

**From the Vice President (Clinical)  
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Workforce Strategy Consultation Response  
The Communications Team  
Health Education England  
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## **Re: Health Education England Consultation: Facing the Facts, Shaping the Future**

We welcome the opportunity to respond to the consultation on the NHS workforce issued by Health Education England (HEE). Our response has been informed by engagement with experts within our prestigious Fellowship.

The Academy of Medical Sciences recognises the value of a new health and care workforce strategy and welcomes a forward-looking perspective to enable the NHS to meet future demands. To support HEE in achieving a robust workforce, we would like to highlight some areas for consideration.

The six principles of the draft strategy represent a well-considered approach to tackle workforce challenges over the next 10 years, however, it is clear that many of these proposed initiatives will take considerable time to come to fruition. This lag in effecting change may be further compounded by potential changes in the NHS staffing landscape over the next five years following the UK's withdrawal from the European Union. Any increase in pressures on existing NHS staff may also result in further challenges in retention.

To support the success of the six principles, adequate investment into both the health/social care settings and Higher Education Institutions is needed to facilitate cross-sector working. Current obstacles to cross-sector working include:

- Distinct recruitment and employment procedures within each organisation. To overcome this, we would welcome the introduction of mechanisms to enable mobility between the sectors without an increased administrative burden.
- The lack of cross-cutting generic training. To equip the future workforce, part of the investment required is in providing easily accessible, cross-cutting generic training suitable for a multi professional audience in areas such as: leadership, communication and approaches to implementation. Indeed, the Academy's recent report '[Improving the health of the public in 2040](#)' highlighted the need for a more collaborative workforce through a reconfiguration of training.

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- Provision of training for specific future needs. A further major training need is the provision of data skills to harness the rapid advance in technologies such as genomics, artificial intelligence and robotics which will likely form a key part of the future NHS. The outcomes of the technology review being chaired by Dr Eric Topol will likely support the NHS to identify the most pertinent areas.

With the implementation of technologies into routine NHS practice, the principle to develop a flexible and adaptable workforce, with a blending of responsibilities between roles, should be developed with care. It is important to ensure that the public understands the qualifications of the professional team treating them and that the public's confidence in our workforce is maintained.

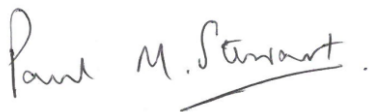
The desire to move towards a sustained domestic supply of workforce is apparent, however, building capacity is not an immediate possibility. The ability to flex the number of Medical School places to align with NHS workforce planning may seem attractive, however, more frequent changes in student numbers will be more challenging for Medical Schools to ensure high quality facilities and training opportunities. The impact on Medical Schools should be considered when making changes to training places, whilst in the short term, we must continue to recruit from overseas.

There is concern that planning from the Department of Health has not made provision for Foundation Year 1 (F1) posts for overseas students. Without this provision, there is no guarantee that overseas students will be able to practice medicine in the UK, thus preventing UK Medical Schools from recruiting these students onto their programmes. Considering the implications for both UK plc and the quality of our training programmes and workforce, our position echoes that of the Medical Schools Council and we urge you to revisit this issue.

Finally, we would like to take this opportunity to highlight the value of clinical academics to the NHS. Representing 3-4% of medical trainees, these individuals deliver front line care, often in highly specialised areas, and also play a critical role in generating the evidence for new treatments and improved patient management for a wide range of medical conditions. Ensuring that appropriate flexible working can be adopted by clinical academics in any new models will be essential, as recruitment into academic medicine must be encouraged for the NHS to thrive.

I would be delighted to further expand on the above, if helpful.

Yours sincerely,



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