

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport



Llywodraeth Cymru
Welsh Government

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Dai Lloyd AM
Health, Social Care and Sport Committee Chair
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

1 March 2017

Dear Dai,

Health, Social Care and Sport Committee – Medical Recruitment Inquiry oral evidence session

Thank you for your invitation to attend committee on 15 March 2017 to participate in your general scrutiny session about medical recruitment.

As requested, I enclose a written evidence paper in advance of my attendance at the Inquiry.

Yours sincerely,

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Health, Social Care and Sport Committee: Inquiry into Medical Recruitment

Wednesday, 15 March 2017

09.30 – 11.00

Written Evidence Paper

We know that the NHS in Wales will continue to face increasing demands arising from a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations. We have, therefore, prioritised investment in the NHS in Wales and much of our additional investment has been used by the Health Boards and Trusts to expand the wider NHS workforce.

This inquiry focuses on medical recruitment but it is, however, important to remember that the medical workforce cannot deliver the best care to patients without a wider team of other staff also providing treatment, care and support in line with the principles of prudent healthcare. This evidence must be considered in the wider context of the whole workforce, as the development of the NHS in Wales for the future, will be to shift the focus towards the most effective models of care delivered by multidisciplinary teams working flexibly and meeting patients needs closer to home.

The workforce has shown significant growth between 2009 and 2015 (the last available Welsh Government statistics) and within these overall numbers the medical and dental workforce has also seen consistent annual growth. NHS Wales management information indicates this growth continued during 2016 (up to November 2016).

The challenge of change in the NHS is complex as we need to meet the needs of the current service whilst redesigning and reconfiguring to meet the demands of the future in financially challenging circumstances. It is widely recognised that to develop a sustainable and effective NHS fit for the future, we will need to focus on developing the skills and workforce mix required for multidisciplinary teams to deliver the NHS service of the future rather than a simple focus on the number of people working in the medical workforce.

Committee line of inquiry 1 - The capacity of the medical workforce to meet future population needs in the context of changes to the delivery of services and the development of new models of care

Changing roles of the medical workforce

Doctors of the future will have to work in a number of different ways from the doctors of today. In particular, we will need more doctors to work as generalists across hospital and community boundaries. This need was highlighted in the 'Shape of

Training' review commissioned by the GMC and published in 2013. Such doctors will need to work in the community as society increasingly understands that hospitals are not an environment well suited to the needs of the elderly, and new models of care maintaining people in their home are developed.

We will also need doctors to work comfortably in strong multidisciplinary teams with increasing lay involvement. We also recognise the need for a co-productive relationship with greater power invested in individuals and communities, enabling a greater non-professional component to the provision of care and a less medical response to the wider social problems that people bring to primary care attention.

More doctors will need to be trained in the principles of geriatric care because of the changing needs of an ageing population with chronic conditions and the benefits of staying at home rather than care and treatment provided in other settings.

We will still need specialist doctors, usually based in larger hospitals, but most often with a continuing expertise in general medicine or surgery. A small number of acute conditions are better managed in larger specialised hospitals, but doctors will need to retain a wider awareness to avoid multiple referrals between specialists each with a narrow focus. The Royal College of Surgeons has recently agreed, in collaboration with the UK Shape of Training Steering Group, to oversee training pilots of a programme that leaves all surgeons with the ability to undertake general acute surgery. Other Royal Colleges are developing similar programmes that retain a generalist element to training throughout so general skills are preserved and can be used as consultants.

Rapid advances in genetic diagnosis and personalised treatments for cancer and other genetic conditions have the clear potential to revolutionise medical practice in many areas and will likely require many more doctors and other health professionals to be trained in clinical genetics and genomics.

Medical training programmes will also need to emphasise the increasingly important but wider aspects of medical professionalism, and cover subjects such as co-production and shared decision making, green and social prescribing, leadership and health economics.

