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Development of the Education and Training Plan 2023/24

RCP Cymru Wales response

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As the strategic workforce and education body for NHS Wales, Health Education and Improvement Wales (HEIW) should be well placed to address strategic and specialist workforce issues that individual NHS Wales bodies cannot address on their own. However, there continues to be a disappointing lack of engagement with external bodies, including individual royal colleges, allied health professional bodies and third sector organisations in Wales.

Key points

- Not enough visible progress has been made on NHS workforce planning.
- Stakeholder engagement in developing workforce plans has been very limited.
- It is unclear how the workforce strategy will complement the national clinical framework.
- Workforce planning must become more strategic and nationally led by HEIW.
- An independent NHS Wales Executive could help to improve accountability.
- Data collection must improve and become more transparent.
- We would welcome more engagement and opportunity to collaborate with HEIW.

The HEIW annual education and training plan is intended to use NHS health board and trust workforce plans to develop strategic priorities, suggest changes to student and trainee numbers, and recommend levels of investment in education and training for the health workforce in Wales. This should be done through wide and inclusive engagement with stakeholders.

We simply do not know if we are currently training enough people now to deliver health and care services in future. NHS Wales – either through HEIW or the new NHS Wales Executive – should publish regular, independent and publicly available assessments of current and future workforce numbers to inform strategic long-term decisions about funding, workforce planning, regional shortages and the skill mix required to help the system keep up with rising patient need, based on evolving changes in patient demand and in working patterns among staff, such as a growing proportion of doctors working part-time. A plan without numbers will not add up.

We agree that workforce plans should be based on:

- population health and service need
- workforce need, challenges, opportunities and wider workforce intelligence
- the experiences of graduate recruitment in 2021 and 2022
- submissions from and engagement with stakeholders
- training capacity
- workforce transformation.

We agree that an increase in medical training places should consider:

- Demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery eg upskilling other healthcare professionals
- Recruitment and retention trends within each specialty.

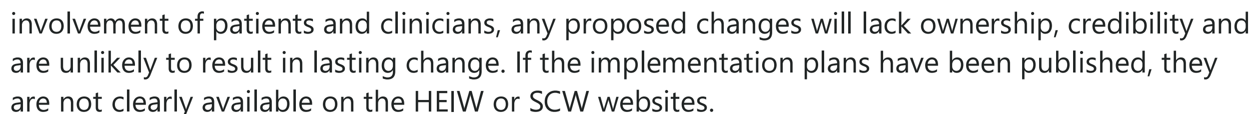
However, we are concerned that external engagement so far is not sufficiently comprehensive and is not reaching enough stakeholders. We are aware that HEIW has established a new Stakeholder Reference Group (SRG) which met for the first time on 1 February 2022: one seat has been offered to the Welsh Academy of Medical Royal Colleges, an organisation which represents 22 individual medical royal colleges and faculties, and thousands of doctors. An email on 9 February was sent to the SRG and circulated to the Welsh Academy Council by its chair, giving individual colleges less than 3 weeks to draw up a submission: a timeframe which includes half term and annual leave for many staff.

There is a very real possibility that this lack of effective engagement means that many royal colleges and allied health professional bodies will not have the resource or capacity to produce a helpful response, despite holding a wealth of workforce intelligence and data.

A missed opportunity

While we welcomed the publication of the HEIW and Social Care Wales (SCW) joint workforce strategy for health and social care in October 2020 as a step in the right direction – it clearly recognised that the NHS in Wales must adapt to being a modern employer through improving skill mix, embracing new roles and promoting new and more flexible ways of working – it is not clear to the external observer how much progress has been made to implement this workforce strategy so far.

The RCP has not been involved in developing implementation plans despite reaching out to HEIW to be involved. Our hope was that these would be clinically led, patient centred and designed using co-production principles. We are not aware of public consultation and engagement on how these plans should look and there is a real risk that without the genuine



involvement of patients and clinicians, any proposed changes will lack ownership, credibility and are unlikely to result in lasting change. If the implementation plans have been published, they are not clearly available on the HEIW or SCW websites.

It is also unclear how HEIW is working within with the Welsh Government's national clinical framework (NCF). There is no mention of the NCF in the joint workforce strategy – yet delivering patient-centred and high quality health and social care services is entirely dependent on a valued, motivated and well-staffed workforce.

Why is this important?

