

The future of the medical workforce

The future of the medical workforce has been the subject of scrutiny and debate for years, not just in the UK but internationally.

Recent changes, including implementation of the consultant contract, expansion of medical school places, the Working Time Directive, the roll-out of Modernising Medical Careers and a range of other issues, have all had a significant impact on how doctors train and work.

But the impact of some of these changes has yet to be fully realised and more changes – social, political and demographic – are on the horizon, some of which may conflict with each other and with current drivers for change.

It is crucial that employers play a key role in determining what form the medical workforce of the future should take, bringing together the needs of patients and medical professionals.

This discussion paper sets out some of the current issues and the questions they raise. The questions are designed to prompt thinking at a local level.

We are seeking your views about how doctors should be best deployed in the future to benefit both the patient and the professional. Discussions with NHS Employers' medical workforce forum and key stakeholders, such as the British Medical Association (BMA) and royal colleges as well as individual NHS organisations, in the coming months, will aim to ensure that doctors

and their employers shape improvements together.

Policy and social drivers

Reconfiguration

Reconfiguration of acute services has been an ongoing feature of the NHS, but the expectation is that the number of mergers and closures of some smaller units and services will increase in the near future.

The trend towards providing more patient care outside hospital, the development of

primary care and the increasing focus on a smaller number of specialist centres now has greater political momentum and is already changing the face of healthcare delivery.

Key questions

- Do you anticipate major changes in the numbers of doctors you employ or the way they train or work as a result of planned reconfiguration?

Key questions

- What are the implications for training and employment arrangements of more care being delivered outside hospital?
- How have you integrated the Modernising Medical Careers plans into a wider health community reconfiguration plan for service?
- Do we need to do more to recruit and retain GPs?

Plurality of provision

Although, to date, the NHS has been the only trainer of doctors, it is no longer the sole provider of services. New providers of care are now emerging, not just for elective services such as those provided in independent sector treatment centres, but for a range of healthcare needs. For example, third sector and independent organisations now offer chronic disease management, prevention and specialist care. This policy change has required a strengthening of the commissioning function in the NHS to ensure that local healthcare needs are effectively provided.

Key questions

- What is the impact on the medical workforce of more autonomous providers and a more pluralistic system of healthcare?
- What are the implications of an integrated workforce across a range of employers for the way in which we train and employ doctors?
- What is the future for private practice?
- Will we see medical 'chambers' where doctors are self-employed?
- Who should be setting the agenda on the future shape of the medical workforce – commissioners, providers or both?

Demographics

About half of spending on hospital and community health services in Britain is for people over 65. The proportion of the population over this age is projected to increase from 16 per cent in 2004 to 23 per cent by 2031.

In 1999 the working population represented 47.8 per cent of

the total UK population. By 2030, this is predicted to fall to 44.5 per cent, a factor likely to produce a national shortfall of around two million workers, which despite shorter term predictions of an oversupply of consultants in the NHS may still impact on longer term medical recruitment.

The medical workforce is changing shape too. We have already seen a shift in gender balance with the number of women entering medical school increasing from 35 per cent in 1977 to more than 60 per cent in 2004/5. Increasing opportunities for flexible training, part-time working and career breaks and implementation of the Working Time Directive have led to the current trend towards more flexible working and retirement patterns, resulting in an overall drop in participation rates across the medical workforce. Current participation rates (the measure of the overall contribution of a doctor to the medical workforce in terms of time) for consultants are more than 0.9 of a full-time equivalent post and about 0.9 for GPs. National modelling by the National Workforce Review Team suggests the participation rate will drop to 0.85 or even 0.8 by 2020.

Key questions

- Are you confident that our medical workforce is shaped to support the healthcare needs of an ageing population?
- Are you taking a long-term view of recruitment?
- Is there enough flexibility in the medical workforce to allow for the trend towards flexible working?

