Health Education England's 2015/16 workforce plan

What is it and what does it mean for providers of NHS care?

On 16 December 2014 Health Education England (HEE) published its 2015/16 workforce plan for England. It is the second time HEE has published an annual workforce plan. In it HEE sets out its yearly investment decisions for health education and training. For 2014/15, as for the year before, HEE was allocated £5bn to invest.

This year HEE's investment decisions (also known as commissions) have three objectives.

1. To respond to **immediate service pressures** by supporting employers to address current gaps in priority workforce areas wherever possible (for example, emergency care, nursing care). This is not part of HEE's mandate from the Department of Health, but HEE has decided to step into this "leadership space" to protect the patient interest.
2. To maintain and expand the **future workforce in priority areas** (as set out in its Mandate for example, health visitors, or in response to service concerns).
3. To invest in **service transformation**, through the education and training of the existing workforce and the creation of new roles and/or new settings as required by its Mandate, the Five Year Forward View (FYFV), and its own 15 year strategic framework (also known as 'Framework 15').

HEE's commissions for 2015/16 are informed by the forecast needs of local employers that shaped and informed the thirteen local education and training board (LETB) Investment Plans. HEE has statutory responsibility to make sure "*that the aggregate of thirteen local plans add up to a coherent plan for England*", and that the plans enable it to deliver its mandate and wider strategic objectives.

As such, in the short to medium term HEE's decisions will impact the availability of staff that providers of NHS care need to deliver services for patients. In the medium to longer term, HEE's decisions will impact on providers' ability to move to new models of care, for example more care in the community and greater focus on prevention.

What decisions has HEE made?

HEE has made two key decisions, in order to allow it to direct investment towards immediate service pressures and priority areas of the future workforce. First, it has not increased investment in 13 medical and dental specialties which it judges not to be priority areas for investment (see Annex 1 for a full list of commissioning decisions). Second, it has gone further by reducing investment in medical specialities where historically there have been unfilled training posts. As these posts were not actually being filled, HEE does not regard this as an actual cut in posts. HEE intends to review medical workforce requirements in light of the FYFV and the Shape of Training Review. HEE will also look at while some medical specialities have historically had unfilled training posts. This work will inform HEE's commissions for 2016/17 and beyond.

"The numbers and specialities affected may be small, but our action represents an important signal that the future shape, skills and distribution of our workforce must change. Working with partners, we will use our levers to help shape the health service around the needs of patients, rather than just roll forward what has historically been a supply-driven system. We recognise that our decision will not be popular with everyone, but a failure to act now would mean that once again tough choices are placed in the too difficult" box, with missed opportunities to improve patient care today and tomorrow." (Page 13 of the workforce plan.)

Primary and community care

HEE has again increased investment in GP training, to reflect immediate service pressures. HEE has judged that investment in other primary and community care staff is broadly sufficient based on current models of care. However, HEE has set up a Primary Care Workforce Commission to consider whether greater investment in these staff will be needed to deliver the new models of care set out in the FYFV.

Emergency care

HEE has again increased investment in emergency care medicine, to reflect immediate service pressures.

- 634 post in Emergency Medicine (increase of 6 or 0.9%)
- 37 posts in Direct Entry Route Into Emergency Medicine (increase of 10 or 27%)
- 634 posts in Acute Care Common Stem - Emergency Medicine (increase of 6 or 0.9%), much of which will be 'run through'.

For further information, please contact: Paul Myatt, The job they do paul.myatt@nhsproviders.org

HEE has suggested that current provider forecasts may be underestimating the future demand for emergency medicine, but believes the action taken so far will put the NHS "back on track" to fill higher training posts in emergency medicine from 2019.

HEE is forecasting a shortage of paramedics and this year has commissioned 1,231 paramedics (increase of 378 or 44.3%), and also plans to hold a summit with ambulance providers and partners on how to address shortages over the next three years. HEE has also given its support to a recommendation that paramedics are placed on the Government's shortage occupation list.