10-year plan for the medical workforce

We are committed to the development of a 10-year plan for the NHS workforce which will be aligned to the Parliamentary review of Health and Social Care. The plan will put in place a clear vision and set out the priority areas of work – for the Welsh Government, NHS Wales and other partners – which need to be addressed so that we can prepare for the forthcoming challenges that the NHS in Wales faces. This cannot simply be a top down process and we are working with employers and stakeholders to consider the current and future shape of the workforce as we develop the plan.

A major component part of the 10-year plan will, of course, be the medical workforce plan. NHS Wales was commissioned to develop a medical workforce strategy that will form part of the 10-year plan, but also to take forward urgent action required now as the plan continues to develop. The need to develop such a strategic approach recognised that:

- Medical workforce is critical to leading clinical decisions and how NHS resources are deployed;
- It is essential to understand the risks and opportunities facing the medical workforce in order to be clear about how the rest of the workforce fits together;
- Linked to the above, NHS Wales needs to be clear about the opportunities to develop new workforce models of delivery; and,
- Wales needs a sustainable medical workforce.

In developing the vision, there is a need to understand the implications of the Wales policy strategic direction, UK landscape e.g. education, pay, structure of medical workforce, primary care etc. The development of the strategy was therefore informed by three engagement events that took place in North, West and South Wales. These events comprised a wide range of participants including representatives from NHS Wales' organisations, Welsh Government, BMA, primary care, universities, and the Wales Deanery.

Following collation of the feedback from the events and other written information "Together We Care – A framework for the development of the medical workforce in Wales" has been developed which comprises eight key themes. Each theme identifies key enablers ("aims into action") for the short, medium and long-term delivery. The "Transformed and sustainable workforce" theme includes both recruitment and retention and reinforces the importance of whole system workforce planning.

The framework is now at final draft stage.

Medical workforce planning

Planning the current medical workforce is a challenging process because of the complexity of the workforce, the long lead time to complete training, and the balance between maintaining current levels of service whilst developing new models.

We are training doctors to be future consultants and GPs, however, doctors in training also provide significant contribution to service delivery. Medical workforce supply needs to be considered at every level - undergraduate medical students, foundation training, core training and specialty training. Current, supply gaps are met with non-training posts (SAS workforce).

In Wales, supply and demand modelling has been undertaken for all specialties with 20 or more FTE. It is essential to understand cross border flow between Wales and other UK countries to develop effective models.

The 2016/17 planning round developed recommendations regarding the medical workforce which were made to the Welsh Government on behalf of NHS Wales CEOs. These recommendations were approved for the 2017/18 intake of post-graduate doctors in the following specialties: General Pathology; Clinical Radiology; Geriatric Medicine; Emergency Medicine - higher posts; Acute Care Common Stem; Intensive Care Medicine; and, Paediatric Pathology.

Work for this year includes a review of Psychiatry in addition to a number of other specialties as proposed by the All Wales Strategic Medical Workforce Group (a multi stakeholder group including representatives from NHS Wales, Welsh Government, the Wales Deanery, and the BMA).

In terms of the interim training place planning process, I confirmed that the process used to identify the NHS training places for 2018/19 onwards should aim to bring together the planning for medical, dental and non-medical training places into one streamlined process.

In this regard, it is important to ensure that medical workforce planning and commissioning is closely aligned to planning for the wider health professional and support workforce. This is a major factor in the decision to create a single body for workforce planning and education commissioning – Health Education Wales. Health Education Wales will provide us with a real opportunity to approach workforce issues on the basis of a more integrated and collaborative approach across professions. The establishment of this new body will enable workforce planning to start to reflect the future need for a workforce balanced move towards the more multidisciplinary focus of the future needs of the NHS in Wales.

Committee line of inquiry 2 - The implications of Brexit for the medical workforce

The Welsh Government has set out its position in relation to exit from the EU in its White Paper 'Brexit: Securing Wales' Future'.