Increasing graduate numbers

The decision to expand medical school numbers was made in the 1990s in light of significant shortages of qualified doctors in the UK, with the number of students starting medical school rising from 3,700 in 1997 to 6,300 in 2005. With medical school training taking between four and six years, the UK is predicted to reach a new 'steady state' for graduate numbers in the next five years if no further expansion occurs.

Current policy ensures there will be sufficient Foundation Year One posts each year to provide employment opportunities for all graduates of English medical schools.

Graduates from Welsh, Scottish and EU medical schools can also apply for these posts.

Key questions

- Should all UK graduates be guaranteed a foundation training post?
- Have you made plans to accommodate more Foundation Programme doctors?
- Do you believe a modest oversupply of graduates would be a good thing?

Doctor numbers and ratios

Doctor training, from the commissioning of a medical school place to the award of a certificate of completion of training (CCT) at the end of specialty training, could take up to 15 years. The National Workforce Review Team has modelled by headcount how the shape of the medical workforce will change up to 2030. This indicates that the UK-trained medical workforce is expected to grow at a rate of 3.8 per cent per annum.

Key questions

- Do you believe that current medical workforce planning is effective? If not, what could be done to improve it?
- Are you sufficiently involved or represented in the commissioning of medical training, from establishment of medical school places through to specialty training programme posts?

Workforce migration

There are more than 12,000 doctors from the European Economic Area (EEA) – the EU countries plus Norway, Iceland, Switzerland and Liechtenstein – registered with the General Medical Council (GMC). This number may rise with the admission of new member states into the EC. With the EC Directive on Mutual Recognition of Professional Qualifications due to be implemented by October 2007, mobility across member states could increase.

Changes to UK immigration regulations in 2006 are likely to result in an overall reduction in doctors from outside the EEA securing training posts within

the NHS, although work is being done to increase the employment of refugee doctors now resident in the UK.

Key questions

- Do you envisage recruiting and employing doctors from outside the EEA in the future?
- Has the recent change in work permits and EU membership had an impact on your medical workforce?
- Will increased EU mobility have implications for your medical workforce?

Working Time Directive 2009

Under European law, in 2009 the maximum weekly working hours for junior medical staff in the NHS will be reduced from 58 to 48. This presents a major challenge for the health service and will require new ways of working in order to achieve compliance. The NHS National Workforce Projects Team is working with a number of pilot trusts to look at ways in which this can be delivered.

Key questions

- Does your trust need any support to comply with the 48-hour week by 2009? If so, what would you find most helpful?
- Do you believe doctors in training will gain all the necessary skills and experience for safe practice in reduced hours?
- Which specialties are most challenged by the Working Time Directive?

Future of training and career patterns

Modernising Medical Careers

Modernising Medical Careers introduces a major change in medical training and aims to produce, more quickly, a workforce of trained doctors working within clinical teams.

The new structure of two-year foundation training and subsequent specialty training is designed to provide doctors who are fit for purpose in a constantly changing modern healthcare environment.

Once the Foundation Programme, based on a series of four month rotations, is successfully completed, doctors will be considered competent for the purposes of Hospital at Night, providing new options for employers in meeting Working Time Directive targets. Specialty training will be based on doctors attaining specific competences rather than on the time they have served.

Key questions

- Have you considered how your trust can benefit from the introduction of Modernising Medical Careers?
- Have you incorporated the increasing number of trained doctors into your workforce plans?
- How will the new fixed-term specialty training posts fit into your structure?
- Will all trained doctors in secondary care be consultants?
- Do you believe all new CCT holders are fit to work immediately as consultants?

Key questions

- Is there a need for a new specialist grade below consultant?
- How do you envisage the career options for doctors once they are on the specialist register?
- Has Modernising Medical Careers changed your relationship with your deanery?

New technology and treatments

The profile of disease is changing. New drugs and technologies are a major factor in bringing about this change and are influencing treatments, quickly changing the skill mix required to deliver patient care.