NHS workforce shortages across our health service are stark. If we don't fix the supply challenges, the plan will fail to address the very real pressures facing the NHS and our social care services. There are simply not enough doctors and health professionals in the system, and without increasing medical school numbers, we will not have the workforce on hand to care for a rapidly ageing population within the next 10-15 years.

Increasing the number of 'home-grown' doctors is a long process: any expansion of medical student numbers will only begin to improve consultant and GP numbers in around 10 years.

We urgently need to increase the current number of medical student places to account for the drop off in trainee numbers after graduation from medical school, and at subsequent pressure points during postgraduate medical training.

Why do we need more doctors?

There is already a national UK shortage of consultants and an increase in part-time or flexible working over the coming years means that we will need more doctors to make up the full-time equivalent (FTE) headcount. We also lose doctors when they retire, and during pressure points in the training pathway: 5% loss occurs during medical school, 3-4% immediately after qualification, at least 10% at the end of foundation training, and around 5% in higher training.

An RCP report recently found that at least an additional 350 more medical school places should be created every year in Wales. However, the number of medical school places has remained static for half a decade: there has been no increase to the advertised 309 medical school places at Cardiff University since 2017, despite a projected increase in patient demand.

An ageing population with associated multi-morbidity, increasing obesity, the explosion in genomics and new technology will all mean increased demand for doctors. Hospital activity – both emergency and elective – is steadily growing, with an expected increase in demand of 47% between now and 2030.

Alongside any increase in the number of medical school places and postgraduate training places, we will need investment in freeing up senior doctor time to train and teach these junior doctors and medical students on clinical placements.

Rota gaps and staff shortages

Workforce shortages have a powerful and demoralising effect on the morale and job satisfaction of doctors. In 2021, the RCP's annual census of consultant physicians found that in Wales:

- 38% of said they have regularly have problems sleeping.
- 23% don't feel healthy.
- 26% don't feel as though they have control over their life.
- 50% tend to dwell on things more than they should.
- 13% don't find their work fulfilling.
- 19% do not feel satisfied with their life.
- 45% frequently feel frustrated.
- 36% often get annoyed.

Higher specialty trainees in Wales also told us in 2020–21 that:

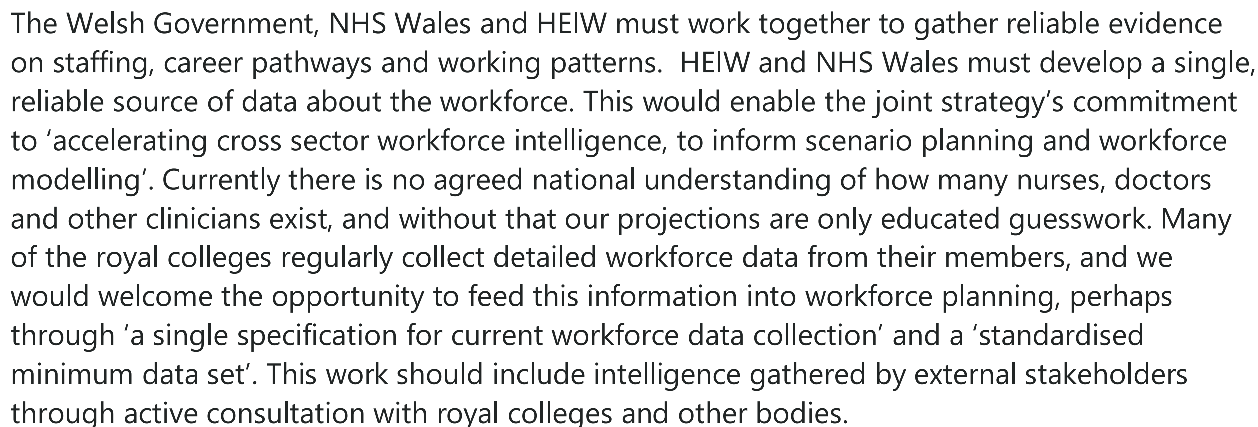
- Only 43% felt valued by their health board/hospital management
- Only 48% felt in control of their workload
- 24% felt emotionally drained at work almost always or most of the time
- 30% work excessive hours and have an excessive workload
- Only 30% had protected time for admin.

