Case for change

1. More than 1.3 million people work for the NHS in England. They are supported by many more people working in community care, social care, and public health services. Their skills, commitment, professionalism and dedication are key to improving the public’s health outcomes. It is therefore vital that every member of the healthcare workforce is supported in their education, training and continuing professional and personal development.

2. The Government is committed to supporting a world class healthcare education and training system. We have published proposals for a new approach to education and training in December 2010 in "Liberating the NHS: Developing the Healthcare Workforce".

3. The consultation proposed a new framework where healthcare providers – with their local clinical leadership – take a lead role in planning and developing the workforce, taking on the functions from Strategic Health Authorities (SHAs) and their postgraduate deaneries. These local education and training boards (LETBs) will provide a forum for workforce development to support research and innovation, co-ordinating workforce planning activity, and commissioning education and training locally.

4. A new national body – Health Education England (HEE) – will be established. It will support the delivery of excellent healthcare and health improvement by ensuring that the health workforce has the right skills, behaviours and training and are available in the right numbers. HEE will provide national leadership; authorise and support the LETBs; promote high quality education and training; and account for the investment of NHS education and training resources and the outcomes achieved. HEE will also be responsible for some national functions including medical recruitment.

5. An Education Outcomes Framework will set out the outcomes against which HEE and the wider system will be held to account.

6. A safe transition to the new system is crucial. The important work of SHAs and postgraduate deaneries will continue to March 2013, and it is expected that many SHA and deanery staff will migrate to the LETBs to ensure continuity and secure essential skills and knowledge for the future.

Key legislative changes

7. The Government has introduced a duty on the Secretary of State to secure an effective system for education and training as part of a comprehensive health service. This duty builds on the Secretary of State’s existing powers that are delegated to SHAs.

8. There is also a duty on the NHS Commissioning Board and CCGs to have regard to the need to promote education and training. This will help to ensure alignment between service commissioners and workforce, education and training plans, encourage collaborative working between the Board and HEE at a national level, and Local Education and Training Boards and CCGs at a local level, and promote the use of service contracts to support good education outcomes.

9. Further legislation to support the new education and training system will be considered for a future Bill and we intend to publish draft clauses on education and training for pre-legislative scrutiny in 2012.

Factsheet C9 provides details about education and training in the health and care system. It is part of a wide range of factsheets on the Health and Social Care Act 2012, all available at: www.dh.gov.uk/healthandsocialcarebill
Focus on Improving Patient care:

- The driving principle for reforming the education and training system is to improve care and outcomes for patients. Excellent health and healthcare depends on a high quality health workforce with both the right professional and clinical skills and the right compassion, kindness and respect for people.
- We want a system which is more responsive to the needs of services and employers, professionally informed and underpinned by strong academic links.
- In order to deliver successful and responsive services, employers need to have clear ownership and involvement in the education, training and planning of their workforce. Employers best understand the workforce they employ and the need to link service planning and workforce planning. They are able to focus on the whole workforce, recognising the levels of contact with patients and service users and the varying local needs.
- The Education Outcomes Framework we are developing will directly link our investment in education and learning to improvements in patient care outcomes, and will help address variation in standards.

A Safe and Effective Transition

- It is vital that we ensure a carefully managed transition into the new system and protect staff and students currently undertaking training.

- We plan to establish Health Education England as a Special Health Authority in June 2012. This will enable it to take on some of its functions from October 2012 and be ready to be fully operational from April 2013. Peers will have a chance to scrutinise the establishment order and regulations to set up Health Education England as a Special Health Authority when they are laid before Parliament in 2012.

- The decision to extend the SHAs and their postgraduate deaneries until April 2013 provides the opportunity to plan for a more phased transition of these functions. It will allow more time for employers, professionals, the education sector and SHA workforce staff including the postgraduate deaneries to manage a smooth transition. This will ensure stability and help develop the improved system.

- During transition, it is essential that we reinforce the importance of effective partnership working between health employers, with their professional leaders, and universities and the education sector in developing local education and training boards.

FURTHER INFORMATION

- Liberating the NHS: Developing the Healthcare Workforce – A consultation on proposals
- Liberating the NHS: Developing the Healthcare Workforce – A summary of consultation responses
- NHS Future Forum: Summary report on proposed changes to the NHS
- Education and Training: A report from the NHS Future Forum
- Government response to the NHS Future Forum Report