. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- Medium Impact
- **High Impact**

40. *In what time horizon will the most significant impact be felt on workforce demand?*

- 0 - 5 years
- **6 - 10 years**
- 11 - 15 years
- Beyond 15 years

41. *Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*

- <https://www.rcplondon.ac.uk/projects/rcp-covid-19-workforce-impact-surveys>
- <https://www.rcplondon.ac.uk/projects/census-consultant-physicians-and-higher-specialty-trainees-uk>
- 2004-19 RCP Consultant Census trend data toolkit <https://www.rcplondon.ac.uk/file/31146/download>
- 2019-20 RCP Higher Specialist Trainee Census trend data toolkit <https://www.rcplondon.ac.uk/file/31151/download>
- Double or quits: a blueprint for expanding medical school places <https://www.rcplondon.ac.uk/projects/outputs/double-or-quits-blueprint-expanding-medical-school-places>



## Submission

42. *Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?*

- Low Impact
- Medium Impact
- **High Impact**



## Submission

**Science, Digital, Data and Technology (Including Genomics): Genomics, Artificial Intelligence, Robotics, Automation, Digital Health Technologies (e.g., Telemedicine, Smartphone Apps, sensors and wearables, virtual and augmented reality), Digital literacy, Big data, Data security and data sharing.**

*For this drivers of change category, in the context of releasing time to care, we are also interested in views on how innovations may result in substitution, redistribution, augmentation, generation or transference. The below definitions are based on the work of the RSA, but 'Redistribution' has also been added as an extra category. Where applicable, please consider them in your narrative responses.*

- *Substitution: The most conventional form of automation, substitution involves technology taking on a task that would usually be undertaken by a worker. Occasionally these technologies substitute for whole jobs, but more often they replicate individual tasks that in aggregate make up occupations.*
- *Redistribution: This is where the technology redistributes work along the patient pathway e.g. Polygenic risk scores, used in conjunction with existing demographic and lifestyle scoring may be used to predict future risk of diseases and thereby reducing the need for later treatment and surgery*
- *Augmentation / Complementing: Augmentation expands the capability of workers, allowing them to achieve more and better-quality work in a shorter space of time. In theory, these technologies take away tasks from workers, but the overall effect is to amplify their abilities (e.g., to complete successful operations).*
- *Generation / Creating: As well as mimic what workers already do, technologies can generate tasks that were never done by humans previously (or only by a very small number). Technologies such as this create work rather than capture it from others.*
- *Transference: Transference is where technology shifts responsibility for undertaking a task from health and social care workers to patients e.g. health monitoring devices taking away the need for regular check-ups.*

43. *Please provide a brief description of the factor(s):*

- The embedding of genomic medicine in the NHS will require investment in workforce education and capacity.

44. *What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.*



- As outlined in the [March 2019 statement by the Academy of Medical Royal Colleges](#), the data derived from genomic sequencing enables ‘more accurate diagnosis in rare disease, infectious disease and cancer...and develop tailored therapies’.
- Effectively embedding genomic medicine across the NHS will require a genomic-literate workforce. This not only includes clinicians but also scientific and nursing staff. Staff need to be well equipped to interpret and explain genomic findings to patients and support them in accurate decision making.
- We require compulsory genomics education for all medical and nursing students, and ongoing education for already qualified staff. This will ensure that all staff will be well equipped to interpret genomic findings and support patients in accurate decision making.

45. *What impact do you think this factor(s) will have on workforce number demand?*

- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- **Neutral**
- Weak demand increasing impact
- Moderate demand increasing impact
- Strong demand increasing impact

46. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- Low Impact
- Medium Impact
- **High Impact**

47. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- Low Impact
- Medium Impact



- **High Impact**

48. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- Medium Impact
- **High Impact**

49. *In what time horizon will the most significant impact be felt on workforce demand?*

- 0 - 5 years
- **6 - 10 years**
- 11 - 15 years
- Beyond 15 years

50. *Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*

- [RCP evidence to the Public Accounts Committee's Digital Transformation in the NHS inquiry](#)
- [Genomic medicine in the NHS: AoMRC statement](#)

51. *Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?*

- Low Impact
- **Medium Impact**
- High Impact



**Service Models and Pandemic Recovery: Current and future service models, Integration, Working across boundaries, Health promotion and prevention, Personalised care, Expanding digital options, Pandemic recovery (elective care and waiting lists) and resilience (e.g. surge demand capacity), Responding to future people who need care and support/patient need.**