The census of consultant physicians and higher specialty trainees in the UK is an annual project, conducted by the medical workforce unit at the Royal College of Physicians of London (RCP) on behalf of the three Royal Colleges of Physicians of the UK. The census provides essential information for workforce planning and strategy. Census findings are used as a historical record of the consultant workforce as well as a source of evidence for future Federation of Royal Colleges of Physicians' policy. Results from the census can be used by specialty societies and external agencies such as Health Education England, HEIW, the Centre for Workforce Intelligence and the National Audit Office. Since 2006, the RCP has also included registrar data in this report taken from an annual higher specialty trainee census and the JRCPTB database.

The 2020–21 results can be found on our website along with an analysis of the results of the consultant census. Data for Wales can be separated from the UK results where requested.

Holding employers accountable

The October 2020 joint health and social care workforce strategy acknowledges that 'joint workforce planning is required at a regional level' and that 'workforce data is incomplete across the sector'. A major priority should be proper long-term workforce planning based on the best available evidence which is continually monitored, evaluated and updated. This is not currently happening. Workforce data is patchy and unreliable across the board, making it almost impossible to plan into the future.



The Welsh Government, NHS Wales and HEIW must work together to gather reliable evidence on staffing, career pathways and working patterns. HEIW and NHS Wales must develop a single, reliable source of data about the workforce. This would enable the joint strategy's commitment to 'accelerating cross sector workforce intelligence, to inform scenario planning and workforce modelling'. Currently there is no agreed national understanding of how many nurses, doctors and other clinicians exist, and without that our projections are only educated guesswork. Many of the royal colleges regularly collect detailed workforce data from their members, and we would welcome the opportunity to feed this information into workforce planning, perhaps through 'a single specification for current workforce data collection' and a 'standardised minimum data set'. This work should include intelligence gathered by external stakeholders through active consultation with royal colleges and other bodies.

We support the development of a multi-disciplinary, multi-agency workforce. However, making a real difference on this will require innovative thinking, clear leadership and substantial investment if we are going to achieve a 'common approach to addressing gaps in workforce intelligence and using sophisticated modelling'. As well as detailed workforce plans in primary and community care, we need a national approach to detailed workforce planning across hospital and specialist care. This should be led by clinicians in conjunction with the royal colleges, specialty societies and other key stakeholders.

The health boards in Wales are the employers and therefore responsible for delivering workforce plans. Despite the parliamentary review recommending an independent NHS Wales Executive, and the Welsh Government's long-term plan committing to creating an Executive by the end of 2018, there is still no NHS Wales Executive with the powers to provide oversight for the implementation and delivery of workforce plans.

New ways of working

Flexible working, remote clinics and working from home are all becoming more important to NHS doctors as wider expectations around work/life balance change. This has enormous implications for the medical workforce, and the Welsh Government, HEIW and NHS bodies need a plan to address this change in expectations.

With more than a fifth (22%) of consultant physicians across Wales planning to retire in the next 3 years, NHS organisations need to develop workforce strategies that prioritise staff wellbeing and a high-quality work/life balance. Where staff want to work flexibly, or from home, this should be encouraged wherever possible. During the pandemic, 37% of respondents in Wales started working from home. It's clear that doctors in Wales would like this shift to more remote working during the pandemic to become the norm. 68% want more opportunities for remote IT access, online meetings and remote working to be available in the future.

Doctors in Wales want more flexible working opportunities:

- 59% said they want to work more flexibly
- 73% said they want to work more from home

- 70% said working from home has improved their work/life balance
- 80% want to work fewer hours onsite

However, a lack of workforce is the key challenge:

- 37% of respondents in Wales said it would be difficult or impossible to work more flexibly, due to staff shortages.
- 92% said there simply weren't enough medical staff to allow flexible working.
- 49% said they didn't think their department would support a request to work more flexibly, due to staff shortages.

The RCP Cymru Wales report *Doing things differently* suggests a wide variety of recommendations to support doctors. Investing in staff health and wellbeing, improving flexibility in rotas, and balancing time between clinical practice and other activities such as training, research and leadership roles will all help to improve the morale of the workforce and the quality of patient care.