Nursing care

HEE has again increased investment in nursing, to reflect immediate service pressures.

- 13,783 adult nurses (increase of 555 or 4.2%)
- 2,343 children's nurses (increase of 161 or 7.4%)

HEE's Return to Practice campaign has made 779 more nurses available for employment. HEE suggests further action is required to avoid an imbalance between nurses in the acute and community sectors.

Mental health care

HEE has again increased investment in the mental health care workforce. Even though providers forecasted lower demand for mental health nurses, HEE has chosen to increase investment in this area, in recognition that provider forecasts were made before recent high profile Government policy commitments to improve access to mental health services.

- 579 in IAPT - Psychological Wellbeing Practitioner (Low intensity) (increase of 143 or 32.8%)
- 378 in IAPT - High intensity practitioner (an increase of 58 or 18.1%)
- 3143 mental health nurses (increase of 100 or 3.2%)

Public health

HEE has again increased investment in health visitors and school nurses.

- 1193 health visitors (increase of 152 or 14.6%)
- 340 school nurses (increase of 142 or 71.7%)

HEE intends to work with Public Health England and others to better understand how a greater priority on public health should impact workforce decisions, and how undergraduate curriculum and training settings need to adapt.

Investing in the existing workforce

In order to drive transformation at scale and pace, HEE is committed to invest in the current workforce, while recognising that the education and training of our existing staff is primarily an employer responsibility.

"*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.*" (Page 11 of the workforce plan.)

HEE argues that its decision to reduce or not increase investment in some medical specialities has allowed it to protect the £0.2bn of its £5bn budget allocated for the education and training of existing staff to support service transformation. Going forward, HEE will seek advice from LETBs, stakeholders and a new Workforce Advisory Board (see Next steps section) to ensure that it invests in those areas likely to deliver the greatest transformation, whilst continuing to provide high quality care for patients.

Service transformation

HEE has also highlighted the need to invest in entirely new roles, as one way of transforming services in light of the FYFV. As such, HEE has invested in 205 physician assistants (increase of 181 or 754.2%) and 69 broad based training pilot places for doctors (increase of 36 or 52.2%). HEE also intends to look at the content of education and training and the settings in which it takes place, so as to support new models of care. HEE intends to work with the new Workforce Advisory Board and others *"to ensure we invest in those areas likely to deliver the greatest transformation, whilst continuing to provide high quality care for patients"* (Page 12 of the workforce plan).

Next steps

The workforce plan is notable as an attempt by HEE to "bite the bullet" on some difficult investment decisions and also to step into a 'leadership space', in addressing immediate service pressures, beyond its Mandate. There are also clear indications of how HEE intends to use its levers to begin to create a workforce to support the new models of care set out in the FYFV and address

long-term issues set out in its own 15 year strategic framework. This includes a renewed focus on the current workforce rather than just the future workforce.

What HEE wants employers to do

HEE has identified a number of actions that it wants others to undertake (see Annex 2). Some of them are for employers, notably relating to the following.

- More robust workforce planning and forecasting, with greater engagement from chief executives and submissions signed off by medical and nursing directors.
- Creating more *"jobs in the right settings"*, so that the staff whose training HEE commissions *"are able to realise and deliver the policy intent of Five Year Forward View, rather than perpetuate an imbalance between community and acute sectors"* (page 16 of the workforce plan).
- Greater employer focus on retaining and investing in their current staff, as *"… it is becoming apparent that in some areas, requests for more commissions are due to a 'leaky bucket' effect, whereby employers are failing to retain and develop their skilled staff"* (page 16 of the workforce plan).

Workforce Advisory Board

We understand the new Workforce Advisory Board mentioned in the workforce plan will be system wide but chaired by HEE with senior membership from across the system. Its aim will be to develop a workforce with the skills to support the implementation of new models of care. Initially, it will focus on four areas: action on retaining existing staff and attracting returners to shortage roles; supporting challenged health economies when workforce shortages are hampering improvement; identify flexibilities needed to deliver new care models and opportunities to reskill the existing workforce; identify new roles that may need to be commissioned to support the aims of the FYFV. NHS Providers will continue to work with HEE to help ensure there is appropriate provider representation and input to the work of the Board.

