CENTRE FOR WORKFORCE INTELLIGENCE

Shape of the medical workforce

The CfWI is urging employers, the medical profession and policymakers in the healthcare system to start an urgent debate on the future shape of the medical workforce.

Our projections show that if the system continues to train and recruit doctors at current rates, there could be a significant increase in the number of consultants by 2020 – an increase of 60 per cent compared to 2010.

Urgent discussion and agreement is needed to enable the system to plan how best to use this opportunity to benefit patient care.

In parallel with this debate, the CfWI is recommending reductions in training numbers in some specialties. Although our advice seems at odds with the current experience described by employers on the ground, we believe decisive action is required to maximise opportunities and mitigate against possible risk in the future. Any actions taken as a result of our recommendations now will not fully impact on the system for several years, because of the length of the training pathway for doctors.

Starting the debate on the future consultant workforce

Our report for leaders in the healthcare system calls for urgent action to address some of the challenges and opportunities facing employers, the medical profession and workforce planners on the future supply and shape of the consultant workforce.

We worked closely with stakeholders to devise and then model seven scenarios to show what would happen if certain assumptions become reality. The report shares the results of that modelling to help describe what the future consultant workforce might look like. If in the future, the system continues as at present, then there could be:

- More fully trained hospital doctors than the current projected demand suggests will be required.
- An increase of over 60 per cent in fully trained hospital doctor headcount by 2020.

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- An estimated £6 billion spend on total consultant salary costs, an increase of over £2.2 billion on the 2010 figure, if all eligible doctors become consultants.
- If services shift to a consultant-present service, there may be about the right number of trainees currently coming through the training pipeline but they are unlikely to be training in the right specialty areas.

If the system does nothing now then the potential oversupply of eligible applicants for consultant posts provides a range of opportunities. These include:

- to move towards a trained doctor-delivered (or present) service
- to consider new service models and new roles for doctors, including in a community setting
- to drive up quality through increased competition for appointments to consultant roles.

We recognise that discussion on a potential oversupply may raise concerns for hospital-based specialty trainees. Many expect employment as a consultant as part of their future career progression.

It is essential that trainees have access to better information to enable them to make individual career choices. This will help secure future supply and a good return on investment, as well as help to maintain morale and motivation for current trainees, who need to understand what their future is likely to hold.

Recommendations to inform medical specialty training numbers in the next four years

In parallel with the work on the future consultant workforce, we have published recommendations for medical training numbers for all specialties over the next two to four years, by specialty and geography. This work concludes that:

- The system should reduce supply in a range of hospital-based specialties.
- The current growth in general practice is not strong enough to meet the predicted need.

- More evidence is required – particularly from service commissioners and employers – on service demand, to enable the system to make decisions on further specialty-specific changes across the training system. Until we have a clearer picture of future service demand, we are unable to pinpoint, for example, where future training number reductions, if needed, can safely be made.

Issues identified

Data quality: We recommend that urgent work is done, involving employers, deaneries and royal colleges, to improve and agree data sets that will inform future planning.

Service versus training tensions: We recognise this tension and encourage medium-term planning at a local level over the next few years to support a transitional approach. The shift to increase GP training will add to the challenge faced by trusts. We recommend that employers consider service delivery models that are designed to make the most of the trained doctors who will be coming out of the training pipeline in the near future.

Employer intelligence is needed: The system is experiencing financial challenges and evidence also shows increasing demand for healthcare services in response to an ageing population and more complex long-term conditions. Healthcare is responding to the challenge with service redesign and shifting care closer to home. The full impact of this on the future trained-doctor workforce is not yet known. We require more robust evidence, and views from employers on the future shape of their medical workforce, to inform further recommendations.

Managing national training numbers (NTNs) to keep within the agreed level of training posts through training: We recommend that agreement is reached to manage headcount throughout the training pathway so that the number of trainees remains as close as possible to the expected, based on 6500 entry-level posts each year. Participation of CCT doctors has increased consistently in the last ten years. The vast majority of consultants work full time, or very close to, full time. Increasing headcount of trainees adds to the potential of oversupply in coming years.

Recommendations

Our specialty recommendations have four elements: changes to the number of NTNs, and therefore the future estimated number of entry level posts[1] for recruitment, the proposed transition period for any increase or reduction, recommendations on geographical allocation and a date for the next review.

An explanation for our recommendations, and the detail for each specialty, can be found in each specialty **fact sheet and summary sheet** available at: http://www.cfwi.org.uk/intelligence/projects/medical-shape-2011

Table: Summary of impact of recommendations for training 2011

increases	increases
An increase in General Practice (GP) training posts of 450 to reach a stable number of **3250** by 2014, resulting in an **overall increase of 283** entry-level specialty training posts.	An overall increase in **trainee stock of 544 full time equivalent (FTE)** as a result of the GP increase.
decreases	decreases
An overall **decrease of 167** entry-level training posts for hospital-based specialties.	An overall reduction in **hospital specialties** trainee stock of **1106 FTE.**
estimates	estimates
By 2014 the average number of entry-level posts for specialty training will be around **6511.** This is above the system wide agreed and expected level of 6500 and so further work is needed to look at where further reductions can effectively be made.	By 2020 England will be producing around 5898 FTE Certificate of Completion of Training (CCT) holders of which **3132** will be in GP and **2766** will be in the remaining specialties.

[1] When we refer to entry-level training posts we refer to the total number of entry-level posts at ST 1 , 3 and 4 addressing the different training approaches of different specialties: run-though and uncoupled.

The high-level recommendations are summarised in table 1. They assume the current rate of attrition and that all training posts are filled.

The recommendations above have little impact on the outcomes modelled in the future scenarios work, which looks forward to 2020. Therefore an urgent debate is needed on how the system can best maximise the investment already made in doctors currently in training to support the delivery of high-quality patient care.

Next steps

The recommendations on specialty training numbers have been agreed. The national joint working group on specialty training numbers is working through the postgraduate deans and workforce directors to agree a transition plan with each region. The CfWI will review and monitor progress on the implementation of accepted recommendations over a three-yearly cycle. Some specialties will undergo a deeper analysis this year (2012) to review future demand, based on new models of service delivery, and this will inform future thinking for other specialties.

Further work by the CfWI relating to the medical profession

We have also published two accompanying reports. The first details the key messages from engagement which took place regionally with employers. The second is a technical report which outlines the approach that was used for the modelling, available at: www.cfwi.org.uk/cfwi-publications

In the coming months, the CfWI will carry out further modelling with nine medical specialties and with a range of hospital settings to explore the full benefits and risks of different approaches to the future consultant workforce.

If you would like to know more or to comment on this work, please email your comments and questions to: enquiries@cfwi.org.uk ideally by 30 April 2012.

We also would like to encourage you to contribute at our discussion forum at: www.cfwi.org.uk/points-of-view/forums/medical-shape-2012-are-we-getting-it-right