The impact of the exit from the EU on the medical workforce will depend on the outcome of the EU withdrawal negotiation and so is difficult to predict. However, there is anecdotal evidence, and strong views for the BMA, that the current uncertainty is leading doctors from the EU to consider leaving the UK NHS.

Our priority is to ensure the Welsh NHS has the right medical workforce it needs for the long term. We want more students from Wales and across the UK to successfully pursue a career in our NHS but we are also clear that the NHS has a rich history of welcoming staff who were born or trained both in and outside the EU.

We are clear that as we recruit, retain and develop our workforce, we will not discriminate against those born or trained elsewhere but welcome them as the valued asset to our NHS workforce and wider communities that they have always proved to be.

It is essential we remain outward looking, internationalist and pro-business, and our commitment to fairness and opportunity for all is undiminished in the period leading up to the exit from the EU and beyond.

In the meantime, we are working with NHS employers and other stakeholders to ensure that we consider the range of possible impacts of leaving the EU, including recruitment and retention and issues around regulation, and are well placed to mitigate any potential impacts as they emerge.

Committee line of inquiry 3 - The factors that influence the recruitment and retention of doctors, including any particular issues in certain specialties or geographical areas

Wales has the same profile of specialty shortages as the rest of the UK, but experiences additional geographical difficulties, particularly in the north and west. Wales is reliant to a degree upon the UK-wide market for doctors, particularly from England, as well as from overseas recruitment.

We continue to invest in education and training opportunities for a wide range of healthcare professionals. On 20 February, I announced a £95m package to support a range of education and training programs for healthcare professionals. This is on top of the nearly £1m additional investment in medical training places agreed last year to address a number of priorities identified through the new medical training planning process. By investing in a wide range of professions, it is possible to support and sustain changes to models of care which assists in the policy aim to enable individuals to be treated as close to home as possible.

As recruitment progresses to medical training places, I have made it clear that I will want to be as flexible as possible where there are more applications than places available in areas where we experience difficulties recruiting.

We are exploring recruitment and retention issues in specific specialties and location. As part of the recruitment campaign, I announced an incentive scheme for GP Trainees in hard to recruit areas. Trainees who take up a training place in a specified area will be eligible for a payment of up to £20,000. From August 2017, this

scheme will begin in training areas within Betsi Cadwaladr and Hywel Dda university health boards.

Committee line of inquiry 4 - The development and delivery of medical recruitment campaigns, including the extent to which relevant stakeholders are involved, and learning from previous campaigns and good practice elsewhere

Consultants, GP, nursing and overall staff numbers in the NHS are at the highest levels for over 10 years. However, there are challenges in recruiting doctors at a time when other countries also face shortages in particular medical specialties. This is why we launched a national and international campaign to market Wales and NHS Wales as an attractive place for doctors, including GPs, to train, work and live. The campaign is using the Wales brand with the overall strapline of: This is Wales - Train, Work, Live.

We have worked with the Royal College of GPs in Wales, the BMA, the Wales Deanery and health boards in developing the first phase of the campaign. Accountability lies with the Ministerial Taskforce on Primary Care which comprises of key stakeholders.

The launch of the campaign has generated significant interest from qualified doctors and GPs to medical students. Since the launch, our marketing campaign has been running well and is actively promoting Wales as a great place to train, work and live using press advertising, digital advertising and social media. This has extended the reach of the campaign to wider audiences, both nationally and internationally, and has proved to be successful in reaching our target audiences.