NHS Providers and member engagement with HEE

Some members have raised concerns about HEE's reorganisation and its possible impact on LETBs. Some of these issues are referenced on the HEE website. New senior appointments have been made and we would encourage members to raise any concerns with new local or geographical leaders. NHS Providers chair and chief executive also met with the chair and chief executive of HEE. They discussed the benefits of improving the dialogue between HEE and NHS Providers and its members, on top of existing engagement through LETBs.

NHS Providers and HEE agreed to explore two ideas: a member meeting between interested members and HEE's chair and chief executive to explore members' views of how LETBs and HEE are working, and a survey to gather member views on how well the whole area of health education and HEE and LETBs are working: what's working well and what might be in need of development. Please contact Paul Myatt, NHS Providers Policy Advisor – Workforce, if you or someone at your trust would be interested in taking part in the meeting, or if you think there are particular areas that should be covered in a survey. Paul would also welcome your thoughts on HEE's workforce plan.

ANNEX 1

Education & Training Commissions for 2015/16

Clinical Professional Education Programmes:	2014/15 Commissions	Planned 2015/16 Commissions	Increase / Decrease	%
Pre-registration Nursing & Midwifery				
Adult Nurse	13,228	13,783	555	4.2%
Children's Nurse	2,182	2,343	161	7.4%
Learning Disabilities Nurse	653	664	11	1.7%
Mental Health Nurse	3,143	3,243	100	3.2%
Midwives	2,563	2,605	42	1.6%
Total - Pre-registration Nursing & Midwifery	**21769**	**22638**	**869**	**4.0%**
Allied Health Professions				
Dietician	336	343	7	2.1%
Occupational Therapist	1,523	1,541	18	1.2%
Physiotherapist	1,490	1,543	53	3.6%
Podiatrist	362	362	0	0.0%
Speech & Language Therapist	644	668	24	3.7%
Diagnostoc Radiographer	1,059	1,115	56	5.3%
Therapeutic Radiographer	371	414	43	11.6%
Paramedic	853	1,231	378	44.3%
Orthoptist	77	77	0	
Orthotists/Prosthetists	30	30	0	
Total - Allied Health Professions	**6745**	**7324**	**579**	**8.6%**
Other Scientific, Technical & Therapeutic				
Operating Dept. Practitioner	842	957	115	13.7%
Pharmacist pre-registration year	600	657	57	9.5%
Pharmacy Technician	300	363	63	21.0%
Clinical Psychologist	532	526	-6	-1.1%
IAPT - Psychological Wellbeing Practitioner (Low intensity)	436	579	143	32.8%
IAPT - High intensity practitioner	320	367	47	14.7%
Child Psychotherapist	41	43	2	
HCS Higher Specialist Scientific Training (HSST)	94	103	9	9.6%
HCS Scientist Training Programme (STP)	271	282	11	4.1%
HCS Practitioner Training Programme (PTP)	246	473	227	92.3%
Physicians Assistant	24	205	181	
Dental Nurses	455	442	-13	-2.9%
Dental Technicians	69	69	0	0.0%
Dental Hygienists	116	128	12	10.3%
Dental Therapists	118	134	16	13.6%
Total - Other Scientific, Technical & Therapeutic	**4464**	**5328**	**864**	**19.4%**
Specialist Nurse - Post Registration				
District Nursing	431	502	71	16.5%
School Nursing	198	340	142	71.7%
Practice Nursing	218	359	141	64.7%
Health Visiting	1,041	1,193	152	14.6%
Total - Specialist Nurse - Post Registration	**1888**	**2394**	**506**	**26.8%**
TOTAL Clinical Professional Education	**34866**	**37684**	**2818**	**8.1%**

