NHS Employers published *The future of the medical workforce* discussion paper in January 2007, with the aim of gathering the views of employers and stakeholders about their future vision for doctors working in the NHS in 10 to 20 years time, how current policies and drivers might affect the way they work, and how organisations might want to employ them. A workshop was held in September 2007 to explore the issues raised by employers and stakeholders in response to the discussion paper.

This paper draws from both the discussion paper responses and the stakeholder workshop to present NHS Employers’ position on the issues, identifying the next steps and areas for further discussion.

### Key points

- In the next 10 to 20 years, we expect that the way in which some NHS services are delivered will change. We need a medical workforce capable of adapting to this change.
- Employers favour a more modular approach to training that provides a range of attractive and fulfilling career pathways.
- Medical training and services should be aligned to the needs and expectations of patients.
- We need a greater understanding of the aspirations and expectations of future generations of doctors, and career pathways that attract the best candidates into the profession.
- We need an appropriate balance between service delivery and creating a supportive environment for learning.
- A multi-disciplinary approach to workforce planning, based on the needs of health service provision, is essential, with more refined tools and systematic engagement with employers.
- We believe a small planned oversupply in the medical workforce is desirable to improve quality and allow for a flexible response to changing demographics and service needs.
- Clear and transparent decisions about medical graduate numbers are needed, including whether we continue to incorporate international medical graduates into our medical training plans.
- We should quickly establish whether we will need, and can train, the increasing numbers of medical graduates expected over the next five years, ensuring they are equipped to make informed decisions about their future careers.
Background

The future of the medical workforce discussion paper outlined a range of policy and social drivers, and asked questions to provoke debate among employers on how these may affect the medical workforce of the future.

 Employers were asked to consider the impact of reconfiguration and increased plurality, how shifts in UK demographics might affect future patterns of care and the composition of the NHS workforce, and how this might impact on doctor numbers, gender balance and working lives. We asked for views on the Modernising Medical Careers (MMC) concepts, how new technology, treatments and ways of working could change healthcare delivery, and whether modern medical contracts are fit for purpose.

We received written responses from over 40 employer and stakeholder organisations and found a large degree of agreement on many of the issues raised. In a number of key areas, it was evident that further discussion was needed to clarify the position and create some clear employer direction for the future of the medical workforce in England.

NHS Employers subsequently invited representatives from the NHS, medical royal colleges, the Department of Health, a number of statutory bodies and the British Medical Association (BMA) to explore these issues at a workshop in September 2007.

Future career pathways and expectations

In future, it is likely that we will find some specialist services being delivered closer to home, local hospitals providing generalist care and more regional specialist centres or hubs. We believe these changes could require the expansion of generalist skills, the development of super-specialist teams and a new breed of patient transfer specialists, who are equipped with the skills to ensure that patients can be safely moved to a different point of care.

Career pathways will need to adapt to transformations in healthcare delivery and demographic shifts in the medical workforce itself. These pathways need to be clearly defined and responsive to service change, and provide fulfilling careers for doctors.

In this model of service it is likely, in some areas of care, that we will need more 24-hour cover from specialist doctors, changing the concept of on-call from home to a system of full-shift working. This is particularly likely in specialties such as neurology, cardiology, vascular surgery, paediatrics and obstetrics. For other services, advances in technology will enable more cover to be provided remotely, perhaps over a larger geographic area or across a number of healthcare facilities.

GPs are likely to continue as the ‘gatekeepers’ to specialist services, although the effects of increased patient choice and the roll-out of practice-based commissioning will undoubtedly influence how this role is fulfilled. They will also increasingly act as the providers of these services, with hospital-based specialist colleagues providing support and training, along with other members of the multi-disciplinary team.

Employers expect more hospital-trained specialists and
other healthcare professionals to be co-located with GPs, and improved quality control of specialist training for GPs to reduce the need for some specialist referral.

The new generation of medical students and doctors in training favour a more flexible career and better work-life balance. With these preferences needs to come an understanding that, given the greater competition for training opportunities and a range of healthcare suppliers delivering NHS services, there are no guarantees of becoming a consultant or GP principal.

A career ladder approach should be explored, which would allow doctors to step in and out of training, research, academia and service roles, take career breaks or spend more time on the management of clinical services. This approach could result in the development of a whole range of roles from foundation programme trainee to senior consultant levels, each with a defined range of competencies and capabilities.