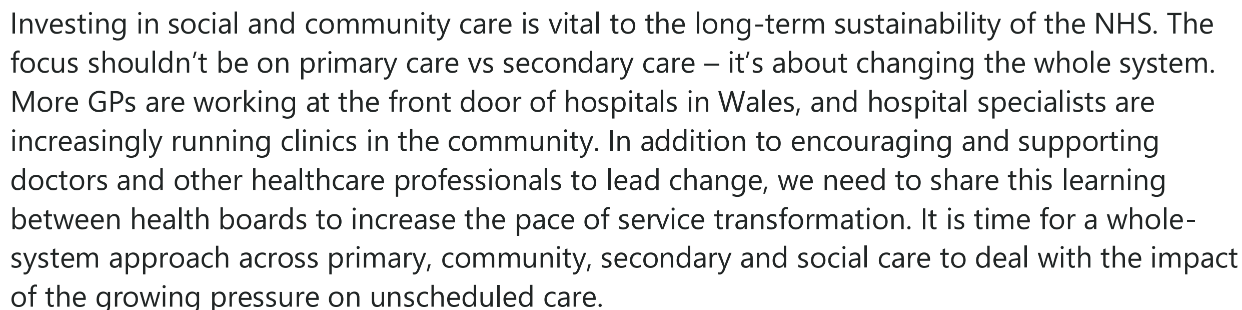
Integrated care and support for patients with complex needs

The NHS in Wales must support clinicians to develop innovative solutions, especially in rural and remote areas. Overall, the Welsh Government must invest in the long-term sustainability of the health and social care system. A renewed focus should be placed on developing integrated models of care and improving the experience of patients with complex needs.

While it is vital that we increase the number of people training to become clinicians, we also need to be honest that how we deliver care is changing. The NHS workforce of the future will deliver care in multi-disciplinary and multi-professional ways across different healthcare settings.

Physician associates (PAs) are a highly valuable growing profession ready to work alongside multi-disciplinary teams to deliver high-quality patient care. Promoting innovative staffing models, with new healthcare roles including PAs, can support medical teams to deliver high-quality care and relieve some of the workforce pressures facing the NHS. PAs work alongside physicians, GPs and surgeons, providing medical care as an integral part of the multidisciplinary team (MDT). Their duties include taking patient stories, carrying out physical examinations, and developing and delivering treatment plans. However, without statutory regulation, there are significant limitations on the level of support that PAs can provide – for example, PAs cannot currently order X-rays or prescribe. Now that the four UK governments have announced the General Medical Council (GMC) as the statutory regulator for PAs, the necessary legislation needs to be brought forward and enacted as soon as possible.

It will be no surprise that aside from rota gaps, the single biggest concern reported by our doctors is the lack of capacity in the system to transfer people home or into care. As more hospitals find themselves under extreme pressure, patients are waiting longer for treatment at the front door. Many of those who are well enough to leave hospital remain trapped in the system, unable to go home or move into community care because of a lack of capacity and staff.



Investing in social and community care is vital to the long-term sustainability of the NHS. The focus shouldn't be on primary care vs secondary care – it's about changing the whole system. More GPs are working at the front door of hospitals in Wales, and hospital specialists are increasingly running clinics in the community. In addition to encouraging and supporting doctors and other healthcare professionals to lead change, we need to share this learning between health boards to increase the pace of service transformation. It is time for a whole-system approach across primary, community, secondary and social care to deal with the impact of the growing pressure on unscheduled care.

Health boards and HEIW should commit to investing and promoting Wales as a world leader in rural and community-based medicine. Many trainees tell us that they would like to gain a consultant post where they have undertaken specialist training. Developing a specialist rural health training pathway which splits time between the hospital and the community could boost medical recruitment in Wales in the future. We have a real opportunity to lead the way on innovative community health service design.

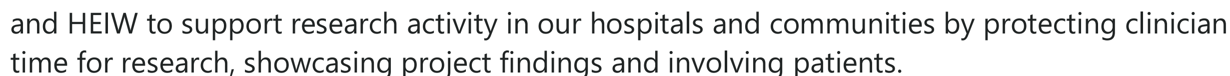
The NHS needs to include patients and their families in early discussions about care planning, and acknowledging what can be changed about their choices, and what cannot. People who live in nursing or residential care and often have multiple health conditions and complex medical needs should have access to enhanced primary care teams, with specialist physicians who have an interest in the care of older people. Primary care should no longer be synonymous with general practice – community healthcare must include a wide variety of different professions, specialties and therapies.

MDTs should be working in the community to prevent admissions (the virtual ward, or 'hospital at home' concept). All hospitals in Wales should adopt a discharge to assess approach. Emergency departments should have social workers, occupational therapists and other allied health professionals on staff to assess and develop care plans for frail and complex patients; social services, clinicians and frailty teams should be working together from the point of admission to ensure that plans are put in place as soon as possible to allow for safe, earlier discharge. RCP Cymru Wales recently published *No place like home* which sets out the case for investment in 'hospital at home' services and greater regional collaboration and learning.