ANNEX 1

Education & Training Commissions for 2015/16

Undergraduate Medical & Dental Education:	2014/15 Commissions	Planned 2015/16 Commissions	Increase / Decrease	%
Undergraduate Medical & Dental				
Undergraduate Medical	6,071	6,071	0	0.0%
Undergraduate Dental	899	809	-90	-10.0%
Total - Undergraduate Medical & Dental	**6,970**	**6,870**	**-90**	**-1.3%**

Post Graduate Medical & Dental Education:	Number of Training Posts	Increase / Decrease	%
Foundation Training			
Medical Foundation Programme	12,567	-12	-0.1%
Dental Foundation Programme	881	7	0.8%
Total - Medical & Dental Foundation Programmes	**13,448**	**-5**	**0.0%**
Core Training			
Acute Care Common Stem - Acute Medicine	212	0	
Acute Care Common Stem - Anaesthesia	322	35	10.9%
Acute Care Common Stem - Emergency Medicine (including RunThrough)	681	95	14.0%
Core Anaesthetics Training	901	-20	-2.2%
Core Medical Training	2,510	107	4.3%
Core Psychiatry Training	1,450	-20	-1.4%
Core Surgical Training	1,197	-65	-5.4%
Broad Based Training (PILOT)	69	36	52.2%
Total - Core Training	**7,342**	**168**	**2.3%**
Run Through Training			
Paediatrics	2,859	0	
Ophthalmology	547	-3	-0.5%
Neurosurgery	229	-5	-2.2%
Obstetrics and Gynaecology	1,779	-1	-0.1%
Community Sexual and Reproductive Health	25	0	
Histopathology	492	-1	-0.2%
Chemical Pathology - Including Metabolic Medicine	70	-3	-4.3%
Diagnostic neuropathology	8	0	
Paediatric and perinatal pathology	9	0	
Forensic histopathology	2	0	
Medical Microbiology	198	0	
Medical Virology	13	0	
Clinical Radiology	1,081	16	1.5%
General Practice	8,311	209	2.5%
Public Health Medicine	421	0	
Total - Run Through Training	**16,044**	**212**	**1.3%**
Post Graduate Dental Training			
Dental Core Training	**506**	**2**	**0.4%**
Dental Specialty Training			
Dental and Maxillofacial Radiology	4	0	
Oral and Maxillofacial Pathology	7	0	
Oral Microbiology	2	0	
Oral Medicine	14	-1	-7.1%
Orthodontics	175	0	
Restorative Dentistry	44	0	
Paediatric Dentistry	39	0	
Additional Dental Specialties	14	0	
Oral Surgery	22	0	
Endodontics	12	0	
Periodontics	13	0	
Prosthodontics	9	0	
Special Care Dentistry	22	0	
Dental Public Health	22	0	
Total - Dental Specialty Training	**389**	**-1**	**-0.3%**