For example, the increased use of statins in the treatment of high cholesterol is reducing the need for cardiac surgery and therefore the demand for cardiothoracic surgeons, putting greater emphasis on treatment in the primary care setting.

Increases in non-invasive treatments in specialties such as

urology, gynaecology and ear, nose and throat has significantly reduced the demand for highly specialist skills in these areas while increasing demand in other specialties, including a need for specialist medical and radiological skills. Training programmes are now being developed to reflect these shifts in demand.

Key questions

- Do you believe medical students and doctors in training receive adequate career advice?
- How can we put in place a better workforce planning system to account for this? What would it look like? Who should be responsible?
- How will trained doctors whose knowledge and skills are no longer relevant access retraining? Who should be responsible for planning and funding retraining?
- Are the new training curricula taking sufficient account of new technology and treatments?

New ways of working

New and extended clinical roles have been developed throughout the NHS over the past two decades.

These developments, including the creation of nurse practitioners and consultants, physician assistants and pharmacy technicians, are removing traditional and long-standing barriers to change such as professional boundaries, team structures and hierarchies, existing care processes and established divides between organisations.

Key questions

- Should more of the current work of doctors be taken on by others, for example, nurse consultants, medical secretaries or other healthcare professionals in newly developed roles?
- How will the development of the wider clinical team affect medical training programmes?

Modern medical contracts

The consultant contract, introduced in 2004, offered the NHS the opportunity to change the way in which consultants were employed. The main purpose of the contract, through its systems of job planning and appraisal, was to enable efficient and effective use of consultant time, benefiting patients, consultants and NHS organisations.

Key questions

- Would you like to see the current consultant contract amended and, if so, why?
- Will the working practices of non consultant career-grade doctors change as a consequence of their new contract?
- Do you expect a significant number of doctors to move onto the specialist register through the Article 14 route?

The doctor of the future

This discussion paper sets out a series of broad questions based on the issues facing today's medical workforce, with the

purpose of engaging employers in this debate. In a wider context, factors such as greater patient empowerment and expansion of the choice agenda may also affect the profession's overall position in the healthcare system and society as a whole.

Key questions

- What will the doctor of the future look like?
- What skills and attitudes will employers be looking for?
- What roles and procedures will doctors perform in the future? What will be needed from medical training to deliver this?

How to get involved

This discussion paper has been published to provoke thought and discussion about these issues, engaging employers fully in this ongoing debate. We are keen to hear employers' views on the topics raised and the outcome of local discussions stimulated by this paper. Please email your feedback to medicalworkforce@nhsemployers.org

Your comments will help to inform a number of stakeholder focus group events planned for Spring 2007 that will further examine these issues.

Further information

Department of Health
– HR and training policies:
www.dh.gov.uk/HR

Medical Training Application Service (MTAS):
www.mtas.nhs.uk

Modernising Medical Careers (MMC): www.mmc.nhs.uk

National Workforce Projects:
www.healthcareworkforce.nhs.uk

National Workforce Review Team:
www.healthcareworkforce.nhs.uk

NHS Employers:
www.nhsemployers.org/medicalworkforce

The Postgraduate Medical Education and Training Board (PMETB): www.pmetb.org.uk

NHS Employers

NHS Employers is responsible for workforce and employment issues, working on behalf of NHS organisations in England.

We help employers improve the working lives of NHS staff as a path to better patient care. We represent employers' views and act on their behalf in the current priority areas of:

- pay and negotiations
- planning and workforce
- productivity
- employer of excellence
- HR policy and practice.

NHS Employers is part of the NHS Confederation – the independent membership body for the full range of organisations that make up the modern NHS.

Contact us

www.nhsemployers.org/medicalworkforce

Email: medicalworkforce@nhsemployers.org

NHS Employers
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

Published January 2007. © NHS Employers 2007. This document may not be reproduced in whole or in part without permission.
The NHS Confederation (Employers) Company Ltd
Registered in England. Company limited by guarantee: number 5252407

Ref: EINF03401