52. *Please provide a brief description of the factor(s):*

- The likely long time it will take to clear the backlog caused by the UK's lack of preparedness to respond to a pandemic while delivering routine care, coupled with further integration of services.
- In the [April 2020 RCP survey of the impact of COVID on the workforce](#), the majority (59%) thought it would take at least 18 months for the NHS to get back to even keel, with 30% saying over two years. In gastroenterology, backlogs of over a year were expected by two thirds (75%), including almost half (48%) expecting it to take over 18 months to return to an even keel. Other specialties where physicians expect it to take over a year include dermatology (82%), rehabilitation medicine (67%), respiratory (59%), medical oncology (58%) and cardiology (52%).
- At the same time, once the health and care bill becomes an act of Parliament, the development of integrated care systems will speed up. As the RCP lead fellow for social care said in February 2021, the real work starts then, as models of care are developed. These are dependent on people and relationships, which will require doctors and other clinicians to spend time developing them, as well as working on the detail of integration.

53. *What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.*

- In the immediate future the workload for all parts of the NHS and social care is going to be high. They will be dealing with the fallout from the pandemic and further integrating health and care services, while at the same time delivering the usual routine care.
- Health and care services will need every person available to help, which will mean ensuring we retain as many people as possible and make careers as attractive possible.

54. *What impact do you think this factor(s) will have on workforce number demand?*



- Strong demand reducing impact
- Moderate demand reducing impact
- Weak demand reducing impact
- Neutral
- Weak demand increasing impact
- Moderate demand increasing impact
- **Strong demand increasing impact**

55. *What degree of impact do you believe this factor(s) will have on need for new skills?*

- **Low Impact**
- Medium Impact
- High Impact

56. *What degree of impact do you believe this factor(s) will have on need for new roles?*

- **Low Impact**
- Medium Impact
- High Impact

57. *What degree of impact do you believe this factor(s) will have on need for new ways of working?*

- Low Impact
- Medium Impact
- **High Impact**

58. *In what time horizon will the most significant impact be felt on workforce demand?*

- **0 - 5 years**



- 6 - 10 years
- 11 - 15 years
- Beyond 15 years

59. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

- [April 2020 survey of the impact of COVID on the workforce](#)
- [Putting policy into practice: developing locally owned models of care | RCP London](#)

60. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

- Low Impact
- Medium Impact
- High Impact



### Demand and supply gaps over the next 15 years

61. *Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.*

- If we do nothing, the supply of doctors will reduce due to retirements and more people wanting to work flexibly. At the same time, demand will rise as the number of older people rapidly increases, more people live with multiple long term health conditions, and health inequality widens.

62. *Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)*

- [Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)



### Ambitions for the health and social care system

63. *In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?*

- Increased the number of doctors, nurses, physician associates, social workers, public health professionals and others, resulting in a narrowing of health inequality.
- Developed an integrated model of care which has adapted to changed post-pandemic patient behaviour. Effective primary care services and a well-funded social care system are essential to functioning secondary care. The public must have confidence in all parts of the system.

64. *In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?*

- Increased the number of doctors, nurses, physician associates, social workers, public health professionals and others, resulting in a happier and healthier workforce.

### Any further comments

65. Much of what we said in [the RCP submission to HEE's Facing the Facts, Shaping the Future consultation](#) in 2018 still stands. Our main recommendations were

- the number of medical school places should be doubled to 15,000 per year, with the aim of a small surplus of supply
- we need to encourage doctors in training to take up posts in specialties and location with the largest gaps, by providing them with incentives such as protected time for leadership, education, training, research and quality improvement
- the UK should be more accessible to doctors and other professionals from other countries, with an immediate increase in the size of the Medical Training Initiative to 2,000 places
- we need to introduce more flexibility in terms of working patterns, regulation, moving between training programmes, moving between specialties, and meeting the aspirations of current and future professionals
- while we can and will act now, we need a single, robust source of data that brings together the various sets that tell us about how many people are in the system, how they move within it, and when and why they leave, to enable us to plan well for the long term



## **Submission**

- there must be more investment in public health initiatives, including the public health workforce, that reduce demand.

66. We very much see this as a focused submission that continues our ongoing conversation with HEE and others about the factors impacting on the demand for and supply of the medical workforce. Please do not hesitate to contact us if you have any questions or require further information.

### **Contacting you**

67. [policy@rcp.ac.uk](mailto:policy@rcp.ac.uk)