Royal College of Physicians

NHS workforce planning:

the case for transparency and accountability

RCP view | April 2021

Summary

The RCP has long called for the number of medical school places to be increased. There are lots of lessons we need to learn from COVID-19, and having a well-staffed NHS is one of them.

Over the past year staff have worked incredibly hard, often outside their usual area, and the NHS has done all it could. But our workforce challenges have hampered our response to COVID-19.

The new **health and care bill** expected later in 2021 is an opportunity to establish transparency and accountability on long-term workforce planning. Having the right amount of health and care staff – including doctors, nurses, medical associate professionals, allied health care professionals and those working in social care – is the only way to keep up with patient demand and improve retention.

To ensure we have sufficient workforce to meet future demand, the RCP is calling for:

1 the number of medical school places to be doubled over the next decade, with an increased focus on widening participation in medicine

2 the introduction of legal duties as part of the forthcoming health and care bill, to ensure there is transparency and accountability on whether we are training enough people, specifically

- a legal duty on a national 'designated body' to regularly publish workforce projections
- a legal duty on the secretary of state for health and social care to respond to those workforce projections with a plan for what government will do.

The workforce challenges facing the NHS

The pandemic has underlined the importance of a strong health and care workforce. Increasing the medical workforce needs to be a key lesson we learn from COVID-19.

We came into the pandemic carrying a large number of vacancies. The 2019 RCP census showed that 43% of advertised consultant posts in England and Wales were unfilled due to a lack of suitable applicants. The current consultant cohort is also ageing – taking a mean age of retirement at 62.5 years, it's expected that 35% of current consultants will retire in the next decade. There is also a growing appetite for less-than-full-time working, with around a fifth of doctors currently working less than full time. This is increasing year-on-year across genders as expectations of work/life balance change.

At the same time, clinical demand is rising. Currently, more than 1.5 million people are waiting for elective care for more than 18 weeks and over 300,000 are waiting more than 52 weeks.[1]

The Office for National Statistics (ONS) predicts that by 2040 there will be over 17 million UK residents aged 65 years and over, meaning that the cohort of people potentially requiring geriatric care will make up 24% of the total population. These are challenges that we know are coming and must prepare for now by increasing the number of people training as doctors, nurses and other health and care professionals.

> **'The starting position, of course, is that we need more people. We need more people to stay and we need more people to come into the NHS.'**
>
> **– NHS chief people officer Prerana Issar, oral evidence to the Health and Social Care Select Committee, February 2021**

[1]NHS England. *Consultant-led referral to treatment waiting times data 2020–21*. www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2020-21/ [Accessed 7 April 2021].

The case for increasing medical school places

If we do not increase the number of people in the system now, we will struggle to meet patient demand in future. It takes time to train a doctor – to feel the benefit in 5 years' time, we need to expand places now. While the RCP firmly believes the NHS must be open and welcoming to international colleagues who want to work here, we should not become overly reliant on recruiting already qualified doctors from other countries as the solution to the UK's workforce issues. We should be aiming to train more staff in the UK.

Currently there is a cap on the number of medical school places in England. In August 2020, the government lifted that cap as part of its pandemic response. We want the lifting of the cap to be maintained and a larger, ongoing increase planned for, leading to an eventual doubling of places in England over the next decade from 7,500 to 15,000 over the next decade.

Doubling the number of medical school places will cost £1.85bn annually. This is not an insignificant cost, but it is less than a third of what hospitals spent in 2019/20 on agency and bank staff. Our 2019 census found that on average, locums account for around 10% of consultants in UK hospitals, with 4% of trusts having 30–40% locums. Although locums play an important short-term role, reliance on them is not a long-term solution.

Investing in expanding the medical workforce would represent a long-term saving in locum costs and prepare for the increased patient demand we know is coming.

Expanding the medical workforce will also likely improve retention of the staff we already have. The GMC report *Caring for doctors, caring for patients*[2] sets out a triad of 'belonging, autonomy, and competence'. Feeling part of a supportive team, having the responsibility to make decisions, and feeling competent in your role are key to improving retention and workforce wellbeing.

Doctors' need for competence is most likely to be met when their workloads are not excessive and they have the time to dedicate to the clinical problem in front of them. Feeling competent is rewarding in any role, and doctors are no different. Increasing the workforce will reduce clinical workloads, in turn reducing stress and increasing job satisfaction by freeing up time to do things like research or teaching.

[2]General Medical Council. *Caring for doctors, caring for patients*. GMC, 2019.

> ‘Now more than ever, we as a profession appreciate the importance of our own physical and mental wellbeing in providing the best care for our patients. Increasing healthcare professionals within the workforce is the most important aspect to guarantee long-term sustainability of the service and ensure staff wellbeing.’

– **Dr Sonia Panchal, deputy registrar at the Royal College of Physicians**

We know that the population and its needs are changing. The workforce needs to respond to that. Some regions and specialties currently face bigger workforce shortages than others, and changing demographics are likely to result in these shortages being felt even more acutely in some areas over the coming years.