In order to fully define career pathways and roles that will be both fulfilling for the doctor and meet the needs of the service, it is widely accepted that we need to understand more about the aspirations of the doctors who will make up the bulk of our trained workforce over the next 20 years. At the same time we need to be clear about the opportunities that will be available to them.

**Action** – NHS Employers will explore these options with a range of stakeholders, including medical students, foundation trainees and employers from across all healthcare sectors. This should include collaboration with NHS Careers ‘Step into the NHS’ programme aimed at 16-19-year-olds.

**Training models**

With changing demographics, higher expectations and new demands on health services, a more flexible approach to training is required. The current training curricula and the MMC system provide a linear training pathway that is determined very early in a doctor’s career. The concept of trainees ‘laddering’ across from one specialty training programme to another appears to have been lost amid the complexity of MMC. Most employers and stakeholders agree that this is not ideal, either for the service or the doctor.

A modular approach to training should be explored, in which all doctors benefit from core medical, mental health, research and surgical modules across a range of settings, before moving into training in more specialist areas. This could provide the core levels of competence doctors need to deliver good quality and safe generalist care in both primary care and hospital settings, and the skills required to embark on a research or academic career.

Much of the future for medical training will depend on the outcomes of the Tooke Inquiry into MMC. Employers are clear that training curricula must be fit for purpose, should meet the medium- to long-term needs of the service and should be delivered in both community and acute settings. Flexibility in the curricula, together with achieving the right balance between service and training,
are key to ensuring we can continue to meet the needs of patients with a capable medical workforce that can be readily equipped with new skills as the need arises.

**Action** – NHS Employers Medical Workforce Forum will discuss the implications of the Tooke Report and propose the next steps.

### The future role of the specialist

Current consultants and GPs have seen huge changes in their professional lifetime and have had to master new techniques and skills, especially in surgery. This is part of a general trend in medicine.

The future role for specialists holding certificates of completion of training (CCT) may differ from that of today. Not all trained doctors will want to take on the teaching and managerial aspects involved in a consultant position, just as consultant and GP principal opportunities may not be available for all trained doctors. What is clear is that we need to value doctors’ clinical skills and contribution, irrespective of grade.

With shorter training pathways and less emphasis on experiential learning, the CCT holder of the future will not be the same as the CCT holder of the past. Trained doctors will be competent doctors, but it will need to be recognised that they may not possess the same degree of clinical expertise expected of a clinically autonomous consultant.

There is a general acceptance that the traditional role of non-consultant level medical staff, with the exception of doctors in training, is changing. Where they were once seen, often inaccurately, as doctors who were not able to become a consultant or GP principal, they are now increasingly valued as doctors whose clinical expertise and input is essential in a modern healthcare system.

A more flexible career ladder should provide opportunities for doctors to practise effectively within clear limits of competence and capability, with supervision based on the level of training successfully completed. This should apply both before and after achieving a CCT.

**Action** – NHS Employers will explore the implications with employers, deans, medical students and doctors in training, to develop a greater congruency between career expectations and career opportunities. We need to determine the future demand for accredited doctors below the level of CCT, and develop attractive career pathways for this group.

### Balance between education and service

Medical training needs to be adequately resourced and its value recognised at all levels of the NHS.

With today’s NHS striving to deliver service requirements, some feel that the creation of a supportive environment where learning is valued has been compromised. As the numbers of graduates leaving medical school increases, this balance needs to be redressed or we will not produce a trained
Workforce planning and commissioning

There is widespread acknowledgement that medical workforce planning needs to be improved. More refined multi-disciplinary models are necessary, together with better links between those planning future workforce requirements (including the independent sector) and those commissioning education and training. In particular, clearer methods for assessing demand must be developed.

The Department of Health is currently working with stakeholders to provide more refined planning tools and facilitate the sharing of information.

The number of medical students in England is increasing, with 6,300 graduates entering medical school in 2005, compared with 3,700 in 1997.

Employers believe a modest oversupply of doctors is required to provide flexibility and improve quality by giving some choice in selection. However, a large oversupply does not represent good value for taxpayers. Equally, it is not advisable to plan numbers too tightly or we may find ourselves with a shortage of trained doctors in the future, as a small reduction in participation rates could have a significant effect on capacity.