Key elements of the marketing campaign include:

- Rebranding of the medical careers website (which has so far received over 48,000 visits compared to 6,000 the same time last year);
- Produced medical careers brochure as well as a short film for use at health fairs and events – all highlighting the benefits of training, working and living in Wales;
- National and international press advertising and articles have been running to promote the campaign using case studies aligned to training and recruitment application windows to maximise impact;
- The digital advertising has been particularly successful in reaching India and Canada (over 1.8m impressions/views) with high numbers of people who have wanted more information as a result of the campaign. There have been over 86,000 engagements (likes, comments, shares, retweets, favourites) with our content on Facebook and Twitter. Our video content was also viewed over 70,000 times. A single point of contact (SPoC) is in place to support the

campaign, hosted by the NHS Wales Shared Services Partnership (NWSSP) Shared Services. Its role is to support GPs and other medical professionals who want to work in Wales and offers a single, easily accessible source of information on medical careers and general practice. The SPoC disseminates expressions of interest to relevant Health Board leads as appropriate.

Furthermore, as part of the campaign, the Welsh Government announced two incentive schemes that will specifically apply to GP training places. Early indications are that there has been a positive impact on the number of applications received for GP training particularly in areas which have a five-year history of lower than average fill rates.

A medical champions' network has also been set up covering medical specialities across secondary and primary care. A number of champions have participated in case studies focusing on their personal experience acting on referrals from SPoC, to promote Wales for medical professionals who are considering re-locating and would like to discuss what training and working in Wales is like.

Phase one targeting medical professionals is an ongoing phase and will continue throughout 2017 with NHS Wales again exhibiting at BMJ Fair in October as well as supporting Health Boards and the Deanery with their local marketing campaigns.

To help inform our decisions for whom to target in the next phase of the campaign, we undertook a series of activities over the autumn of 2016, including engagement workshops with professional leads, written feedback from other professions and feedback from primary care clusters. The output from the collective engagement has highlighted the nursing family as the next priority profession for phase two of the campaign. Work is underway to develop an 'offer' describing the benefits of training and working in both primary and secondary care as a nurse in Wales. This phase will be launched in early May followed by our national presence at the RCN Congress in Liverpool. Phase three will target priority groups within the allied health professionals in late summer /early autumn.

Committee line of inquiry 5 - The extent to which recruitment processes/practices are joined-up, deliver value for money and ensure a sustainable medical workforce

The management of medical recruitment is the responsibility of the Welsh Deanery and the Health Boards/Trusts. However, it was recognised by the NHS in Wales that a safe and effective recruitment process provides opportunity for improved value for money and provides a better experience for those wishing to work within the NHS in Wales.

NWSSP developed a Standard Operating Process (SOP) to manage the recruitment process for non-medical posts within NHS Wales. The SOP was developed to reflect

the requirements of the NHS Employment Check standards whilst also reflecting the requirements of NHS Wales. Medical recruitment undertaken by the Health Board/Trusts and the Welsh Deanery mirrors the (SOP) so that the streamlined process is now used across Wales.

The recruitment process continues to be reviewed as part of service modernisation and improvement work to ensure that any opportunities for improvement are implemented.

Procurement of an online interactive Recruitment system

NWSSP has also procured a recruitment process management system (Trac) that is utilised for all NHS Wales recruitment including medical recruitment by the Health Board/Trusts. This system manages all the elements of the recruitment process and has been developed to actively facilitate faster recruitment. It also provides a transparent platform for real time management of recruitment activity that is visible to all NHS Wales organisations.

Pre-employment appointments

Trac facilitates an online booking system for candidates to self book suitable pre employment check appointments across multiple sites within Wales. Health Board/Trusts undertake medical pre-employment checks in line with the Safer Recruitment framework and the SOP.

Centralised Management of Certificates of Sponsorship

Following discussions with the Home Office, NWSSP is now responsible for issuing a Certificate of Sponsorship (CoS) to medical and dental trainees requiring Tier 2 sponsorship, on behalf of the trainees' current employer, since October 2016.

It is anticipated that this arrangement will be more attractive to medical trainees as it minimises the administrative and associated costs incurred. Trainees will only have to apply for a new visa when their programme comes to an end, or after five years for programmes exceeding five years in duration, rather than the previous process which required trainees to re-apply every time their employment changed as a result of a change in rotation. This results in significant cost reductions for NHS Wales and the applicants.