It is vital that we model the ‘type’ of workforce we need, and we should not be afraid of placing trainees where those specialties are needed. But it all begins with having more doctors in the first place: the more doctors we have, the better we can shape the workforce to address specialty and regional shortages both now and in future.

Now is the perfect time to do this: workforce shortages have hampered the NHS’s ability to provide care during the pandemic and placed additional pressure on staff, but COVID-19 has also inspired a new generation to pursue careers in the NHS.

Recommendation 1

The government should double the number of medical school places, and commit the multi-year funding required to underpin expansion at the spending review later this year.

How can we increase accountability for workforce planning?

In February this year, the government published a white paper on further integrating health and social care by making integrated care systems statutory. It proposed a number of other changes, including a legal duty on the secretary of state for health and social care to publish a report each parliament outlining workforce planning responsibilities at a national, regional and local level. Organisations involved in co-producing this report will include Health Education England and NHS England (NHSE) and possibly others.

We welcomed the secretary of state taking accountability for publishing this report, **following our 2019 call** for a national accountability framework on workforce planning. In that 2019 submission, we also said there should be a specific legal duty on the secretary of state to ensure a health and care workforce that is sufficient to meet the needs of the population.

Better long-term workforce planning is crucial to the ability of the NHS to deliver better integrated care. There needs to be greater transparency and accountability than is currently offered by the white paper proposal.

Recommendation 2

The forthcoming health and care bill should place a legal duty on a 'designated body' to publish workforce projections, and a legal duty on the secretary of state to respond to those workforce projections with a plan for what government will do.

The data used to project and meet demand for health and care services need to be made public so they can be effectively scrutinised. The RCP believes that legislation will be necessary for this, because the non-legislative approach has not resulted in regularly published data.

As long as decision making takes place out of the public domain, it will remain difficult for the health and care system to make plans for service delivery and expansion. It will also remain difficult for policymakers to assess whether we are training enough people now, and in the right roles, to meet future demand. Introducing a legal duty of this kind will ensure that we can guarantee the regular publication of workforce data, and that secretaries of state for health and social care will always have to respond to it.

How would these legal duties work?

The Migration Advisory Committee (MAC) provides a good model for how a designated body linked to the Department for Health and Social Care (DHSC) could support workforce planning. It is an arms-length body (ALB) attached to the Home Office that is responsible for recommending which occupations should be added to the shortage occupation list.

The MAC makes public independent recommendations, but it is down to a final ministerial judgment on whether the recommendations are accepted or not. We think this is a good template for how workforce planning should work with a designated body and the DHSC.

The designated body that we are calling for must have an understanding of the health and care system, and have links to both the NHS and DHSC. It could be a new body or, as was suggested in the Health and Social Care Select Committee's inquiry in March 2021, Health Education England (HEE) could be given a legal duty to publish independent estimates of long-term workforce needs at regular intervals so they can be revised and updated. The RCP supports projection data from HEE or NHSE being put in the public domain so they can be scrutinised.

> **'What you need is transparency from Health Education England and a public debate around what the judgment should be.'**
>
> **– Rt Hon Matt Hancock MP, secretary of state for health and social care, oral evidence to the Health and Social Care Select Committee, March 2021**

When the secretary of state gave evidence to that select committee inquiry, he said 'what you need is transparency from Health Education England and a public debate around what the judgment should be'. That is a model we are advocating with our call for a 'designated body'. If HEE was made the designated national body with a responsibility for publishing workforce projections, its programme of work in this area would need to be reviewed and likely expanded to ensure it was modelling the entire health workforce.

Whether the designated national body is an existing body like HEE or a new one set up for this purpose, it should undertake a population-based assessment of the NHS workforce's ability to meet patient need across the entire health and care workforce in the medium and long term. It must project demand for all types of clinicians in health and social care – doctors, nurses, medical associate professionals, allied health professions and others. It should be aligned to service plans currently underway at the national level, such as the NHS Long Term Plan, and in future should develop workforce plans at the same time as national service plans.

This mechanism – a legal duty to publish workforce projection data and a legal duty on the secretary of state to respond – will help to incentivise long-term thinking and increase transparency and accountability. Close working with the education system will also be needed, to expand the number of medical school places available for example, and workforce plans will need to be underpinned by a multi-year funding settlement.

Consideration should be given to whether once-a-parliament is a sufficient frequency for both the designated body to publish projection data and for the secretary of state to respond. Long-term thinking is vital, and so this process should take place not less than once every 3 years. This will allow time to begin to implement plans in response to the workforce projection data, while ensuring the workforce modelling is as up-to-date as possible.

What now?

The health and care bill is expected to be announced in the Queen's Speech on 11 May 2021. Once the legislation is published, the RCP will assess the bill to see whether it sets out a legal duty for a body to publish workforce projection data, with a corresponding legal duty on the secretary of state to respond to those data with a plan. We will then provide an update to RCP members on our assessment and planned next steps.

Contact us

If you would like to discuss anything set out in this statement, please contact us via **policy@rcp.ac.uk**

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