With the promise of more care being delivered by trained doctors, generalists will increasingly be needed to work at the local hospital or ‘urgent care’ level. More acute physicians and trained anaesthetists are likely to be required in the emerging field of transport medicine, as patients are transferred more routinely to specialist centres. It is likely that numbers of specialists in these centres will remain fairly static overall, but may be concentrated into a smaller number of units covering larger geographic areas.

We do not feel that a large increase in full-time equivalent numbers of GPs is warranted because the model of primary care is beginning to encompass wider roles for hospital specialists and other members of the healthcare team. The same is mostly true in mental health, where consultants expect to take more of a clinical management role, with much...
of the treatment delivered by non-medical staff.

The exception is paediatric care. Most employers agree that an increase in paediatric generalists, at the primary care and local hospital level, and more specialist paediatric surgeons are needed, in addition to improved GP training in this field.

Urgent work is needed to determine whether the graduate numbers coming through medical school now reflect the level of trained specialists that will be needed in ten years time, and if this matches the capacity to train them.

If this is not the case, we either need to be honest with these students now about their career expectations, or look for ways in which we can increase our training capacity across all sectors. Clear and transparent decisions need to be made as to whether we strive for UK medical self-sufficiency in developing doctors for the future, or we continue to include international medical graduates in our medical training plans. The first is not a position that carries full support from employers or many stakeholders, while the latter would demand that we act now to reduce student numbers in UK medical schools.

**Action** – NHS Employers will work with the Department of Health, SHAs and the Workforce Review Team to secure more systematic employer engagement across all sectors in workforce planning. NHS Employers and deaneries will support medical students and trainees in making informed choices about their future careers, based on where future career opportunities are predicted to emerge, both geographically and by specialty.

Clinical procedures are becoming more sophisticated and specialties becoming narrower in focus. There is a view that the drive to acquire competence in shorter working hours is overtaking the value of experiential learning. At the same time, patients are increasingly presenting more complex problems, requiring a more holistic approach to care. More of a balance is needed between training to achieve competencies and developing capable doctors, who can adapt to situations, react quickly and safely and instil confidence in the patients under their care.

**Patient safety and the patient experience**

Current training and service trends focus heavily on activity and throughput. However, the provision of good quality care is not only about treating high volumes of patients in a timely manner. It is about delivering patient safety and a good patient experience. If doctors are not working safely or meeting the expectations and needs of the patient, the service will fail.

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**Action** – The NHS Employers Medical Workforce Forum will convene a sub-group to define:

- a clear employer view in this area and to feed into the longer-term review of the NHS led by Lord Darzi
- work with stakeholders to develop effective patient outcome measures for use when determining quality of care.
Employment models and contracts

Employers believe that the NHS will continue to remain the predominant employer in healthcare and do not envisage the need to renegotiate or make wholesale changes to the contracts we currently have.

There is a need for the Staff and Associate Specialists (SAS) contract to be implemented as it will become a key tool for creating attractive and rewarding careers for doctors who do not become CCT holders in the NHS.

Over time, more local flexibility may be required in pay, pension arrangements and contracts, to facilitate collaboration between trusts and, increasingly, providers in other sectors. We need to ensure we maintain a system that is fit for purpose, fairly rewards experience and non-clinical roles, supports a more flexible workforce and can adapt to changes in the political and policy arena. We expect that such adjustments will happen incrementally and we should avoid a big bang approach to change.

As part of a career ladder approach to employment and training, it is possible that the NHS will seek to employ CCT holders in a different role to that of consultant. Such a role could provide an alternative career pathway for trained doctors not wishing to seek consultant posts and ensure that patients are being treated by trained doctors. If this becomes commonplace, there may be a need to explore new contractual arrangements for this role.

We do, however, believe that employers can be making more effective use of the tools already at their disposal. Employers need to share good practice in implementing the consultant contract, to understand more about the flexibilities it already offers and to realise the benefits it was designed to deliver for patients, doctors and employers. The same will be true for the SAS contract and for the commissioners of GPs.

Next steps

NHS Employers will continue to facilitate discussions with employers, policy makers and stakeholders about the future for the medical workforce in the NHS. The actions identified throughout this paper form the next steps for the issues we have identified as needing further exploration and thought.

If you wish to be a part of this ongoing work, or would like further information please email medicalworkforce@nhsemployers.org

Action

NHS Employers will call again for the implementation of the SAS contract and drive the development and sharing of good practice in all contract implementation.

Further information

A summary of responses received to The future of the medical workforce discussion paper is available on our website at www.nhsemployers.org/medicalworkforce
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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work.

The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.