ANNEX 1

Education & Training Commissions for 2015/16

Post Graduate Medical & Dental Education:	Number of Training Posts	Increase / Decrease	%
Higher Specialty Training			
Infectious Diseases	77	0	
Respiratory Medicine	490	-3	-0.6%
Dermatology	171	-1	-0.6%
Neurology	217	-2	-0.9%
Cardiology	539	-2	-0.4%
Rheumatology	211	0	
Genito-urinary Medicine	131	-1	-0.8%
Clinical Pharmacology and Therapeutics	35	0	
Geriatric Medicine	617	-3	-0.5%
Medical Oncology	132	1	0.8%
Clinical Neurophysiology	32	-1	-3.1%
Renal Medicine	243	-1	-0.4%
Nuclear Medicine	19	-1	-5.3%
Endocrinology and Diabetes Mellitus	332	0	
Gastroenterology	431	0	
Audio vestibular Medicine	18	0	
Clinical Genetics	53	0	
Clinical Oncology	260	4	1.5%
Tropical Medicine	0	0	
Allergy	11	0	
Acute Internal Medicine	360	0	
Haematology	317	0	
Immunology	33	-1	-3.0%
Rehabilitation Medicine	63	0	
Sport and Exercise Medicine	43	0	
Occupational Medicine	46	0	
Palliative Medicine	160	0	
Medical Ophthalmology	9	0	
Paediatric Cardiology	41	0	
Stroke Medicine	30	0	
Sub Total - Medical Specialties Group	**5,121**	**-11**	**-0.2%**
General Surgery	1,016	-8	-0.8%
Paediatric Surgery	97	-2	
Otolaryngology	295	0	
Trauma and Orthopaedic Surgery	929	-5	-0.5%
Urology	265	-3	
Plastic Surgery	256	-4	
Cardio-thoracic surgery	123	1	0.8%
Vascular Surgery	11	9	81.8%
Oral and Maxillo-facial Surgery	138	-1	
Sub Total - Surgical Specialties Group	**3,130**	**-13**	**-0.4%**
Psychiatry of Learning Disability	95	0	0.0%
General Psychiatry	618	1	0.2%
Child and Adolescent Psychiatry	223	1	
Forensic Psychiatry	120	0	
Medical Psychotherapy	45	0	0.0%
Old Age Psychiatry	214	0	0.0%
Sub Total - Psychiatry Specialties Group	**1,315**	**2**	**0.2%**
Anaesthetics	2,130	-16	-0.8%
Intensive Care Medicine	224	16	7.1%
Emergency Medicine	634	6	0.9%
Emergency Medicine - DREEM	37	10	27.0%
Total Higher Specialty Training	**12,564**	**-6**	**0.0%**
TOTAL Medical And Dental Education	**57,273**	**280**	**0.5%**

ANNEX 2 EXTRACT FROM THE WORKFORCE PLAN (WHAT HEE IS ASKING OTHERS TO DO)

"What we need others to do

There is increasing recognition of the importance of our workforce; the Five Year Forward View makes it clear that the New Models of Care simply won't become a reality without the people to deliver them. We now need to work with our partners through the Workforce Advisory Board to encourage:

- *Employers to provide robust workforce forecasts to LETBs: these form the basic building blocks of our national plan, so the higher quality they are the better the overall plan. Every CEO needs to be engaged in this process, ensuring alignment with commissioning and provision plans and plans to implement the New Care Models, with workforce forecasts signed off by their Medical and Nursing Director*
- *Employers and commissioners to create jobs in the right settings so that the staff we train are able to realise and deliver the policy intent of Five Year Forward View, rather than perpetuate an imbalance between community and acute sectors*
- *Employer and professional bodies to work with HEE and LETBs on data sharing patients receive care from staff employed by a range of different sectors and bodies: the NHS, Social Care, the Independent and Charitable sectors. Currently, we only have access to data on staff employed in the NHS, which means we have an incomplete picture of supply*
- *Greater employer focus on retaining and investing in their current staff: It is our responsibility to commission education and training places to secure the supply of the future workforce, but it is becoming apparent that in some areas, requests for more commissions are due to a "leaky bucket" effect, whereby employers are failing to retain and develop their skilled staff. Commissioning more trainees is the most time consuming and expensive way to address shortages in supply; attracting people back to the profession is more cost-V 14 (15th Dec pm) effective, but the most effective approach of all would be to retain and develop their employees. We will work with NHS Employers and other partners to develop a more strategic and cost-effective approach to staff retention*
- *Patient groups, Royal Colleges and other stakeholders to work with us on reshaping the workforce: Although this plan is necessarily concerned with numbers, we know that more of the same simply won't deliver the transformed services that patients need. As set out in our Strategic Framework, we need a more flexible, adaptable workforce, able to work across professional boundaries and settings, so that they can provide high quality care wherever and whenever the patient is. This will require the creation and/or expansion of new roles, and active decommissioning of others, if we are to develop a workforce planning process shaped by patients' needs rather than supply.*
- *Continued support for a shared vision and aligned planning and action: The most important development this year has been the development of a shared NHS view of the future. The Five Year Forward View provides a clear service vision, and it is now our responsibility to develop an appropriate workforce to make that vision a reality."*