

Dr Sarah Wollaston MP
Chair - Health Select Committee

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Dear Sarah,

Following our meeting earlier in January I agreed to write to you to update you on the progress of several workforce related issues.

Regulation of Healthcare Professions

HEE has identified seven existing and new unregulated healthcare roles, four of which are within the medical associate professions, whose scope of practice and deployment in a changing service landscape may carry a degree of risk to patient safety that should be mitigated through statutory regulation.

The Secretary of State is considering whether regulation is required for the four medical associate professions (Physician Associates; Physician Assistant (Anaesthesia); Surgical Care Practitioner and Advanced Critical Care Practitioner).

In his speech of the 30th November the Secretary of State said:

“There is a real appetite for Physician Associate roles in the NHS and with this comes the issue of regulation of such groups. I am therefore keen to consider this in earnest

and will be consulting on the issue early next year to establish whether, as happens in other countries where the role exists, Physician Associates should be regulated.”

HEE is undertaking work with the respective Royal Colleges to collate evidence to inform development of the DH public consultation announced in the Secretary of State’s speech in November.

While I would not want to prejudge the outcome of this work and the Government’s position, I personally believe that the extended scope of practice enabled by regulation would hugely increase the value of these roles to the NHS.

Accreditation of Prior Learning for NA courses

As part of the development of the Nursing Associate courses and their evaluation HEE will be considering the extent to which prior learning and experience can be accredited on these courses. As the courses will be about learning, and demonstrating, competence in a variety of clinical situations there is a strong case to be made for ensuring that the prior learning of existing Health Care Assistants (HCAs) and other Associate Practitioners is taken into account and ensure that they do not need to undertake the course over two years.

For illustration, and without wanting to pre-judge the evaluation of the courses, experienced HCAs might in future expect to complete the two year course in around 18 months. Given that completing the courses is related to demonstrating competencies rather than a specific length of time it would be very reasonable to presume that other Associate Practitioners could see greater reductions, in the length of the course where their scope of practice overlaps with that of a Nursing Associate – and HEE will be assessing how best to implement this APEL during the training.

Medical Specialty Fill rates

Regarding progress to improving recruitment to specialty training, copied below in table 1 are the final 2016 fill rates. There are currently more training opportunities at CT1/ST2 than there are applicants, even taking into account around 1,000 overseas applicants each year,

meaning there is around 500 unfilled training places each year. This fundamental restriction meaning that increases in the number of trainees encouraged to apply for any specialty training will mean reductions in applications to another.

As you know the government recently announced an increase in the number of domestic medical students which will be trained in England, this move will- in the longer term - help fill currently vacant training places as well reduce our current dependency on trainees from overseas. It is in this context HEE has been working to ensure that the NHS in England has the right number of consultants in each specialty in the future, in my view the three specialties in which HEE has made excellent progress in improving recruitment figures are General Practice, Emergency Medicine, and Psychiatry.

Psychiatry

Mental Health services in England have for too long been considered the poor cousin to services related to physical health. This is beginning to change, rightly, and HEE has been at the forefront of this work, we will soon publish the Mental Health Workforce Strategy – of which a part will be continuing our work to grow the number of medical trainees electing to specialise in psychiatry.

In 2016 HEE has recorded the highest number of trainees entering Psychiatry specialty training since our establishment. This is on the back of several years of working closely with the Royal College of Psychiatrists (RCPsyc) through the Psychiatry Taskforce. Part of this work has been to improve the exposure of medical trainees to mental health settings – with 45% of trainees now undertaking a placement in a mental health setting. In addition we are supporting the RCPsyc in their campaign to promote psychiatry as a career to students before and during medical school.

Emergency Medicine

As you know, in 2013 HEE introduced a range of measures to improve the attractiveness of Emergency Medicine to medical trainees. There are several training pathways which lead to a 'Certificate of Completion of Training' (CCT) in Emergency Medicine (EM), the main

specialty deployed in Accident and Emergency settings. Until 2012 the route was to train in Acute Care Common Stem themed EM for (notionally) three years (CT1 to 3) and then compete for a higher EM training post (ST4 to 6). Historically ACCS filled well, but higher posts filled poorly.

In order to address poor fill and increase the supply of both trainees to provide service and CCT holders available to fill Consultant posts two additional routes were added:

- 'direct entry' to ST3 from a variety of training routes;
- 'run-through' training. This enables those who opt for this to start at ST1 and continue their training to ST6 without competition.

The latter option was introduced in 2014 and has been very popular. It was offered to all those at CT1,2 and 3 from 2014 onwards and the majority took this option. This has increased fill of ST4 posts in 2015 and 2016 and effectively eradicated historic under fill at ST4+ to 6.