Patients who regularly attend emergency departments should have a care plan agreed between clinicians, the patient and their advocate (if relevant). The Cardiff and Vale frequent attender service is an excellent example of what can be achieved when health professionals take ownership and integrate their work with that of other agencies. Staff working in unscheduled care should have universal access to all medical records for each specialty, health board and primary care in Wales.

Digital technology and healthcare

We'd like to see HEIW talk more about research, innovation and quality improvement as part of everyday clinical life. The RCP has called for every clinician working in the NHS to become research active. The RCP Cymru Wales report, *Time for research*, calls on health boards, trusts



and HEIW to support research activity in our hospitals and communities by protecting clinician time for research, showcasing project findings and involving patients.

It is important that every clinician working in the NHS is research-active: this can mean identifying opportunities for new research, recruiting patients, supporting colleagues or leading trials themselves. Research and innovation should be part of health boards' core activity and understood to be a key indicator of improving patient care. Hospitals and community settings should increase their research activity and doctors should be supported to pursue research activity, allowing more patients than ever before to be involved with or benefit from clinical research.

Too many clinicians fit in their research commitments around the rest of their job. With an increasing number of rota gaps in many hospitals, 43% of consultant physicians in Wales tell us that their research is one of the first things to be dropped when the service is under pressure. All NHS bodies in Wales should receive a regular report of research activity. An executive director on each health board or NHS trust should be made responsible for promoting research across the wider organisation, coordinating activity across primary, secondary and community care, and reporting on research activity and its impact on a regular basis. Patients should be made aware of ongoing research activity and given the opportunity to participate where appropriate. This includes observational studies, clinical trials and the use of data from patient records. The results of studies should be disseminated to patients who have participated.

All medical and allied health professionals should be encouraged and supported to learn more about research methodology and participation during their undergraduate training so that it becomes embedded in their education and training as they move forward in their careers. Staff working less-than-full-time should be given equal support and access to research training and development.

On digital healthcare more generally, the RCP is developing a digital health strategy for the RCP. We fully support the ambitious proposals contained within this workforce strategy but look forward to receiving more detail about how exactly these will be implemented. NHS IT and technology infrastructure is often notoriously patchy, unreliable and outdated and substantial investment and excellent project management will be needed if any of these proposals are to make a difference to everyday working life.

Recruitment

HEIW itself recognises that 'there is still a lack of knowledge of the Wales [recruitment] offer, which hampers recruitment', and 'recruitment processes can be slow and difficult to navigate'. The NHS and HEIW must work together to consider innovative solutions to the recruitment crisis – advertising the same old roles time and time again is not working. We need to make jobs more attractive and look after our existing workforce by offering support and wellbeing to health and social care professionals across Wales. We would especially welcome a national approach to recruitment which should be made available to support all clinicians and health professionals at every stage in their career.

Leadership

Leadership has a very real impact on how we feel about our work. We need leaders who are focused on quality improvement and creating the space for us to deliver improved care for our patients – we know it can be done, and chief registrars are a great example of doctors balancing clinical and leadership responsibilities. However, we have historically struggled to recruit to these trainee leadership posts, and more work needs to be done to set out the clear advantages of taking on these roles within NHS Wales.

The Welsh language

The health and social care workforce in Wales should be encouraged to use the Welsh language in all settings and given support to learn the language if desired. The RCP has called for an increase in medical school places for Welsh-domiciled students. Generally speaking, the number of students from Wales applying to study medicine in Cardiff and Swansea has risen over the past five years – this is excellent news. However, progress is slow – and between September 2020 and September 2021, the percentage of Welsh domiciled applicants who were awarded a place at Cardiff University to study medicine actually *dropped* from 64% to 60%.

While we recognise that the COVID-19 pandemic has disrupted workplans, it is not clear to many external stakeholders how HEIW are implementing their joint workforce strategy with Social Care Wales. While internally, and with the benefit of the doubt, HEIW may be working towards delivering this strategy, if this information and data is not shared with external organisations, it makes it difficult to hold HEIW to account and to scrutinise their decision-making. We would welcome more direct engagement in developing implementation plans.

About the RCP

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. Our 40,000 members worldwide (including 1,450 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching. Our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with NHS bodies, we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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