In addition, since 2013 HEE has run an expanded intake of Acute Core Common Stem Emergency Medicine, to "pump-prime" the consultant population which will emerge from these new training schemes from 2020 onwards. While HEE was funded to run this for three years (2013-2016) in recognition of the current stresses on the Emergency Medicine system HEE is running an expanded intake again in 2017

The number of CCT holders is growing and will continue to do so. Levels of historic growth in Consultant numbers are sustainable by forecast CCT output from the existing pipeline for the next few years and are likely to continue beyond that. If the introduction in 2014 of the run through option results in increased CCT output from 2020 onwards (which early signs indicate it will), growth of available supply of CCT holders will accelerate.

General Practice

While Health Education England has recorded highest ever recruitment into GP Specialty Training We know there continues to be a need to improve the number of medical school graduates wanting to join general practice, We know that there is a strong correlation between quality training placements in general practice and working in general practice. The

“raising the profile of the GP career in medical schools” working group, chaired by Professor Valerie Wass OBE, published 'By Choice Not By Chance' at the beginning of November 2016. The recommendations in the report aim to improve the medical school experience of general practice through greater exposure to the diverse and exciting reality of general practice. Graduates will be encouraged to make a positive choice into general practice as a career.

'There's nothing general about general practice' GP trainee marketing campaign is now in its second year. This campaign is to raise awareness, inspire and inform young medics to think about a career in general practice as they make their decision about which speciality training to apply for. Evidence has shown that some applicants in previous rounds cited the campaign as having a positive influence.

To achieve an increased uptake of GP Specialty training and grow the future workforce Health Education England have implemented a range of improvements to increase the flexibility of the GP recruitment processes and enable maximum recruitment into GP speciality training.

In addition, through Targeted Enhanced Recruitment Scheme (TERS) which is implemented by Health Education England, NHS England is offering a salary supplement of £20,000 to attract GP trainees to work in areas of the country where GP training places have been unfilled for a number of years. 105 out of 122 places have for the first time in many years now secured trainees and I have placed the final figures into table 2 below. We have also supported with additional funding a pilot in Lincolnshire to attract doctors from overseas into general practice. This will inform a more extensive recruitment of overseas doctors in 2017 into the most challenged parts of the country.

The impact of 'Brexit' on the health and care workforce

Regarding the impact of the United Kingdom leaving the European Union, as you rightly noted, the NHS in England currently has a large contingent of health care professionals from the EU (57,604 at the end of March 2016). We discussed several pieces of anecdotal

evidence of increased difficulties in recruiting staff from the EU which have emerged since the vote in June – which have also been brought to my attention. However, HEE does not have evidence to suggest this is impacting our recruitment to training at present. You will have seen from our joint evidence to your Committee that proportionately more doctors come from the EU than for other large clinical groups, such as nurses. So it is significant that the first round of Specialty Recruitment in 2017 (run between November and December 2016) produced very similar numbers of applicants to previous years, and EU doctors continued to make up around one in six applicants.

However, HEE is not complacent in this matter given the contributions that EU nationals make to the delivery of services in our NHS – and we continue to monitor the situation closely as the negotiations unfold. Given the level of uncertainty involved in the final position related to freedom of movement, and any new migration controls which might replace these freedoms – and how these might apply to skilled and unskilled workers in the NHS, it will continue to be difficult to quantify any potential impact of any potential changes to applications to training and overseas recruitment of professionals until the details of a negotiated settlement are clear, and indeed we may not see until any impact until any changes come into force.

Best wishes,

Professor Ian Cumming OBE
Chief Executive

Table 1. 2016 Specialty Fill rates

Specialty and Level	2016		
	Posts	Accepts	Fill Rate %
Core Psychiatry Training	425	343	80.71%
General Practice	3250	3019	92.89%
Paediatrics	379	352	92.88%
ACCS Acute Medicine/Core Medical Training	1375	1309	95.20%
Histopathology	79	78	98.73%
Acute Care Common Stem - Emergency Medicine	321	317	98.75%
Obstetrics and Gynaecology	230	228	99.13%
ACCS Anaesthetics/Core Anaesthetics	487	483	99.18%
Core Surgical Training	507	506	99.80%
Cardiothoracic surgery	5	5	100.00%
Clinical Radiology	212	212	100.00%
Community Sexual and Reproductive Health	5	5	100.00%
Neurosurgery	23	23	100.00%
Ophthalmology	61	61	100.00%
Oral and Maxillo-facial Surgery	3	3	100.00%
Public Health Medicine	57	57	100.00%
TOTAL	7419	6673	89.94%

Table 2. TERS Fill rates 2016
NHS England Funded Scheme

Programme	Posts Advertised	Offer Accepted	Fill Rate
HE Wessex - Isle of Wight	10	10	100.00%
HE North West - Blackpool	18	18	100.00%
HE North East - East Cumbria	12	12	100.00%
HE East Midlands - Lincolnshire	37	36	97.30%
HE North West - South Cumbria	12	10	83.33%
HE North East - West Lakes	12	8	66.67%
HE Yorkshire and the Humber - Northern Lincolnshire	21	11	52.38%
Total	122	105	86.07%